

EXTENDED TO AUGUST 16, 2021

**Organization Exempt From Income Tax**

27, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

or social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

**Public Disclosure Copy**

Use this copy, to photocopy to give to others

beginning **OCT 1, 2019** and ending **SEP 30, 2020**

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

**YSPANIOLA INCORPORATED**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**33 SEAVERNS AVE**

City or town, state or province, country, and ZIP or foreign postal code  
**JAMAICA PLAIN, MA 02130**

F Name and address of principal officer: **CYNTHIA SO-ARMAH**  
**SAME AS C ABOVE**

D Employer identification number

**27-0697706**

E Telephone number

**(203) 623-1805**

G Gross receipts \$

**190,518.**

H(a) Is this a group return

for subordinates?  Yes  No

H(b) Are all subordinates included?

Yes  No  
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status:  501(c)(3)  501(c)( ) (insert no.)  4947(a)(1) or  527

J Website: **WWW.YSPANIOLA.ORG**

K Form of organization:  Corporation  Trust  Association  Other ▶

L Year of formation: **2009**

M State of legal domicile: **CA**

**Part I Summary**

|  |   |          |                           |              |
|--|---|----------|---------------------------|--------------|
| 1 Briefly describe the organization's mission or most significant activities: <b>TO CREATE A NETWORK OF COMMUNITIES WITH ACCESS TO EDUCATION, SOCIAL, AND ECONOMIC CAPITAL</b> |   |          |                           |              |
| 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                      |   |          |                           |              |
| Activities & Governance  | 3 Number of voting members of the governing body (Part VI, line 1a)                   | 3        | 10                        |              |
|  | 4 Number of independent voting members of the governing body (Part VI, line 1b)       | 4        | 10                        |              |
|  | 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)        | 5        | 0                         |              |
|  | 6 Total number of volunteers (estimate if necessary)                                  | 6        | 10                        |              |
|  | 7 a Total unrelated business revenue from Part VIII, column (C), line 12              | 7a       | 0.                        |              |
|  | b Net unrelated business taxable income from Form 990-T, line 39                      | 7b       | 0.                        |              |
|  |   |          | Prior Year                | Current Year |
| Revenue  | 8 Contributions and grants (Part VIII, line 1h)                                       | 178,019. | 190,511.                  |              |
|  | 9 Program service revenue (Part VIII, line 2g)  | 36,521.  | 0.                        |              |
|  | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)                      | 9.       | 7.                        |              |
|  | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)           | 0.       | 0.                        |              |
|  | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 214,549. | 190,518.                  |              |
| Expenses   | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)                   | 150,000. | 110,605.                  |              |
|  | 14 Benefits paid to or for members (Part IX, column (A), line 4)                      | 0.       | 0.                        |              |
|  | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 30,182.  | 24,960.                   |              |
|  | 16a Professional fundraising fees (Part IX, column (A), line 11e)                     | 0.       | 0.                        |              |
|  | b Total fundraising expenses (Part IX, column (D), line 25) ▶                         | 0.       |                           |              |
|  | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                       | 23,826.  | 30,451.                   |              |
|  | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)          | 204,008. | 166,016.                  |              |
| 19 Revenue less expenses. Subtract line 18 from line 12  | 10,541.   | 24,502.  |                           |              |
| Net Assets or Fund Balances  |   |          | Beginning of Current Year | End of Year  |
|  | 20 Total assets (Part X, line 16)   | 72,073.  | 90,746.                   |              |
|  | 21 Total liabilities (Part X, line 26)  | 25,782.  | 11,000.                   |              |
| 22 Net assets or fund balances. Subtract line 21 from line 20  | 46,291.   | 79,746.  |                           |              |

**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  | Date   |                         |   |                          |
|                        | <b>AMY PORTER, EXECUTIVE DIRECTOR</b><br>Type or print name and title     |  |                         |   |                          |
| Paid Preparer Use Only | Print/Type preparer's name<br><b>WILLIAM SKODY</b>                        | Preparer's signature<br><b>WILLIAM SKODY</b> | Date<br><b>05/17/21</b> | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P00631754</b> |
|                        | Firm's name ▶ <b>SKODY SCOT &amp; CO, CPAS, PC</b>                        | Firm's EIN ▶ <b>13-3597814</b>               |                         |   |                          |
|                        | Firm's address ▶ <b>520 EIGHTH AVE, SUITE 2200<br/>NEW YORK, NY 10018</b> | Phone no. <b>212 967-1100</b>                |                         |   |                          |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

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: TO CREATE A NETWORK OF COMMUNITIES WITH ACCESS TO EDUCATION, SOCIAL, AND ECONOMIC CAPITAL, WE WILL SUPPORT BATEYES AND OTHER MARGINALIZED COMMUNITIES IN THE DOMINICAN REPUBLIC.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 \$ 95,947. including grants of \$ 68,575. ) (Revenue \$ ) LEARNING CENTER: PROVIDES OUT-OF-SCHOOL TIME LITERACY INSTRUCTION FOR OVER 160 CHILDREN BETWEEN THE AGES OF 3 AND 16 IN BATEY LIBERTAD.

4b (Code: ) (Expenses \$ 29,403. including grants of \$ 21,015. ) (Revenue \$ ) UNIVERSITY SCHOLARSHIPS: PROVIDES FULL SCHOLARSHIPS FOR HIGH ACHIEVING YOUNG ADULTS FROM BATEY LIBERTAD.

