EXTENDED TO AUGUST 16, 2021

Organization Exempt From Income Tax

27, or 4947(a)(1) of the Internal Revenue Code (except private foundations) er social security numbers on this form as it may be made public.

OMB No. 1545-0047

Public Disclosure Copy

Use this copy, to photocopy vw.irs.gov/Form990 for instructions and the latest information. ning OCT 1, 2019 to give to others

Open to Public Inspection and ending SEP 30, 2020

	Ţ	5 give to others		D Employer identific	ation number
apı	piicable:				
	Address change	YSPANIOLA INCORPORATED			
	Name change	Doing business as		27-06977	06
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/sui	•	
	Final return/	33 SEAVERNS AVE		(203)623	
L	termin- ated	City or town, state or province, country, and ZIP or foreign postal c	ode	G Gross receipts \$	190,518.
	Amende			H(a) Is this a group re	turn
	Ireturn Applica- Ition	~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~	AH	for subordinates	? Yes X No
L	pending	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
LT			047(a)(1) or 5	27 If "No," attach a	list. (see instructions)
LVA	lohoite	WWW.YSPANIOLA.ORG		H(c) Group exemptio	n number 🕨
V E	orm of c	rganization: X Corporation Trust Association Other	▶ L Ye	ar of formation: 2009 N	A State of legal domicile: CA
		Summary			
	4 F	briefly describe the organization's mission or most significant activities:	TO CREATE	E A NETWORK O	F
Activities & Governance	1 6	COMMUNITIES WITH ACCESS TO EDUCATION	, SOCIAL	AND ECONOMI	C CAPITAL
nan	2	Check this box if the organization discontinued its operations	or disposed of m	ore than 25% of its net as	ssets.
Ş	2 (lumber of voting members of the governing body (Part VI, line 1a)	•	3	10
Ĝ	3 1	lumber of independent voting members of the governing body (Part VI,	line 1b)	4	10
જ	4 1	otal number of individuals employed in calendar year 2019 (Part V, line	2a)	5	0
ties	5 7	otal number of individuals employed in edential year 2010 (7	6	10
Ę	6 1	otal number of volunteers (estimate in noosestry)		7a	0.
Ac	7a	Net unrelated business taxable income from Form 990-T, line 39		7b	0.
	<u>b</u> ľ	Net unrelated business taxable income from coort, into oct.		Prior Year	Current Year
		Contributions and grants (Part VIII, line 1h)		178,019.	190,511.
ne				36,521.	0.
/en	9 1	Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		9.	
Revenue	10	Other revenue (Part VIII, column (A), lines 5, 4, and 76,		0.	0.
	11 (Other revenue (Part VIII, column (A), lines 3, ou, 60, 30, 100, and 110). Total revenue - add lines 8 through 11 (must equal Part VIII, column (A),	line 12)	214,549.	190,518.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1110 127 1111111	150,000.	
	13	Benefits paid to or for members (Part IX, column (A), line 4)		0.	_
	14	Benefits paid to or for members (Part IX, Column (A), line 4/ Salaries, other compensation, employee benefits (Part IX, column (A), lir	nes 5-10)	30,182.	24,960.
ses	15	Professional fundraising fees (Part IX, column (A), line 11e)		0.	_
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 25)	0.		
X	b	Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		23,826.	30,451.
ш.	17	Other expenses (Part IX, Column (A), lines Tra-Tru, TTP2-40/ Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25	······	204,008.	
	18	Revenue less expenses. Subtract line 18 from line 12	/	10,541	
<u> </u>	19	Revenue less expenses. Subtract line 18 nontline 12		Beginning of Current Year	End of Year
Net Assets or Fund Balances		Total assets (Part X, line 16)		72,073	
SSE	20	, , , , , , , , , , , , , , , , , , , ,		25,782	
et A	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		46,291	
I D		Signature Block			
P	artn	lities of perjury, I declare that I have examined this return, including accompanying	o schedules and sta	atements, and to the best of i	my knowledge and belief, it is
Und	ier pena	t, and complete. Declaration of preparer (other than officer) is based on all inform	nation of which pred	parer has any knowledge.	
true	e, correc	it, and complete. Declaration of preparer (other than emost) is successful.			
		Signature of officer		Date	
Sig		AMY PORTER, EXECUTIVE DIRECTOR			
He	re	Type or print name and title			
				Date Check	PTIN
p - '			ODY	05/17/21 self-empl	
Pai		MILLER STORE GOOD OF GOOD DC			. 13-3597814
	parer	Firm's address 520 EIGHTH AVE, SUITE 2200			
US	Only	NEW YORK, NY 10018		Phone no. 2	12 967-1100
		RS discuss this return with the preparer shown above? (see instruction	s)		X Yes No
Ma	ıy tne l	no discuss this feturn wat the property discuss as a feet meneral		···	Form 990 (2019)

			Yes	No
1	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes." complete Schedule C. Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			İ
	during the tax year? If "Yes." complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D. Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes " complete Schedule D, Part IV	9		X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			37
	or in guasi endowments? If "Yes." complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	 	+ <u>~</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		+
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11d		Х
	Dort V. line 162 If "Ves." complete Schedule D. Part IX	11e		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116	-	+**
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		X
	the organization's separate of constitutions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		1	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		X
	Schedule D, Parts XI and XII	124		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		X
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?			
b	Did the organization maintain an embey supplying the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14k	\mathbf{x}	
	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17	Land A. Error Cland 1102 If "Vos." complete Schedule G. Part I	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
18	4 10-0 If IVan II complete Schedule G. Part II	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		ļ	
19		19)	X
00	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20		X
20	of If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20	b	-
	Did the erganization report more than \$5,000 of grants or other assistance to any domestic organization or			
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	2		<u> </u>
	domestic government on that we was constituted as	Fo	_{rm} 99	0 (2019