4c (Code: ) (Expenses \$ 29,403. including grants of \$ 21,015. ) (Revenue \$ ) SERVICE-LEARNING AND INTERNSHIPS: SERVICE-LEARNING TRIPS GIVES U.S. COLLEGE STUDENTS WEEK-LONG IMMERSION EXPERIENCES IN THE DOMINICAN REPUBLIC TO LEARN ABOUT THE SITUATION FACING DOMINICANS OF HAITIAN DESCENT. INTERNS SPEND 2 - 3 MONTHS LIVING AND WORKING IN ESPERANZA AND BATEY LIBERTAD TO SUPPORT AND LEARN ABOUT YSPANIOLA'S WORK.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 154,753.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, bond issues, and organizational transactions.

Note: All Form 990 filers are required to complete Schedule O

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 4 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 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?; 11b Describe in 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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; 15b Other officers or key employees of the organization; 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?; 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

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed NY, CA; 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, [X] 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 THE ORGANIZATION - (203)623-1805 33 SEAVERNS AVE, JAMAICA PLAIN, MA 02130

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See 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)<br>Name and title                         | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) CYNTHIA SO-ARMAH<br>CHAIR                 | 1.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) JONATHAN DIMAIO<br>PRESIDENT              | 1.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) CHELSEA PURVIS<br>DIRECTOR                | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (4) CORY FOX<br>DIRECTOR                      | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (5) ELISA ISTUETA<br>DIRECTOR                 | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) GARCIA VARGAS<br>DIRECTOR                 | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) GERALD MCELROY<br>DIRECTOR                | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) SARAH KABAY<br>DIRECTOR                   | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) STEPHEN WIRTH<br>DIRECTOR                 | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) TANYA L. MARTINEZ-GALLINUCCI<br>DIRECTOR | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) AMY PORTER<br>EXECUTIVE DIRECTOR         | 40.00   |   |                       | X       |              |                              |        | 0.   | 0.  | 26,184.   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |





**Part VIII Statement of Revenue**

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

|   |   | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512 - 514 |  |
|---|---|----------------------|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants<br>and Other Similar Amounts   | 1 a Federated campaigns   | 1a                   |  |                                      |   |  |
|   | b Membership dues   | 1b                   |  |                                      |   |  |
|   | c Fundraising events  | 1c                   |  |                                      |   |  |
|   | d Related organizations   | 1d                   |  |                                      |   |  |
|   | e Government grants (contributions)   | 1e                   |  |                                      |   |  |
|   | f All other contributions, gifts, grants, and<br>similar amounts not included above | 1f                   | 190,511.                                     |                                      |   |  |
|   | g Noncash contributions included in lines 1a-1f                                     | 1g \$                |  |                                      |   |  |
|   | <b>h Total. Add lines 1a-1f</b>   |                      | 190,511.                                     |                                      |   |  |
|   | Program Service<br>Revenue  | Business Code        |  |                                      |   |  |
| 2 a   |   |                      |  |                                      |   |  |
| b   |   |                      |  |                                      |   |  |
| c   |   |                      |  |                                      |   |  |
| d   |   |                      |  |                                      |   |  |
| e   |   |                      |  |                                      |   |  |
| f All other program service revenue   |   |                      |  |                                      |   |  |
| <b>g Total. Add lines 2a-2f</b>   |   |                      |  |                                      |   |  |
| Other Revenue   | 3 Investment income (including dividends, interest, and<br>other similar amounts)   |                      | 7.   |                                      | 7.  |  |
|   | 4 Income from investment of tax-exempt bond proceeds                                |                      |  |                                      |   |  |
|   | 5 Royalties   |                      |  |                                      |   |  |
|   | 6 a Gross rents   | 6a                   | (i) Real                                     |                                      |   |  |
|   |   |                      | (ii) Personal                                |                                      |   |  |
|   |   |                      |  |                                      |   |  |
|   | b Less: rental expenses   | 6b                   |  |                                      |   |  |
|   | c Rental income or (loss)   | 6c                   |  |                                      |   |  |
|   | d Net rental income or (loss)   |                      |  |                                      |   |  |
|   | 7 a Gross amount from sales of<br>assets other than inventory                       | 7a                   | (i) Securities                               |                                      |   |  |
|   |   |                      | (ii) Other                                   |                                      |   |  |
|   |   |                      |  |                                      |   |  |
|   | b Less: cost or other basis<br>and sales expenses                                   | 7b                   |  |                                      |   |  |
|   | c Gain or (loss)  | 7c                   |  |                                      |   |  |
|   | d Net gain or (loss)  |                      |  |                                      |   |  |
| 8 a Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c). See<br>Part IV, line 18 | 8a  |                      |  |                                      |   |  |
| b Less: direct expenses   | 8b  |                      |  |                                      |   |  |
| c Net income or (loss) from fundraising events  |   |                      |  |                                      |   |  |
| 9 a Gross income from gaming activities. See<br>Part IV, line 19  | 9a  |                      |  |                                      |   |  |
| b Less: direct expenses   | 9b  |                      |  |                                      |   |  |
| c Net income or (loss) from gaming activities   |   |                      |  |                                      |   |  |
| 10 a Gross sales of inventory, less returns<br>and allowances   | 10a   |                      |  |                                      |   |  |
| b Less: cost of goods sold  | 10b   |                      |  |                                      |   |  |
| c Net income or (loss) from sales of inventory  |   |                      |  |                                      |   |  |
| Miscellaneous<br>Revenue  | Business Code   |                      |  |                                      |   |  |
|   | 11 a  |                      |  |                                      |   |  |
|   | b   |                      |  |                                      |   |  |
|   | c   |                      |  |                                      |   |  |
|   | d All other revenue   |                      |  |                                      |   |  |
| <b>e Total. Add lines 11a-11d</b>   |   |                      |  |                                      |   |  |
| <b>12 Total revenue. See instructions</b>   |   | 190,518.             | 0.   | 0.                                   | 7.  |  |