Form	990 (2019) YSPANIOLA INCORPORATED 27-069	<u> 37706</u>	Pag	ge 4
Par	t IV Checklist of Required Schedules (continued)			
·			Yes	No_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		.]	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u>
24.5	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
ZŦū	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Χ
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
05 o	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
25 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
, D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	i		
	Schedule L, Part I	25b		X
00	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
07	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlle	d		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
28	instructions, for applicable filing thresholds, conditions, and exceptions):	Ì		
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		X
	"Yes," complete Scriedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_X_
b	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?			
С	"Yes," complete Schedule L, Part IV	28c		_X_
	"Yes," complete Schedule L, Part W Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30		X
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
31	Did the organization liquidate, terminate, or dissolve and coase operations. The property of the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
32	Schedule N, Part II	32		X
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
34	Was the organization related to any tax-exempt of taxable entity: " 700, complete contents,"	34		X
	Part V, line 1 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	358	3	X
35	b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ر	
	within the meaning of section \$12(0)(13)? If Yes, complete scriedule 11,1 at (1), in a 2. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	n?		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exemption of the organization make any transfers to an exemption of the organization make any transfers to an exemption of the organization make any transfers to an exemption of the organization make any transfers to an exemption of the organization make any transfers to an exemption of the organization make any transfers to an exemption of the organization make any transfers to an exemption of the organization make any transfers to an exemption of the organization make any transfers to an exemption of the organization make any transfers to an exemption of the organization make any transfers to an exemption of the organization of the organ	36	,	X
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
	and that is treated as a partnership for federal income tax purposes? in Tech, complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Fact Vi, in the constant Cabadian O	за	X	
	Note: All Form 990 filers are required to complete Schedule O art V Statements Regarding Other IRS Filings and Tax Compliance			
Р	Check if Schedule O contains a response or note to any line in this Part V			
	Officer is Scriedule O contains a response of note to any mile in the contains a management of the contains a response of note to any mile in the contains a management of the contains a response of note to any mile in the contains a management of t		Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
	5. Fatavitha number of Forms W.2G included in line 1a. Enter ·0· if not applicable 1b	0		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10		
	(garnoning) withings to prize without.	Fo	rm 99 0	(2019

Form 990 (2019) YSPANIOLA INCORPORATED

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

			Yes	No
၇၁	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Zu	filed for the calendar year ending with or within the year covered by this return			ı
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_
h	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
Tu	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
h	If "Yes," enter the name of the foreign country			
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			ĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
h	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
~	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
ou	any contributions that were not tax deductible as charitable contributions?	6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
h	If "Yes." did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Ŭ	to file Form 8282?	7c		<u>X</u>
d	If "Yes." indicate the number of Forms 8282 filed during the year			
۰ د	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ļ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	1	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07	7h	-	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	<u> </u>	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b		9b	 	-
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-	1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	-		
k	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	12a		
128	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	ıza	+	1
k		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		1
ã	Is the organization licensed to issue qualified health plans in more than one state?	100	+	
	Note: See the instructions for additional information the organization must report on Schedule O.			
i	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified reduct plans	1		
•	Enter the amount of reserves on hand	14a		X
14:	Did the organization receive any payments for indoor tanning services during the tax year?	14b		
١	of If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		х
	excess parachute payment(s) during the year?			
	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
16	Is the organization an educational institution subject to the section 4000 excise tax of not investigate and a section 4000 excise tax			
	If "Yes," complete Form 4720, Schedule O.	For	rm 99	0 (2019

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
Sect	ion A. Governing Body and Management						
		1	1	_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		10			
	If there are material differences in voting rights among members of the governing body, or if the governing					ļ	
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			ĺ		l	
h	Enter the number of voting members included on line 1a, above, who are independent	1b		10	1		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other				
2	officer, director, trustee, or key employee?	-			2		X
_	Did the organization delegate control over management duties customarily performed by or under the	ne direc	ct supervision				
3	of officers, directors, trustees, or key employees to a management company or other person?		·		3		X
_	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?		4		X
4	Did the organization make any significant changes to its governing decements since the pro-remainded t	sets?			5		X
5	Did the organization become aware during the year of a significant diversion of the organization of the or				6		X
6	Did the organization have members or stockholders?	nnoint	one or				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	рропп	0110 01		7a		X
	more members of the governing body?	tockh	oldere or				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	SIOUNII	olders, or		7b		Х
	persons other than the governing body?		o following:		75		- 42
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	al by ii	ie following.		00	х	
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				d8	Δ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the				Х
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)				
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes." did the organization have written policies and procedures governing the activities of such	chapte	rs, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy bef	ore filing the f	orm?	11a	X	
h	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				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	se to co	nflicts?		12b	X	
	By the second starting regularly and consistently monitor and enforce compliance with the policy? If '	'Yes," d	describe				
С	in Schedule O how this was done				12c	X	
40	Did the organization have a written whistleblower policy?				13		X_
13	Did the organization have a written document retention and destruction policy?				14		X
14	Did the process for determining compensation of the following persons include a review and appro	val by	independent				
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	1?					
	The organization's CEO, Executive Director, or top management official				15a	X	
a	Other officers or key employees of the organization				15b	X	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
	It "Yes" to line 15a or 15b, describe the process in ochoodic 5 (555 metastisms). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement	with a				
16a					16a		Х
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	uate its	participation				
t	If "Yes," did the organization follow a written policy or procedure requiring the organization to oracle	ianizat	ion's				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	janizat			16b	1	
	exempt status with respect to such arrangements?				1	1	1
Se	ction C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NY, CA	and 0	90-T (Section	501(c)/	3)s on!	v) ava	ilable
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	, and 3	oo i loodiidii	20110/	-,0 0111	,,	
	for public inspection. Indicate how you made these available. Check all that apply.	ain an '	Schedule O)				
	Own website Another's website X Upon request Other (explains to the company)	alli Oll S	of interest a	olicy c	nd fina	ncial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	CONTIC	, or merest p	olicy, a	nu illič	inoiai	
	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	DOOKS	and records				
	THE ORGANIZATION - (203)623-1805						
	33 SEAVERNS AVE, JAMAICA PLAIN, MA 02130				Far	m QQ(7 (2019

932006 01-20-20

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.

X Check this box if neither the organization r (A)	(B)			(C Posi	;)			(D)	(E)	(F)
Name and title	Average hours per week	(do not check more than one box, unless person is both an officer and a director/trustee)				than o	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other compensation
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
1) CYNTHIA SO-ARMAH HAIR	1.00	X		х				0.	0.	0
2) JONATHAN DIMAIO RESIDENT	1.00	x		X				0.	0.	
3) CHELSEA PURVIS IRECTOR	1.00	x						0.	0.	(
IRECTOR 4) CORY FOX IRECTOR	1.00	x						0.	0.	(
TRECTOR S) ELISA ISTUETA IRECTOR	1.00	X						0.	0.	
6) GARCIA VARGAS IRECTOR	1.00	X						0.	0.	
7) GERALD MCELROY IRECTOR	1.00	x						0.	0.	
8) SARAH KABAY IRECTOR	1.00	X						0.	0.	
9) STEPHEN WIRTH IRECTOR	1.00	X						0	. 0.	
10) TANYA L. MARTINEZ-GALLINUCCI DIRECTOR	1.00	X	:					0	. 0.	
11) AMY PORTER EXECUTIVE DIRECTOR	40.00			X	:			0	. 0.	26,18
						-	-			
		_	-							
		+		-	+					
		-								
		1			\dagger					