**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

|  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  |                       |                                 |  |                             |
| 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   | 110,605.              | 110,605.                        |  |                             |
| 4 Benefits paid to or for members  |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees   | 22,464.               | 17,971.                         | 4,493.                                 |                             |
| 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   |                       |                                 |  |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |                                 |  |                             |
| 9 Other employee benefits  |                       |                                 |  |                             |
| 10 Payroll taxes   | 2,496.                | 1,997.                          | 499.                                   |                             |
| 11 Fees for services (nonemployees):   |                       |                                 |  |                             |
| a Management   |                       |                                 |  |                             |
| b Legal  |                       |                                 |  |                             |
| c Accounting   | 1,000.                |                                 | 1,000.                                 |                             |
| d Lobbying   |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| f Investment management fees   |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)  | 508.                  | 508.                            |  |                             |
| 12 Advertising and promotion   |                       |                                 |  |                             |
| 13 Office expenses   | 919.                  | 368.                            | 551.                                   |                             |
| 14 Information technology  |                       |                                 |  |                             |
| 15 Royalties   |                       |                                 |  |                             |
| 16 Occupancy   |                       |                                 |  |                             |
| 17 Travel  |                       |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings  |                       |                                 |  |                             |
| 20 Interest  |                       |                                 |  |                             |
| 21 Payments to affiliates  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization   | 1,818.                |                                 | 1,818.                                 |                             |
| 23 Insurance   | 2,324.                |                                 | 2,324.                                 |                             |
| 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 <b>OTHER PROGRAM COSTS</b>   | 18,765.               | 18,765.                         |  |                             |
| b <b>TRANSPORTATION</b>  | 4,343.                | 4,343.                          |  |                             |
| c <b>BANK SERVICE CHARGES</b>  | 578.                  |                                 | 578.                                   |                             |
| d <b>SUPPLIES</b>  | 196.                  | 196.                            |  |                             |
| e All other expenses   |                       |                                 |  |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | 166,016.              | 154,753.                        | 11,263.                                | 0.                          |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                             |                       |                                 |  |                             |

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

|                                    |   | (A)<br>Beginning of year  |            | (B)<br>End of year |
|------------------------------------|---|---|------------|--------------------|
| <b>Assets</b>                      | 1   | Cash - non-interest-bearing   | 8,585.     | 1 41,069.          |
|                                    | 2   | Savings and temporary cash investments  | 49,977.    | 2 37,984.          |
|                                    | 3   | Pledges and grants receivable, net  | 1,000.     | 3 1,000.           |
|                                    | 4   | Accounts receivable, net  |            | 4                  |
|                                    | 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   |            | 9                  |
|                                    | 10a   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 27,276.    |                    |
|                                    | 10b   | Less: accumulated depreciation  | 16,583.    |                    |
|                                    |   |   | 12,511.    | 10c 10,693.        |
|                                    | 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  |   | 15         |                    |
| 16                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)  | 72,073.   | 16 90,746. |                    |
| <b>Liabilities</b>                 | 17  | Accounts payable and accrued expenses   | 2,671.     | 17                 |
|                                    | 18  | Grants payable  |            | 18                 |
|                                    | 19  | Deferred revenue  |            | 19                 |
|                                    | 20  | Tax-exempt bond liabilities   |            | 20                 |
|                                    | 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  | 23,111.    | 24 11,000.         |
|                                    | 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   |            | 25                 |
|                                    | 26  | <b>Total liabilities.</b> Add lines 17 through 25   | 25,782.    | 26 11,000.         |
| <b>Net Assets or Fund Balances</b> | 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   | 46,291.    | 27 79,746.         |
|                                    | 28  | Net assets with donor restrictions  |            | 28                 |
|                                    | 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  | <b>Total net assets or fund balances</b>  | 46,291.    | 32 79,746.         |
| 33                                 | <b>Total liabilities and net assets/fund balances</b>   | 72,073.   | 33 90,746. |                    |

**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  | 190,518. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 166,016. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 24,502.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 46,291.  |
| 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  | 8,953.   |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)   | 9  | 0.       |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 79,746.  |

**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 in Schedule O.   |  |     |    |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?  |     | X  |
| 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                 |  |     |    |
| 2b  | Were the organization's financial statements audited by an independent accountant?   |     | X  |
| 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                 |  |     |    |
| 2c  | 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 Single Audit Act and OMB Circular A-133?   |     | X  |
| 3b  | 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     |     |    |



**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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 149,974. | 195,054. | 203,232. | 178,019. | 190,511. | 916,790.  |
| 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 <b>Total.</b> Add lines 1 through 3 .....   | 149,974. | 195,054. | 203,232. | 178,019. | 190,511. | 916,790.  |
| 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) ..... |          |          |          |          |          | 318,315.  |
| 6 <b>Public support.</b> Subtract line 5 from line 4.   |          |          |          |          |          | 598,475.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2015                 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|--------------------------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 .....  | 149,974.                 | 195,054. | 203,232. | 178,019. | 190,511. | 916,790.  |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...  | 9.                       | 18.      | 3.       | 9.       | 7.       | 46.       |
| 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 <b>Total support.</b> Add lines 7 through 10  |                          |          |          |          |          | 916,836.  |
| 12 Gross receipts from related activities, etc. (see instructions) .....   |                          |          |          |          | 12       | 152,682.  |
| 13 <b>First five years.</b> 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 <b>stop here</b> ..... | <input type="checkbox"/> |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|   |                                     |         |
|---|-------------------------------------|---------|
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....   | 14                                  | 65.28 % |
| 15 Public support percentage from 2018 Schedule A, Part II, line 14 .....   | 15                                  | 68.11 % |
| 16a <b>33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  | <input checked="" type="checkbox"/> |         |
| b <b>33 1/3% support test - 2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....   | <input type="checkbox"/>            |         |
| 17a <b>10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    | <input type="checkbox"/>            |         |
| b <b>10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... | <input type="checkbox"/>            |         |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  | <input type="checkbox"/>            |         |

**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**

| Calendar year (or fiscal year beginning in) ►   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

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

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2019.** 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 - 2018.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

|     | Yes | No |
|-----|-----|----|
| 1   |     |    |
| 2   |     |    |
| 3a  |     |    |
| 3b  |     |    |
| 3c  |     |    |
| 4a  |     |    |
| 4b  |     |    |
| 4c  |     |    |
| 5a  |     |    |
| 5b  |     |    |
| 5c  |     |    |
| 6   |     |    |
| 7   |     |    |
| 8   |     |    |
| 9a  |     |    |
| 9b  |     |    |
| 9c  |     |    |
| 10a |     |    |
| 10b |     |    |



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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)? 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). |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).  |     |    |
| <b>3</b> By reason of the relationship described in (2), 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.   |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

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

**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                               | <b>Adjusted Net Income</b> (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                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):   |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                                 | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                | Multiply line 5 by .035.  | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| Section C - Distributable Amount |   |   | Current Year |
|----------------------------------|---|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1 |              |
| 2                                | Enter 85% of line 1.  | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3 |              |
| 4                                | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                | Income tax imposed in prior year  | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                | <input type="checkbox"/> 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  |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 4 Amounts paid to acquire exempt-use assets  |              |
| 5 Qualified set-aside amounts (prior IRS approval required)  |              |
| 6 Other distributions (describe in Part VI). See instructions.   |              |
| 7 <b>Total annual distributions.</b> Add lines 1 through 6.  |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. |              |
| 9 Distributable amount for 2019 from Section C, line 6   |              |
| 10 Line 8 amount divided by line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.  |                             |  |   |
| 3 Excess distributions carryover, if any, to 2019   |                             |  |   |
| a From 2014   |                             |  |   |
| b From 2015   |                             |  |   |
| c From 2016   |                             |  |   |
| d From 2017   |                             |  |   |
| e From 2018   |                             |  |   |
| f <b>Total</b> of lines 3a through e  |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2019 distributable amount  |                             |  |   |
| i Carryover from 2014 not applied (see instructions)  |                             |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| 4 Distributions for 2019 from Section D, line 7: \$   |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2019 distributable amount  |                             |  |   |
| c Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |                             |  |   |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |                             |  |   |
| 7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.   |                             |  |   |
| 8 Breakdown of line 7:  |                             |  |   |
| a Excess from 2015  |                             |  |   |
| b Excess from 2016  |                             |  |   |
| c Excess from 2017  |                             |  |   |
| d Excess from 2018  |                             |  |   |
| e Excess from 2019  |                             |  |   |



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

**YSPANIOLA INCORPORATED**

Employer identification number

**27-0697706**

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 foundation

Check 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 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

|   |   |
|---|---|
| Name of organization<br><b>YSPANIOLA INCORPORATED</b> | Employer identification number<br><b>27-0697706</b> |
|---|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |

Name of organization

Employer identification number

**YSPANIOLA INCORPORATED**

27-0697706

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                            | (b) Purpose of gift | (c) Use of gift                                 | (d) Description of how gift is held |
|--|---------------------|---|-------------------------------------|
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
|  |                     |   |                                     |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

YSPANIOLA INCORPORATED

Employer identification number 27-0697706

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes/No, 6 Did the organization inform all grantees... Yes/No.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 3 Number of conservation easements modified... 4 Number of states where property subject to conservation easement is located... 5 Does the organization have a written policy regarding the periodic monitoring... 6 Staff and volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2019



**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  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |

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  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 27,276.                         | 16,583.                      | 10,693.        |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | <b>10,693.</b> |

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H).

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered (1) through (9).

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows numbered (1) through (9).

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes and rows (2) through (9).

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...



**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2019**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

**YSPANIOLA INCORPORATED**

**27-0697706**

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region   | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|--|-------------------------------------|--|--|--|--|
| CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, | 2                                   | 18   | PROGRAM SERVICES   | EDUCATIONAL PROGRAMS   | 110,605.   |
|  |                                     |  |  |  |  |
|  |                                     |  |  |  |  |
|  |                                     |  |  |  |  |
|  |                                     |  |  |  |  |
|  |                                     |  |  |  |  |
|  |                                     |  |  |  |  |
|  |                                     |  |  |  |  |
|  |                                     |  |  |  |  |
|  |                                     |  |  |  |  |
| <b>3 a</b> Subtotal .....  | 2                                   | 18   |  |  | 110,605.   |
| <b>b</b> Total from continuation sheets to Part I .....                | 0                                   | 0  |  |  | 0.   |
| <b>c</b> Totals (add lines 3a and 3b) .....                            | 2                                   | 18   |  |  | 110,605.   |

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

Schedule F (Form 990) 2019





**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

Schedule F (Form 990) 2019

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

GRANTS ARE AWARDED BASED ON SPECIFIC CRITERIA AND ARE APPROVED BY THE BOARD COMMITTEE THAT OVERSEES ALL RECIPIENTS OF GRANTS. STAFF VISITS GRANTEES AND HAVE LOCAL OVERSIGHT OF FUNDS.



SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

Open to Public  
Inspection

Name of the organization

YSPANIOLA INCORPORATED

Employer identification number  
27-0697706

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 HAS BEEN REVIEWED BY A GROUP OF PERSONS AUTHORIZED TO REVIEW  
FINANCIAL AND AUDIT MATTERS PRIOR TO FILING. THE FINAL 990 (FILED WITH THE  
IRS) WILL BE AVAILABLE AT THE NEXT MEETING OF THE BOARD FOR INSPECTION. IN  
ADDITION, UPON REQUEST OF ANY BOARDMEMBER, A COPY WILL BE PROVIDED. IF  
THERE ARE ANY MATERIAL CHANGES, AN AMENDED 990 WILL BE FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION ENFORCES THE CONFLICT OF INTEREST POLICY BY MONITORING  
KNOWN RELATIONSHIPS, QUESTIONNAIRES, AND NOTING ANY CHANGES IN DISCLOSED  
INFORMATION.