932007 01-20-20

Form 990 (2019)

(A) Name and title		(B) Average hours per week (list any	box, offic	not cl unles	ss per	tion nore son i	than o s both r/trust	an	(D) Reportable compensation from the	(E). Reportable compensation from related organizations		Estin amou	int of ner	on
			Individual trustee or director	institutional trustee	Officer	кеу етрюуее	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		fron organ and r organi	elated	i
												····		
			-											
						-								
1b Subtota	al		<u> </u>		<u> </u>			>	0		0.	26	,18	3 <u>4</u> .
c Total fr	om continuation sheets to P add lines 1b and 1c) umber of individuals (including	art VII, Section A	••••						0 0		0.	26	,18	
2 Total nu	umber of individuals (including nsation from the organization	but not limited to t		E 1151	ieu a								Yes	No
line 1et	organization list any former o	.I for such individua	ı/									3		х
4 For any	r individual listed on line 1a, is	the sum of reportal n \$150.000? If "Yes	ble o s," c	com comp	pen: olete	satio Scl	on ar hedu	id of <i>le J</i>	ther compensation fron for such individual	n the organization	l	4		X
5 Did any rendered	/ person listed on line 1a recei ed to the organization? <i>If</i> "Yes	ve or accrue comp	ensa	ation	ı froi	m ar	าy ur	ireia	ted organization of indi			5		X
4 Compl	Independent Contractors ete this table for your five high panization. Report compensati	est compensated in	nde	pend	dent	cor	trac	tors	that received more tha	n \$100,000 of comp x year.	ensa	ition fi	om	
the org	(A) siness address		101		*****	1101		(B) Description o	!	C	(C omper) isatio	n
			·											
2 Total	number of independent contra	ictors (including bu	t no	t lim	ited	to tl	hose	liste	ed above) who received	i more than				
\$100,	000 of compensation from the	organization >					0					Form	990	(201

ran	V 11	•	Check if Schedule O contains a response or note to any line	in this Part VIII			
			Check if Schedule O contains a response of note to any line	(A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	M Fi I R G A Si	ederated campaigns Membership dues Undraising events Related organizations Ita 15 16 17 19 19 19 19 19 19 19 19 19	190,511.			
Program Service Revenue	2 a b c c c c c f) _ ; _ ; _	All other program service revenue Total. Add lines 2a-2f				
	3 4 5	l I F	nvestment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal	7.			7.
er.	7 :	c i d i a	Less: rental expenses 6b 6c Rental income or (loss) 6c Net rental income or (loss)				
Other Revenue		c d a	Gain or (loss)				
	9	b c a	Less: direct expenses				
		c a b	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sales of inventory				
Miscellaneous Revenue	11		Business Code				
Misc	12	d e	All other revenue Total. Add lines 11a-11d Total revenue. See instructions	190,518	3. (). (7 . Form 990 (2019)

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 **(D)** Fundraising (B) Program service (A) Total expenses (C) Do not include amounts reported on lines 6b, Management and expenses 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 110,605. 110,605. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 17,971. 4,493. 22,464 trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 1,997 499 2,496. 10 Payroll taxes Fees for services (nonemployees): Management Legal 1,000. 1,000. Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 508. 508 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 368 551 919 Office expenses 13 Information technology 14 Royalties 15 Occupancy 16 Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials \dots Conferences, conventions, and meetings 19 20 Payments to affiliates 21 1,818. 1,818. Depreciation, depletion, and amortization 22 2,324 2,324 23 Insurance Other expenses. Itemize expenses not covered 24 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.) 18,765. 18,765. OTHER PROGRAM COSTS 4,343. 4,343. TRANSPORTATION 578 578 BANK SERVICE CHARGES 196 196. d SUPPLIES e All other expenses 0. 11,263 154,753 166,016. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

____ 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) End of year Beginning of year 41,069. 8,585. Cash - non-interest-bearing 49,977. 37,984. 2 Savings and temporary cash investments 2 1,000. 1.000. 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net _____ Assets 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 27,276. basis. Complete Part VI of Schedule D _____ 10a 10,693. 12,511. 10c 16,583. b Less: accumulated depreciation _____ 10b 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 90,746. 72,073. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 2,671. 17 Accounts payable and accrued expenses 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 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 11,000. 23,111. 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 11,000. 25,782. Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 79,746. 46,291. 27 Net assets without donor restrictions 27 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here

90,746. Form 990 (2019)

79,746.

29

30

31

32

33

46,291.

72,073.

29

31

32

and complete lines 29 through 33.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances ______

orm	990 (2019) YSPANIOLA INCORPORATED	27-0697	706	Pag	_{le} 12
_	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	On Solid Sol				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		0,5:	
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,0:	
	Revenue less expenses. Subtract line 2 from line 1	3	2	4,5	02.
3	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	6,2	91 <u>.</u>
4	Net unrealized gains (losses) on investments	5			
5	Donated services and use of facilities	6			
6		7			
7	Investment expenses	8		8,9	53.
8	Prior period adjustments	9			0.
9	Other changes in net assets or fund balances (explain on Schedule O)				-
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	7	9.7	46.
_	column (B))	10]			
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				İ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	000		Х
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		22
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1		
	separate basis, consolidated basis, or both:				
	Separate hasis Consolidated basis Both consolidated and separate basis				3.7
h	Were the organization's financial statements audited by an independent accountant?		2b		X
~	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				ļ
	Separate basis Consolidated basis Both consolidated and separate basis				
	the discount of the state organization have a committee that assumes responsibility for oversight of the	e audit,			
C	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	With a president on shapped either its oversight process or selection process during the tax year, explain on Sci	nedule O.			
_	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
38	As a result of a federal award, was the organization required to undorge an additional actions and Act and OMB Circular A-133?		3a		X
	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
l	of "Yes," did the organization undergo the required audit of audits? If the organization did not should be		3b		1

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2019)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 27-0697706 <u>YSPANIOLA INCORPORATED</u> Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 L activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed in your governing document? (vi) Amount of other (v) Amount of monetary (iii) Type of organization (i) Name of supported (ii) EIN support (see instructions) support (see instructions) (described on lines 1-10 organization Yes above (see instructions))

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.)

Sec	tion A. Public Support					() 0040	(O Total			
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
	Gifts, grants, contributions, and									
	membership fees received. (Do not				450 010	100 E11	916,790.			
	include any "unusual grants.")	149,974.	195,054.	203,232.	178,019.	190,511.	910,1900			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to	1								
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge				170 010	100 511	016 700			
4	Total. Add lines 1 through 3	149,974.	195,054.	203,232.	178,019.	190,511.	916,790.			
	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,						210 215			
	column (f)						318,315.			
6	Public support. Subtract line 5 from line 4.				<u> </u>		598,475.			
	ction B. Total Support					T	(0 T-1-1			
****	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
	Amounts from line 4	149,974.	195,054.	203,232.	178,019	190,511.	916,790.			
8	Gross income from interest,									
G	dividends, payments received on									
	securities loans, rents, royalties,						1			
	and income from similar sources	9.	18	. 3	. 9	7	. 46.			
9										
9	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
10	or loss from the sale of capital									
	assets (Explain in Part VI.)						016 036			
11	Add lines 7 through 10						916,836.			
	a	e etc (see instruct	tions)			12	152,682.			
		or the organization	i's first, second, th	nird, fourth, or fifth	tax year as a secu	ion 50 ((c)(5)				
10	organization, check this box and sto	op here								
Se	organization, check this box and streetion C. Computation of Puk	olic Support P	ercentage				CE 30 W			
14	Public support percentage for 2019	(line 6, column (f)	divided by line 11	, column (f))		14	00120 1			
		40 Oakadula A. Da	+ 11 line 1/1			15				
16	an 4/00/ aumort tont 2010 If the	organization did t	not check the box	on line 13, and iin	e 14 18 33 1/370 U	more, cricon uno	box and			
		suchliche cur	anorted organizati	on						
	L an 4/00/ number toot 2018 If the	e organization did I	not check a box o	n line 13 or 16a, ai	na iine 15 is 33 1/3	578 Of Illoie, Circon				
	stop here. The organization qualifies as a publicly supported digatilization. b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.									
17	and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization									
• •	ticit a manufaction month the "f	facte-and-circumst:	ances" test. check	(this box and sto t) liete: rybiam in .	CHE THOU MAD THE	,			
		all toot. The organi	zation qualifies as	a nubliciv suppor	ted organization					
		ant 2018 If the C	rganization did no	it check a box on i	line 13, 10a, 10b, c	n ma, and into re	10 1070 0.			
	Littleinstinction moote	the "facts and cir	cumstances" test.	, check this box ai	in stob liete. Evbi	all ill all villow				
		aire (motopose" tos	et The organizatio	n dualities as a pu	DIICIY Supported o	1941 1124 11011				
4:	Private foundation. If the organiza	ition did not check	a box on line 13,	16a, 16b, 17a, or 1	17b, check this bo	x and sec manach	10110			
	organization meets the "facts and circumstances" test. The organization quantum quantu									

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.)

Sec	tion A. Public Support	iott, pioass comp								
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
	Gross receipts from admissions,									
	merchandise sold or services per-									
	formed, or facilities furnished in any activity that is related to the									
	organization's tax-exempt purpose									
	Gross receipts from activities that				1					
	are not an unrelated trade or bus-									
	iness under section 513									
4	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
5	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
6	Total. Add lines 1 through 5									
	Amounts included on lines 1, 2, and	i								
	3 received from disqualified persons									
b	Amounts included on lines 2 and 3 received									
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the									
	amount on line 13 for the year									
c	Add lines 7a and 7b									
8	Public support. (Subtract line 7c from line 6.)				1		<u> </u>			
	ction B. Total Support			1		(.) 0010	(f) Total			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(i) iotai			
9	Amounts from line 6									
10	Gross income from interest,									
	dividends, payments received on securities loans, rents, royalties,				1					
	and income from similar sources									
i	Unrelated business taxable income									
	(less section 511 taxes) from businesses									
	acquired after June 30, 1975									
	Add lines 10a and 10b									
11	Net income from unrelated business activities not included in line 10b,									
	whether or not the business is									
	regularly carried on									
12	Other income. Do not include gain or loss from the sale of capital									
	assets (Explain in Part VI.)			+	+					
13				ind formation on fifth	tov voar as a sect	ion 501(c)(3) organ	ization.			
14	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for	or the organization	n's first, second, tr	ira, tourtri, or illu	i tax year as a sooi	1011 00 1(0)(0) 01gun	▶ □			
	check this box and stop here	: . O	lereentege	,						
Se	ection C. Computation of Pub	ilic Support P	ercentage	aclumn (f)		15	%			
15	Public support percentage for 2019	(line 8, column (f)	, alviaea by line is	5, COIGITITI (1 <i>))</i>		16	%			
16	Public support percentage from 201	8 Schedule A, Pa	me Percentan	A						
Se	ection D. Computation of Inve	estment inco	Ine Percentag	line 13 column (·f))	17	%			
17		and a Calandula	A Dort III line 17			18	%			
18	Investment income percentage from a 33 1/3% support tests - 2019. If the	1 2018 Schedule	A, Part III, line 17	won line 1/1 and	line 15 is more than	33 1/3%, and line	e 17 is not			
19	a 33 1/3% support tests - 2019. If th	e organization di	u not check the bo	alifies as a nublic	v supported organi	zation	▶□			
	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 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									
	b 33 1/3% support tests - 2018. If the line 18 is not more than 33 1/3%, cl	le organization di	u Hot check a box	ganization qualifie	es as a publicly sup	ported organizatio	n ▶□			
	line 18 is not more than 33 1/3%, cl Private foundation. If the organizat	neck this box and	stop nere, the or	19a or 19h chec	k this box and see	instructions)			
20	Private foundation, If the organizat	ion did not check	(a box on line 14,	TOA, OF TOD, OHEO	9/	hedule A (Form 9	90 or 990-EZ) 2019			

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.)

202	tion	Δ	ΔΙΙ	Sunn	orting	Organ	izations
5 66	UOH	М.	MII	Jupp	or ung	Organ	Lations

- 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- 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		1	
Ì				
	2			
	3a			
	3b			
	<u></u>			
	3с			
	4a_			
				•
	4b			-
	4c			-
	5a			
				_
	5b			-
	5c		+	-
	6			
				_
	7_		-	
	8			_
	9a			
				_
	9b	_		
	9c			
				_
	40-			
	10a		+	_
	10b			
arm	990 or	aan_F	7) 20°	19