FORM 990, PART VI, SECTION B, LINE 15:

THIS REVIEW INCLUDES RESEARCHING GUIDESTAR, 990S, NY NON-PROFIT NETWORK  
ANNUAL SALARY SURVEY, PHONE CALLS TO OTHER ORGANIZATIONS TO COLLECT DATA.

FORM 990, PART VI, SECTION C, LINE 19:

THESE DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

2019 DEPRECIATION AND AMORTIZATION REPORT

990

FORM 990 PAGE 10

| Asset No. | Description                    | Date Acquired | Method | Life  | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|--------------------------------|---------------|--------|-------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
|           | MACHINERY & EQUIPMENT          |               |        |       |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
| 3         | AUTOMOBILE                     | 03/01/15      | SL     | 5.00  |      | 16       | 19,376.                  |            |                     |                      | 19,376.                | 13,562.                            |                         | 1,615.                 | 15,177.                         |
| 4         | BUILDING                       | 09/30/17      | SL     | 39.00 | MM   | 16       | 7,900.                   |            |                     |                      | 7,900.                 | 1,203.                             |                         | 203.                   | 1,406.                          |
|           | * 990 PAGE 10 TOTAL            |               |        |       |      |          | 27,276.                  |            |                     |                      | 27,276.                | 14,765.                            |                         | 1,818.                 | 16,583.                         |
|           | MACHINERY & EQUIPMENT          |               |        |       |      |          | 27,276.                  |            |                     |                      | 27,276.                | 14,765.                            |                         | 1,818.                 | 16,583.                         |
|           | * GRAND TOTAL 990 PAGE 10 DEPR |               |        |       |      |          | 27,276.                  |            |                     |                      | 27,276.                | 14,765.                            |                         | 1,818.                 | 16,583.                         |

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  |  |   |
|--|--|---|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>YSPANIOLA INCORPORATED</b>                             | Taxpayer identification number (TIN)<br><b>27-0697706</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>33 SEAVERNS AVE</b>                           |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>JAMAICA PLAIN, MA 02130</b> |   |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**THE ORGANIZATION**

- The books are in the care of ▶ **33 SEAVERNS AVE - JAMAICA PLAIN, MA 02130**  
Telephone No. ▶ **(203) 623-1805** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **AUGUST 16, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **OCT 1, 2019**, and ending **SEP 30, 2020**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

2019 DEPRECIATION AND AMORTIZATION REPORT  
 - CURRENT YEAR FEDERAL - YSPANIOLA INCORPORATED

| Asset No. | Description           | Date Acquired | Method | Life  | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|-----------------------|---------------|--------|-------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
|           | MACHINERY & EQUIPMENT |               |        |       |          |                          |            |                      |                        |                          |                 |                        |
| 3         | AUTOMOBILE            | 030115SL      |        | 5.00  | 16       | 19,376.                  |            |                      | 19,376.                | 13,562.                  |                 | 1,615.                 |
| 4         | BUILDING              | 093017SL      |        | 39.00 | 16       | 7,900.                   |            |                      | 7,900.                 | 1,203.                   |                 | 203.                   |
|           | * 990 PAGE 10 TOTAL   |               |        |       |          | 27,276.                  |            | 0.                   | 27,276.                | 14,765.                  |                 | 1,818.                 |
|           | MACHINERY & EQUIPM    |               |        |       |          | 27,276.                  |            | 0.                   | 27,276.                | 14,765.                  |                 | 1,818.                 |
|           | * GRAND TOTAL 990     |               |        |       |          |                          |            |                      |                        |                          |                 |                        |
|           | PAGE 10 DEPR          |               |        |       |          |                          |            |                      |                        |                          |                 |                        |

(D) - Asset disposed \* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

California Exempt Organization Annual Information Return

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) 10/01/2019, and ending (mm/dd/yyyy) 09/30/2020

Corporation/Organization name YSPANIOLA INCORPORATED California corporation number 3108942

Additional information. See instructions. FEIN 27-0697706

Street address (suite or room) 33 SEAVERNS AVE PMB no.

City JAMAICA PLAIN State MA ZIP code 02130

Foreign country name Foreign province/state/county Foreign postal code

Form sections A through P with checkboxes for filing status, accounting method, and various organizational details.

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 17 rows for Receipts and Revenues, Expenses, and Filing Fee, including columns for line number, description, and amount.

Sign Here section containing signature of William Skody, Title EXECUTIVE DIRE, Date 05/17/21, and Firm's FEIN P00631754.

May the FTB discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

|                             |    |   |    |         |    |
|-----------------------------|----|---|----|---------|----|
| Receipts from Other Sources | 1  | Gross sales or receipts from all business activities. See instructions  | 1  |         | 00 |
|                             | 2  | Interest  | 2  | 7       | 00 |
|                             | 3  | Dividends   | 3  |         | 00 |
|                             | 4  | Gross rents   | 4  |         | 00 |
|                             | 5  | Gross royalties   | 5  |         | 00 |
|                             | 6  | Gross amount received from sale of assets (See Instructions)  | 6  |         | 00 |
|                             | 7  | Other income  | 7  |         | 00 |
|                             | 8  | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | 8  | 7       | 00 |
| Expenses and Disbursements  | 9  | Contributions, gifts, grants, and similar amounts paid  | 9  | 110,605 | 00 |
|                             | 10 | Disbursements to or for members   | 10 |         | 00 |
|                             | 11 | Compensation of officers, directors, and trustees   | 11 | 22,464  | 00 |
|                             | 12 | Other salaries and wages  | 12 |         | 00 |
|                             | 13 | Interest  | 13 |         | 00 |
|                             | 14 | Taxes   | 14 | 2,496   | 00 |
|                             | 15 | Rents   | 15 |         | 00 |
|                             | 16 | Depreciation and depletion (See instructions)   | 16 | 1,818   | 00 |
|                             | 17 | Other Expenses and Disbursements  | 17 | 28,633  | 00 |
|                             | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9                | 18 | 166,016 | 00 |