932024 09-25-19

Par	t IV Supporting Organizations (continued)		, T	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
h	A family member of a person described in (a) above?	11b		
c	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.	11c		
Sect	tion B. Type I Supporting Organizations		Т	
			Yes	No
1	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			ı
	controlled the organization's activities. If the organization had more than one supported organization,			ı
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
_	Did the organization operate for the benefit of any supported organization other than the supported			İ
2	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,			
	Part VI now providing such belief carried out the purposes of the supposes of	2		<u> </u>
	supervised, or controlled the supporting organizations			
Sec	tion C. Type II Supporting Organizations		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
1	were a majority of the organization's directors of trustees during the tax you also be majority of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or trustees of each of the organization's supported organization(s)? If 170, describe in the controlled or managed			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
	the supported organization(s).			
Sec	tion D. All Type III Supporting Organizations		Yes	No
	the last day of the fifth month of the			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2	1	
	the organization maintained a close and continuous working relationship with the supported organization(s).		1	
3	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			1
	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.	3		
Sec	etion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	ons).		
·	The organization satisfied the Activities Test. Complete line 2 below.			
ł	The support of each of its supported organizations, Complete line 3 below.		1	
	The experiencian supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructio	ns).	
2	Activities Test Answer (a) and (b) below.		Yes	s No
	- 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 identity			
	these 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 those activities constituted substantially all of its activities.	2a		
,	. Did the pativities 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			
	reasons for the organization's position that the dappeared a games and the organization's involvement	2b		
	activities but for the organization's involvement.			1
3	Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	a Did the organization have the power to regularly appoint of elect a majority of the organizations? Provide details in Part VI.	3a		
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	b Did the organization exercise a substantial degree of direction over the policies, programs, and a transfer of the policies, programs, and the programs, and the programs,	3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	000 or	000-F	= 7) 201

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on N	lov. 20, 1970 (explain in	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must con	nplete Sec	ctions A through E.	(7) 0 1)/
Secti	on 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			
Ü	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		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
8 Secti	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see			
1	instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
		1d		
	Total (add lines 1a, 1b, and 1c)			
е				
	factors (explain in detail in Part VI):	2		
_2	Acquisition indebtedness applicable to non-exempt-use assets	3		
3	Subtract line 2 from line 1d.			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	4		
	see instructions).	5		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	6		
_6	Multiply line 5 by .035.	7		
7	Recoveries of prior-year distributions	8		
8	Minimum Asset Amount (add line 7 to line 6)			
Sec	tion 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		4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	to the rest and reduction (see instructions)	6		unnaination (non
7	Check here if the current year is the organization's first as a non-functional	ally integra	ted Type III supporting o	rganization (see
•	instructions).			
			Schedule	A (Form 990 or 990-EZ) 201

Schedule A (Form 990 or 990-EZ) 2019 YSPANIOLA INCORPORATED

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
ecti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exen	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	3		
	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	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	e organization is responsive	•	
•	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
0	Line 8 amount divided by line 9 amount			
	Life of arrival arriva	(i)	(ii)	(iii)
ecti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
_	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
_	From 2014			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
_	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
-	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
4	line 7:			
	Applied to underdistributions of prior years			
	Applied to underdistributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2019, if			
5	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
	Remaining underdistributions for 2019. Subtract lines 3h			
6	Remaining underdistributions for 2019, Subtract miles of			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8				
	a Excess from 2015			
	b Excess from 2016			
	c Excess from 2017			
-	d Excess from 2018			
	e Excess from 2019			A (Form 990 or 990-F7)

Schedule B

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

Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

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

27-0697706 YSPANIOLA INCORPORATED Organization type (check one): Section: Filers of: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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.

Name of organization

Employer identification number

YSPANIOLA INCORPORATED

27-0697706

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.
T		

(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
a) lo. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. com art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Employer identification number

CDANT	OLA INCORPORATED		27-0697706						
Part III	from any one contributor. Complete columns (a) the	itable, etc., contributions of \$1,000 or les	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year. For organizations so for the year. (Enter this info. once.)						
 	Use duplicate copies of Part III if additional sp	ace is needed.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		ft Relationship of transferor to transferee							
	Transferee's name, address, a	NO ZIP + 4							

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Name	of the organization YSPANIOLA INCORPORA	/ ጥ료ቦ /		1	27-06977	706
Parl		d Funds or Oth	er Similar Funds o	r Acco	unts. Complete if th	ne
Pari	organizations indirectly on Form 990, Part IV, line	÷ 6.				
	organization answered 163 on Form 666, Fair 17, me	(a) Donor ad	vised funds	(b) Fur	nds and other accou	unts
4	Total number at end of year					
	Aggregate value of contributions to (during year)					
	Aggregate value at end of year					
4 5	Did the organization inform all donors and donor advisors in w	writing that the asse	ts held in donor advise	d funds		
	are the organization's property, subject to the organization's e	exclusive legal cont	rol?		Yes	L No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing th	at grant funds can be u	sed only		
6	for charitable purposes and not for the benefit of the donor of	r donor advisor, or f	or any other purpose o	onferring		
	impermissible private benefit?				Yes	No_
Par		janization answered	"Yes" on Form 990, Pa	art IV, line	7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that ar	oply).			
'	Preservation of land for public use (for example, recreated	tion or education)	Preservation of a		ly important land are	∍a
	Protection of natural habitat		Preservation of a	certified h	nistoric structure	
	Dyscarration of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation co	ontribution in the form o	f a co <u>nser</u>	vation easement on	the last
_	day of the tax year.				Held at the End of t	the Tax Year
2	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
0	Number of conservation easements on a certified historic str	ructure included in (a)	2c		
d	Number of conservation easements included in (c) acquired	after 7/25/06, and r	iot on a historic structu	re		
u	U-tI in the National Dogister			20		
3	Number of conservation easements modified, transferred, re	leased, extinguishe	d, or terminated by the	organizati	on during the tax	
٥	vear >					
4	Number of states where property subject to conservation ea	sement is located 🕽				
5	Does the organization have a written policy regarding the pe	eriodic monitoring, Ir	ispection, nandling of			
Ū	the concentration essements i	it holds?			Yes	∟ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violation	ons, and enforcing cons	ervation e	asements during the	e year
Ū						
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, a	and enforcing conservat	ion easem	ients during the yea	ır
•	L ¢					
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requi	rements of section 170	n)(4)(B)(I)	Yes	☐ No
_						140
9	to Day VIII, describe how the organization reports conservat	tion easements in it	s revenue and expense	Statemen	tanu	
_	balance sheet, and include, if applicable, the text of the foot	tnote to the organiz	ation's financial statem	ents that c	lescribes the	
Pa	rt III Organizations Maintaining Collections of	of Art, Historica	ar reasures, or O	thei Siii	mai Assets.	
	Complete if the organization answered "Yes" on Forr	m 990, Part IV, line	3.	and bolone	a shoot works	
1a	If the organization elected, as permitted under FASB ASC 9	358, not to report in	its revenue statement a	ithoropoo	of public	
	of art, historical treasures, or other similar assets held for pu	ublic exhibition, eau	cation, or research in it	Illibrance	or public	
	the temperature to its fina	ancial statements th	iat describes these iten	15.		
k	us us a second as parmitted under FASB ASC 9	958, to report in its i	evenue statement and	Dalai ICC 3	f public service	
	art, historical treasures, or other similar assets held for publ	lic exhibition, educa	tion, or research in furt	nerance of	public service,	
	the state of the state of the second state of					
					•	
	A Lateral of a Form COO Part Y				Ψ	
2	If the organization received or held works of art, historical tr	reasures, or other s	illiai assots for illianon	a gain, pro	wide	
		LASC 958 relating to) these items.			
	Payonue included on Form 990, Part VIII, line 1				\$	
	Assets included in Form 990, Part X		,		Schedule D (Fo	
LH	A For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.			Goricadio D (i o	550, =0

Schedule D (Form 990) 2019

edule D (Form 990) 2019 YSPANIOLA II	NCORPORATED		<u> 27-0697706 Pag</u>
art VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	and of veer market value
Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-or-year market value
Financial derivatives			
Closely held equity interests			
Other			
4)			
3)			
))			
))			
=)			
5)			
) a)			
1)			
l. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
rt VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	end-of-year market value
1)			
2)			
3)			
4)			
5)			
6)			
7)			
(8)			
(9) II. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
out IX Other Assets			
Complete if the organization answered "Yes	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
Complete if the organization and words (a) Description		(b) Book value
	·		
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	ing 15)		>
tal. (Column (b) must equal Form 990, Part X, col. (B) I	ne 15.)		
Complete if the organization answered "Yes	" on Form 000 Part IV lin	e 11e or 11f. See Form 990, Part X, I	ne 25.
Complete if the organization answered Tes (a) Description of liability	S Offi Offi 330, 1 are 14, iii		(b) Book valu
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B)	line 25.)		

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 D (Form 990) 2019

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

CRINTOL A TRICODA				27-069770	06
SPANIOLA INCORI	mation on A	ctivities Out	side the United States. Comple	te if the organization answered "	Yes" on
Form 000 Part IV	line 14h				
4 F	the organization	maintain record	ls to substantiate the amount of its gra	ints and other assistance,	
the grantees' eligibility fo	r the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance?	Yes No
	ibe in Part V the	organization's p	procedures for monitoring the use of its	s grants and other assistance ou	tside the
United States.	ne following Part	Lline 3 table ca	n be duplicated if additional space is r	needed.)	
3 Activities per Region. (17 (a) Region	(b) Number of offices in the region	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a program service,	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND					
HE CARIBBEAN -					
NTIGUA & BARBUDA,				DECCEAME DECCEAME	110,605.
ARUBA, BAHAMAS,	2	18	PROGRAM SERVICES	EDUCATIONAL PROGRAMS	110,000.
3 a Subtotal		2 18	3		110,605
b Total from continuation	n	0 0			0
c Totals (add lines 3a		2 18			110,605
LHA For Paperwork Redu	ction Act Notic			Schedule	e F (Form 990) 201

932071 10-12-19

YSPANIOLA INCORPORATED

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any Schedule F (Form 990) 2019

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

Part II

(i) Method of valuation (book, FMV, appraisal, other)					!	H	Schedule F (Form 990) 2019
(h) Description of noncash assistance							Sch
(g) Amount of noncash assistance	.0				exempt	\	
(f) Manner of cash disbursement	WIRE				y, recognized as tax		
(e) Amount of cash grant	110,605.				the foreign countr	letter	
(d) Purpose of grant	TO SUPPORT THE ORGANIZATIONS MISSION.				Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt	ection 501(c)(3) equivalency letter	
(c) Region	CENTRAL AMERICA				ons listed above that ar	by the IRS, or for which the grantee or counsel has provided a section	or entities
(b) IRS code section and EIN (if applicable)					of recipient organizati	hich the grantee or cα	Enter total number of other organizations or entities
1 (a) Name of organization					2 Enter total number		3 Enter total number

Page 3

27-0697706

YSPANIOLA INCORPORATED

Schedule F (Form 990) 2019

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (c) Number of cash grant cash grant Part III can be duplicated if additional space is needed. (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2019

chedu 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	X 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	X 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	X 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	X 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	X 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)		X No
		Schedule F (For	rm 990) 2019

SCHEDULE 0

(Form 990 or 990-EZ)

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.

A taken to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Employer identification number Name of the organization

YSPANIOLA INCORPORATED 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. I
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.

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

Schedule O (Form 990 or 990-EZ) (2019)

2019 DEPRECIATION AND AMORTIZATION REPORT

Г	TT	· · · · ·	one
	Ending Accumulated Depreciation	15,177. 1,406. 16,583. 16,583.	ction, GO Zc
	Current Year Deduction	1,615. 203. 1,818. 1,818.	alization Dedu
	Current Sec 179 Expense		ımercial Revit
	Beginning Accumulated Depreciation	13,562. 1,203. 14,765.	, Bonus, Corr
	Basis For Depreciation	19,376. 7,900. 27,276. 27,276.	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone
	Reduction In Basis		
	Section 179 Expense		
990	Bus % Excl		pesods
	Unadjusted Cost Or Basis	19,376. 7,900. 27,276. 27,276.	(D) - Asset disposed
-	O o c >	71 e	
	Life	39.00 1	
}	Method		
	Date Acquired N	03/01/15 SL 09/30/17 SL	
FORM 990 PAGE 10	Description	MACHINERY & EQUIPMENT 3 AUTOMOBILE * 990 PAGE 10 TOTAL * GRAND TOTAL 990 PAGE 10 DEPR	928111 04-01-19
ORM 99(Asset No.	w 4	928111

Form **8868**

(Rev. January 2020)