| Schedule L Balance Sheet                             | Beginning of taxable year |        | End of taxable year |        |
|--|---------------------------|--------|---------------------|--------|
|  | (a)                       | (b)    | (c)                 | (d)    |
| <b>Assets</b>  |                           |        |                     |        |
| 1 Cash   |                           | 58,562 |                     | 79,053 |
| 2 Net accounts receivable                            |                           |        |                     |        |
| 3 Net notes receivable                               |                           |        |                     |        |
| 4 Inventories  |                           |        |                     |        |
| 5 Federal and state government obligations           |                           |        |                     |        |
| 6 Investments in other bonds                         |                           |        |                     |        |
| 7 Investments in stock                               |                           |        |                     |        |
| 8 Mortgage loans                                     |                           |        |                     |        |
| 9 Other investments                                  |                           |        |                     |        |
| 10 a Depreciable assets                              | 27,276                    |        | 27,276              |        |
| b Less accumulated depreciation                      | (14,765)                  | 12,511 | (16,583)            | 10,693 |
| 11 Land  |                           |        |                     |        |
| 12 Other assets                                      | STMT 5                    | 1,000  |                     | 1,000  |
| 13 Total assets                                      |                           | 72,073 |                     | 90,746 |
| <b>Liabilities and net worth</b>                     |                           |        |                     |        |
| 14 Accounts payable                                  |                           | 2,671  |                     |        |
| 15 Contributions, gifts, or grants payable           |                           |        |                     |        |
| 16 Bonds and notes payable                           |                           |        |                     |        |
| 17 Mortgages payable                                 |                           |        |                     |        |
| 18 Other liabilities                                 | STMT 6                    | 23,111 |                     | 11,000 |
| 19 Capital stock or principal fund                   |                           |        |                     |        |
| 20 Paid-in or capital surplus. Attach reconciliation |                           |        |                     |        |
| 21 Retained earnings or income fund                  |                           | 46,291 |                     | 79,746 |
| 22 Total liabilities and net worth                   |                           | 72,073 |                     | 90,746 |

**Schedule M-1** Reconciliation of income per books with income per return  
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

|   |  |        |    |   |        |
|---|--|--------|----|---|--------|
| 1 | Net income per books   | 24,502 | 7  | Income recorded on books this year not included in this return      |        |
| 2 | Federal income tax   |        | 8  | Deductions in this return not charged against book income this year |        |
| 3 | Excess of capital losses over capital gains                      |        | 9  | Total. Add line 7 and line 8  |        |
| 4 | Income not recorded on books this year                           |        | 10 | Net income per return.  |        |
| 5 | Expenses recorded on books this year not deducted in this return |        |    | Subtract line 9 from line 6   | 24,502 |
| 6 | Total. Add line 1 through line 5                                 | 24,502 |    |   |        |

CA 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

| <u>CONTRIBUTOR'S NAME</u>               | <u>CONTRIBUTOR'S ADDRESS</u>                       | <u>DATE OF GIFT</u> | <u>AMOUNT</u>   |
|---|--|---------------------|-----------------|
| BULLDOG VENTURES, LTD                   | 16 BRIDGEWATER STREET<br>BROOKLYN, NY 11222        |                     | 10,000.         |
| VALLEY PRESBYTERIAN<br>CHURCH           | 945 PORTOLA ROAD PORTOLA<br>VALLEY, CA 94028       |                     | 26,030.         |
| EDUCATING LATIN AMERICAN<br>ADOLESCENTS | 755 DEL ORO DRIVE SAFETY<br>HARBOR, FL 34695       |                     | 25,000.         |
| JONATHAN FERRUGIA                       | 5 WELLINGTON STREET #3 BOSTON,<br>MA 02118         |                     | 12,500.         |
| CYNTHIA AND KAKU SO-ARMAH               | 33 SEAVERNS AVE JAMAICA PLAIN,<br>MA 02130         |                     | 6,000.          |
| STEPHEN WIRTH                           | 1221 MASSACHUSETTS AVE. NW<br>WASHINGTON, DC 20005 |                     | 5,000.          |
| DANIEL AND MIRIAM DIMAIO                | 158 RIDGEWOOD AVE NORTH HAVEN,<br>CT 06473         |                     | 30,000.         |
| TOTAL INCLUDED ON LINE 3                |  |                     | <u>114,530.</u> |

CA 199 CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID STATEMENT 2

ACTIVITY CLASSIFICATION: OPERATING PROGRAM EXPENSES

| DONEES NAME | DONEES ADDRESS                                    | RELATIONSHIP | AMOUNT   |
|-------------|---|--------------|----------|
| YSPANIOLA   | CALLE MELLA 43 - ESPERANZA,<br>DOMINICAN REPUBLIC | NONE         | 110,605. |