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

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

orms liste Contracts	d below with the exception of Form 8870, information in , for which an extension request must be sent to the IRS	in paper	format (see instructions). For more	details on th	e electron	ic				
ling of thi	s form, visit www.irs.gov/e-file-providers/e-file-for-charit	ies-and-n	on-profits.							
lutoma	tic 6-Month Extension of Time. Only subm	it origina	al (no copies needed).				-			
ll corpor	ations required to file an income tax return other than Fo	rm 990-T	(including 1120-C filers), partnership	os, REMICs,	and trust	S	_			
nust use	Form 7004 to request an extension of time to file income	e tax retur	ns.							
				Taynaver i	lentificatio	on number (TIN)	-			
ype or	Name of exempt organization or other filer, see instructions.									
orint	YSPANIOLA INCORPORATED				27-06	97706	_			
ile by the	Number, street, and room or suite no. If a P.O. box, so	ee instruct	ions.							
lue date for iling your	33 SEAVERNS AVE									
eturn. See nstructions.	City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions.							
	TAMATCA PLATNI MA 02130					0 1	Γ			
Enter the	Return Code for the return that this application is for (file					Return	_			
Applicati	on	Return	• •			Code				
s For		Code 01	Is For Form 990-T (corporation)			07	_			
	or Form 990-EZ	02	Form 1041-A			08				
Form 990		03	Form 4720 (other than individual)			09				
Form 472 Form 990	(individual)	04	Form 5227							
	0-T (sec. 401(a) or 408(a) trust)			11	_					
)-T (trust other than above)	06	Form 8870			12				
	THE ORGANIZATI	ON		1111						
• The b	ooks are in the care of 33 SEAVERNS AV	E - J	AMAICA PLAIN, MA (JZ130			-			
T-1	$_{\text{none No}} \sim (203)623-1805$		Fax No.							
If the	organization does not have an office or place of busines is for a Group Return, enter the organization's four digit	Croup Ev	omption Number (GFN)	If this is for	the whole	group, check this	3			
	is for a Group Return, enter the organization's four digit	and att	ach a list with the names and TINs	of all membe	ers the ext	ension is for.				
box 🕨	. If it is for part of the group, check this box	_ and acc	aori a net war une							
مدا مد	equest an automatic 6-month extension of time until	AUGU	ST 16, 2021 ,tof	ile the exem	pt organiz	ation return for				
1 1 re	e organization named above. The extension is for the org									
• • • • • • • • • • • • • • • • • • •	calendar year or			•						
•	X tax year beginning OCT 1, 2019	, a	nd ending SEP 30, 202	0	_ •					
			son: Initial return	Final retur	n					
2 lf 1	the tax year entered in line 1 is for less than 12 months,	check rea	son: initiai return] i iiiai ietui						
L	Change in accounting period									
	this application is for Forms 990-BL, 990-PF, 990-T, 472	0 or 6069	enter the tentative tax, less							
3a If	this application is for Forms 990-BL, 990-11, 990-1, 972- ny nonrefundable credits. See instructions.	0, 0, 0000		3a	\$		<u>.</u>			
ar h lf	this application is for Forms 990-PF, 990-T, 4720, or 606	39, enter a	ny refundable credits and			,				
0.0	timated tax payments made, Include any prior year ove	rpayment	allowed as a credit.	3b_	\$		<u>.</u>			
c B	alance due. Subtract line 3b from line 3a. Include your p	oayment w	rith this form, if required, by			().			
	L LT Deciment Custom) C	oo inetruci	tions	3c	s S					
Caution	n: If you are going to make an electronic funds withdraw	al (direct c	lebit) with this Form 8868, see Form	า ช453-EO ล	na romi 8	or a-EO for paying	, t L			
instruct	ions.					n 8868 (Rev. 1-20				
LHA	For Privacy Act and Paperwork Reduction Act Notice	e, see ins	tructions.		, 511		,			

923841 12-30-19

2019 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

TED
2
INCORPO
OLA
PANI
YSE
1

Current Year Deduction	1,615. 203. 1,818. 1,818.	notion Deduction
Current Sec 179		ivo leiezem
Accumulated Depreciation	13,562. 1,203. 14,765.	
Basis For Depreciation	19,376. 7,900. 27,276. 27,276.	:
Reduction In Basis	0 0	!
Bus % Excl		
Unadjusted Cost Or Basis	19,376. 7,900. 27,276. 27,276.	
Line No.	0 0 1 6 0 0 1 6	
Life	39.00	
Method	SSL	
Date Acquired	030115SL 093017SL	
Description	MACHINERY & EQUIPMENT 3AUTOMOBILE * 990 PAGE 10 TOTAL * GRAND TOTAL 990 PAGE 10 DEPR	
Asset No.		

(D) - Asset disposed

928102 04-01-19

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

TAXABLE YEAR

California Exempt Organization Annual Information Return

928941 12-04-19 FORM

199

2019 09/30/2020 and ending (mm/dd/yyyy) 10/01/2019 Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) California corporation number Corporation/Organization name 3108942 YSPANIOLA INCORPORATED Additional information. See instructions. 27-0697706 Street address (suite or room) 33 SEAVERNS AVE ZIP code State 02130 MA JAMAICA PLAIN Foreign postal code Foreign province/state/county Foreign country name If exempt under R&TC Section 23701d, has the organization Yes X No J First Return engaged in political activities? See instructions. Yes X No Amended Return R Is the organization exempt under R&TC Section 23701g? • Yes X No Yes X No K IRC Section 4947(a)(1) trust If "Yes," enter the gross receipts from nonmember sources \$ Final Information Return? L If organization is a public charity exempt under R&TC Surrendered (Withdrawn) Merged/Reorganized Dissolved Section 23701d and meets the filing fee exception, check Enter date: (mm/dd/yyyy) box. No filing fee is required ______ Check accounting method: (1) Cash (2) X Accrual (3) Other Yes X No M Is the organization a Limited Liability Company?● Federal return filed? (1) ● ______ 990T(2) ● ______ 990PF (3) ● _____ Sch H (990) N Did the organization file Form 100 or Form 109 to (4) X Other 990 series report taxable income? Yes X No Is this a group filing? See instructions Yes X No Is the organization under audit by the IRS or has the Is this organization in a group exemption Yes X No 0 IRS audited in a prior year? ______ If "Yes," what is the parent's name? P Is federal Form 1023/1024 pending? Did the organization have any changes to its guidelines Date filed with IRS • Yes X No not reported to the FTB? See instructions Complete Part I unless not required to file this form. See General Information B and C. 7 00 Gross sales or receipts from other sources. From Side 2, Part II, line 8 1 00 2 Gross dues and assessments from members and affiliates 190,511 00 STMT 1 • 3 Gross contributions, gifts, grants, and similar amounts received Total gross receipts for filing requirement test. Add line 1 through line 3.
This line must be completed. If the result is less than \$50,000, see General Information B 190,518 00 4 Receipts 00 Cost of goods sold ______ and 00 Revenues Cost or other basis, and sales expenses of assets sold 00 Total costs. Add line 5 and line 6 7 190,518 00 8 Total gross income. Subtract line 7 from line 4 166,016 00 Total expenses and disbursements. From Side 2, Part II, line 18 24,502 00 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 Expenses 10 Total payments _______ 00 11 00 Use tax. See General Information K 12 12 00 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 13 13 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 00 14 14 Filing Fee 10 00 15 Filing fee \$10 or \$25. See General Information F 15 00 16 Penalties and Interest. See General Information J 17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kr it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 16 10 00 wledge and belief. Telephone Sign EXECUTIVE DIRE Here Signature of officer • PTIN Check if P00631754 self-employed 05/17/21 Preparer's WILLIAM SKODY signature Firm's FEIN Paid 13-3597814 Firm's name (or yours, if self-Preparer's 520 EIGHTH AVE, SUITE 2200 employed) Use Only 212 967-1100 and address NEW YORK, NY 10018 May the FTB discuss this return with the preparer shown above? See instructions

YSPANIOLA INCORPORATED

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.