TOTAL FOR THIS ACTIVITY 110,605.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 110,605.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

| NAME AND ADDRESS   | TITLE AND<br>AVERAGE HRS WORKED/WK | COMPENSATION |
|--|------------------------------------|--------------|
| CYNTHIA SO-ARMAH<br>33 SEAVERNS AVE<br>JAMAICA PLAIN, MA 02130 | CHAIR<br>1.00                      | 0.           |
| JONATHAN DIMAIO<br>33 SEAVERNS AVE<br>JAMAICA PLAIN, MA 02130  | PRESIDENT<br>1.00                  | 0.           |
| CHELSEA PURVIS<br>33 SEAVERNS AVE<br>JAMAICA PLAIN, MA 02130   | DIRECTOR<br>1.00                   | 0.           |
| CORY FOX<br>33 SEAVERNS AVE<br>JAMAICA PLAIN, MA 02130         | DIRECTOR<br>1.00                   | 0.           |
| ELISA ISTUETA<br>33 SEAVERNS AVE<br>JAMAICA PLAIN, MA 02130    | DIRECTOR<br>1.00                   | 0.           |
| GARCIA VARGAS<br>33 SEAVERNS AVE<br>JAMAICA PLAIN, MA 02130    | DIRECTOR<br>1.00                   | 0.           |



YSPANIOLA INCORPORATED

27-0697706

|  |                             |         |
|--|-----------------------------|---------|
| GERALD MCELROY<br>33 SEAVERNS AVE<br>JAMAICA PLAIN, MA 02130               | DIRECTOR<br>1.00            | 0.      |
| SARAH KABAY<br>33 SEAVERNS AVE<br>JAMAICA PLAIN, MA 02130                  | DIRECTOR<br>1.00            | 0.      |
| STEPHEN WIRTH<br>33 SEAVERNS AVE<br>JAMAICA PLAIN, MA 02130                | DIRECTOR<br>1.00            | 0.      |
| TANYA L. MARTINEZ-GALLINUCCI<br>33 SEAVERNS AVE<br>JAMAICA PLAIN, MA 02130 | DIRECTOR<br>1.00            | 0.      |
| AMY PORTER<br>33 SEAVERNS AVE<br>JAMAICA PLAIN, MA 02130                   | EXECUTIVE DIRECTOR<br>40.00 | 22,464. |

TOTAL TO FORM 199, PART II, LINE 11

22,464.

CA 199 OTHER EXPENSES STATEMENT 4

| DESCRIPTION                         | AMOUNT         |
|-------------------------------------|----------------|
| OTHER PROGRAM COSTS                 | 18,765.        |
| TRANSPORTATION                      | 4,343.         |
| BANK SERVICE CHARGES                | 578.           |
| SUPPLIES                            | 196.           |
| ACCOUNTING FEES                     | 1,000.         |
| OTHER PROFESSIONAL FEES             | 508.           |
| OFFICE EXPENSES                     | 919.           |
| INSURANCE                           | 2,324.         |
| TOTAL TO FORM 199, PART II, LINE 17 | <u>28,633.</u> |

CA 199 OTHER ASSETS STATEMENT 5

| DESCRIPTION                            | BEG. OF YEAR  | END OF YEAR   |
|--|---------------|---------------|
| PLEDGES AND GRANTS RECEIVABLE          | 1,000.        | 1,000.        |
| TOTAL TO FORM 199, SCHEDULE L, LINE 12 | <u>1,000.</u> | <u>1,000.</u> |

| CA 199                                 | OTHER LIABILITIES | STATEMENT           | 6                  |
|--|-------------------|---------------------|--------------------|
| <u>DESCRIPTION</u>                     |                   | <u>BEG. OF YEAR</u> | <u>END OF YEAR</u> |
| UNSECURED NOTES AND LOANS PAYABLE      |                   | 23,111.             | 11,000.            |
| TOTAL TO FORM 199, SCHEDULE L, LINE 18 |                   | <u>23,111.</u>      | <u>11,000.</u>     |

| CA 199                                 | FUND BALANCES | STATEMENT           | 7                  |
|--|---------------|---------------------|--------------------|
| <u>DESCRIPTION</u>                     |               | <u>BEG. OF YEAR</u> | <u>END OF YEAR</u> |
| NET ASSETS WITHOUT DONOR RESTRICTIONS  |               | 46,291.             | 79,746.            |
| TOTAL TO FORM 199, SCHEDULE L, LINE 21 |               | <u>46,291.</u>      | <u>79,746.</u>     |

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 27-0697706

Corporation name

California corporation number

YSPANIOLA INCORPORATED

3108942

Part I Election To Expense Certain Property Under IRC Section 179

Table with 5 main rows and 13 sub-rows for property details. Includes fields for maximum deduction, total cost, threshold cost, reduction in limitation, and dollar limitation.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Depreciation allowed or allowable in earlier years, (e) Depreciation method, (f) Life or rate, (g) Depreciation for this year, (h) Additional first year depreciation. Includes rows for 3 AUTOMOBILE and 4 BUILDING.

Part III Summary

Summary table with 3 rows and 2 columns. Row 16: Total depreciation claimed for federal purposes. Row 17: Depreciation adjustment. Row 18: Total depreciation after adjustment.

Part IV Amortization

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Amortization allowed or allowable in earlier years, (e) R&TC Section, (f) Period or percentage, (g) Amortization for this year. Includes rows 19, 20, 21, and 22.

**Voucher at bottom of page.**

**DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.**  
If the amount of payment is zero, do not mail this voucher.

**WHERE TO FILE:** Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2019 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:  
**FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0531**  
Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE:** Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.  
S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.  
Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.  
When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**ONLINE SERVICES:** Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to [ftb.ca.gov/pay](http://ftb.ca.gov/pay) for more information.

939035 11-12-19

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

**CAUTION:** You may be required to pay electronically, see instructions.

**2019 Payment Voucher for Corporations and Exempt Organizations e-filed Returns**

**CALIFORNIA FORM 3586 (e-file)**

0000000 YSPA 27-0697706 000000000000 19 FORM 3  
TYB 10-01-2019 TYE 09-30-2020  
YSPANIOLA INCORPORATED

33 SEAVERNS AVE  
JAMAICA PLAIN MA 02130

(203) 623-1805

Amount of Payment

10.

**ANNUAL REGISTRATION RENEWAL FEE REPORT  
 TO ATTORNEY GENERAL OF CALIFORNIA**  
 Section 12586 and 12587, California Government Code  
 11 Cal. Code Regs. section 301-307, 311 and 312

(For Registry Use Only)

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

|  |  |
|--|--|
| <p><u>YSPANIOLA INCORPORATED</u><br/>         Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p><u>33 SEAVERNS AVE</u><br/>         Address (Number and Street)</p> <p><u>JAMAICA PLAIN, MA 02130</u><br/>         City or Town, State, and ZIP Code</p> <p><u>(203)623-1805</u>      <u>INFO@YSPANIOLA.ORG</u><br/>         Telephone Number      E-mail Address</p> | <p>Check if:<br/> <input type="checkbox"/> Change of address<br/> <input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <u>CT0156505</u></p> <p>Corporation or Organization No. <u>3108942</u></p> <p>Federal Employer ID No. <u>27-0697706</u></p> |
|--|--|

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
 Make Check Payable to Department of Justice

| Gross Annual Revenue           | Fee  | Gross Annual Revenue              | Fee  | Gross Annual Revenue                  | Fee   |
|--------------------------------|------|-----------------------------------|------|---------------------------------------|-------|
| Less than \$25,000             | 0    | Between \$100,001 and \$250,000   | \$50 | Between \$1,000,001 and \$10 million  | \$150 |
| Between \$25,000 and \$100,000 | \$25 | Between \$250,001 and \$1 million | \$75 | Between \$10,000,001 and \$50 million | \$225 |
|                                |      |                                   |      | Greater than \$50 million             | \$300 |

**PART A - ACTIVITIES**  
 For your most recent full accounting period (beginning 10/01/2019 ending 09/30/2020) list:

|  |                                   |                               |
|--|-----------------------------------|-------------------------------|
| Gross Annual Revenue \$ <u>190,518</u> | Noncash Contributions \$ <u>0</u> | Total Assets \$ <u>90,746</u> |
| Program Expenses \$ <u>154,753</u>     | Total Expenses \$ <u>166,016</u>  |                               |

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

|  | Yes | No |
|--|-----|----|
| 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? |     | X  |
| 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?  |     | X  |
| 3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?  |     | X  |
| 4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?   |     | X  |
| 5. During this reporting period, did the organization receive any governmental funding?  |     | X  |
| 6. During this reporting period, did the organization hold a raffle for charitable purposes?   |     | X  |
| 7. Does the organization conduct a vehicle donation program?   |     | X  |
| 8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?   |     | X  |
| 9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?   |     | X  |

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

|  |                                    |      |
|--|------------------------------------|------|
| <u>AMY PORTER</u><br>Signature of Authorized Agent | <u>EXECUTIVE DIRECTOR</u><br>Title |      |
| Printed Name                                       |                                    | Date |

# CHAR500

NYS Annual Filing for Charitable Organizations  
www.CharitiesNYS.com

Send with fee and attachments to:  
NYS Office of the Attorney General  
Charities Bureau Registration Section  
28 Liberty Street  
New York, NY 10005

**2019**  
**Open to Public Inspection**

## 1. General Information

|   |  |  |
|---|--|--|
| For Fiscal Year Beginning (mm/dd/yyyy) <b>10/01/2019</b> and Ending (mm/dd/yyyy) <b>09/30/2020</b>  |  |  |
| Check if Applicable:<br><input type="checkbox"/> Address Change<br><input type="checkbox"/> Name Change<br><input type="checkbox"/> Initial Filing<br><input type="checkbox"/> Final Filing<br><input type="checkbox"/> Amended Filing<br><input type="checkbox"/> Reg ID Pending | Name of Organization:<br><b>YSPANIOLA INCORPORATED</b>   | Employer Identification Number (EIN):<br><b>27-0697706</b> |
|   | Mailing Address:<br><b>33 SEAVERNS AVE</b>   | NY Registration Number:<br><b>44-30-83</b>                 |
|   | City / State / ZIP:<br><b>JAMAICA PLAIN, MA 02130</b>  | Telephone:<br><b>203 623-1805</b>                          |
|   | Website:<br><b>WWW.YSPANIOLA.ORG</b>   | Email:<br><b>INFO@YSPANIOLA.ORG</b>                        |
|   | Check your organization's registration category: <input checked="" type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT* |  |

## 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: \_\_\_\_\_ **OFFICER** \_\_\_\_\_  
 Signature Print Name and Title Date

Chief Financial Officer or Treasurer: \_\_\_\_\_ **OFFICER** \_\_\_\_\_  
 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 type="checkbox"/> Yes <input checked="" 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:<br>\$ <u>25.</u> | EPTL filing fee:<br>\$ _____ | Total fee:<br>\$ <u>25.</u> | Make a single check or money order payable to:<br><b>"Department of Law"</b> |
|---|---------------------------------|------------------------------|-----------------------------|--|

CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

\*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

|   |  |
|---|--|
| <h1 style="margin: 0;">CHAR500</h1> <p style="margin: 0;">Annual Filing Checklist</p> | <p>Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:</p> <ul style="list-style-type: none"> <li>- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.</li> <li>- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.</li> <li>- Your organization is registered as DUAL and you marked <u>both</u> the 7A and EPTL filing exemption in Part 3.</li> </ul> |
|---|--|

**Checklist of Schedules and Attachments**

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 \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- 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
- \$25, if you did not check the 7A exemption in Part 3a

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

**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](http://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)).

**Send Your Filing**

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General  
 Charities Bureau Registration Section  
 28 Liberty Street  
 New York, NY 10005

Need Assistance?

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