928951 12-04-19	

									1			00	
	1	Gross sales or receipts from all bu							2		7		
	2	Interest							$\frac{2}{3}$			00	
	3	Dividends							4			00	
Receipts	4	Gross rents							5			00	
from	5	Gross royalties	Gross royaltiesGross amount received from sale of assets (See Instructions)										
Other	6								6 7			00	
Sources	7	Other income						Otal d Death line 1	_ <u></u>			7 00	
	8	Total gross sales or receipts from	other so	ources. Add line 1 thro	ough lin	ne 7. En	ter here and on	Side 1, Part I, line I	9	 	110,605		
	9	Contributions, gifts, grants, and si	imilar an	nounts paid			STAT	EMENT 4	10		110,002	00	
	10	Dishurgements to or for members	2						10		22,464		
	11	Compensation of officers, director	rs, and tr	rustees		S	EE STAT	EMENT 3	11	-	22,40	00	
	12	Other salaries and wages							12	-		00	
Expense	s 13	Interest							13		2,496		
and	14	Taxes							14		2,430	00	
Disburse	- 15	Rents							15		1,818		
ments	16	Depreciation and depletion (See in	nstructio	ns)				······································	16				
	17	Other Expenses and Disbursemen	nts			S	EE STAT	EMENT 4	• 17		28,633		
	18	Total expenses and disbursemen	its. Add I	ine 9 through line 17.	Entern	nere am	d on Side 1, Par	l 1, 11110 0	10	xable ye	166,016	31 00	
Sched				Beginning of t	axable	year			ווט טו ומ	Xaule ye	(d)		
Assets				(a)		(b		(c)			79,	053	
1 Cas	h						58,562			•		<u> </u>	
		s receivable								-			
		eceivable								-			
										•			
5 Federal and state government obligations									-				
6 Investments in other bonds									•				
-		s in stock								•			
		oans								•			
		tments								•			
		ble assets		27,276					,276		10	602	
		umulated depreciation	(14,765			12,511	(16,	583		10,	<u>693</u>	
										•	1	000	
12 Oth	ner asse	ts STMT 5					1,000			•		000	
13 To	tal acce	ts					72,073			_	90,	746	
		net worth								ļ			
		payable					2,671			-			
		ons, gifts, or grants payable								•			
		notes payable								•			
		payable								<u> </u>		000	
18 Ot	her liahi	lities STMT 6					23,111			-	<u> </u>	000	
		ck or principal fund								+-			
		apital surplus. Attach reconciliation								!		716	
		arnings or income fund					46,291			•	79,	746	
		lities and net worth					72,073				90,	,746	
	edule	M. 4 Decemblishing of income	ner hon	ks with income per r	eturn								
Sch	Judio	Do not complete this sche	edule if th	ne amount on Schedu	le L, lin	ne 13, c	olumn (d), is les	s than \$50,000.					
1 No	et incom	e per books		24,	502	7 1	ncome recorded	on books this year					
		come tax	1	•		_ n	ot included in th	nis return					
		capital losses over capital gains		•		⊣ -		s return not charged		-			
		ot recorded on books this year		•		_ a	gainst book inc	ome this year					
		recorded on books this year not	·····			ן 9 ן	otal. Add line 7	and line 8					
	•	in this return	Ì	Net income per return.									
		I line 1 through line 5		24	502	2 8	Subtract line 9 fr	om line 6			24	<u>,502</u>	
0 1	ulal. Au	THE THEORY											

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 1				
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT			
BULLDOG VENTURES, LTD	16 BRIDGEWATER STREET BROOKLYN, NY 11222		10,000.			
VALLEY PRESBYTERIAN CHURCH	945 PORTOLA ROAD PORTOLA VALLEY, CA 94028		26,030.			
EDUCATING LATIN AMERICAN ADOLESCENTS	755 DEL ORO DRIVE SAFETY HARBOR, FL 34695		25,000.			
JONATHAN FERRUGIA	5 WELLINGTON STREET #3 BOSTON, MA 02118		12,500.			
CYNTHIA AND KAKU SO-ARMAH	33 SEAVERNS AVE JAMAICA PLAIN, MA 02130		6,000.			
STEPHEN WIRTH	1221 MASSACHUSETTS AVE. NW WASHINGTON, DC 20005		5,000.			
DANIEL AND MIRIAM DIMAIO	158 RIDGEWOOD AVE NORTH HAVEN, CT 06473		30,000.			
TOTAL INCLUDED ON LINE 3			114,530.			

CA 199	CASH CONTRIBUT	TIONS, GIFTS, (AR AMOUNTS PAI)	GRANTS O	STATEMENT	2
ACTIVITY CLASSIFICA	TION: OPERATING PRO	OGRAM EXPENSES			
DONEES NAME	DONEES ADDRESS		RELATIONSHIP	AMOUN'	r
YSPANIOLA	CALLE MELLA 43 DOMINICAN REPUB	,	NONE	110,60	05.
	TOTAL FOR THIS	ACTIVITY		110,6	05.
TOTAL INCLUDED ON F	ORM 199, PART II,	LINE 9		110,6	05.
CA 199 COMPEN	ISATION OF OFFICERS	, DIRECTORS AN	D TRUSTEES	STATEMENT	3
NAME AND ADDRESS		TITLE AVERAGE HRS		COMPENSAT	'IOI
CYNTHIA SO-ARMAH 33 SEAVERNS AVE JAMAICA PLAIN, MA	02130	CHAIR 1.00)		0
JONATHAN DIMAIO 33 SEAVERNS AVE JAMAICA PLAIN, MA	02130	PRESIDENT 1.00)		0
CHELSEA PURVIS 33 SEAVERNS AVE JAMAICA PLAIN, MA	02130	DIRECTOR 1.0	0		0
CORY FOX 33 SEAVERNS AVE JAMAICA PLAIN, MA	02130	DIRECTOR 1.0	0		0
ELISA ISTUETA 33 SEAVERNS AVE JAMAICA PLAIN, MA	02130	DIRECTOR 1.0	0		0
GARCIA VARGAS 33 SEAVERNS AVE JAMAICA PLAIN, MA	02130	DIRECTOR 1.0	0		0

GERALD MCELROY DIRECTOR 33 SEAVERNS AVE 1.00 JAMAICA PLAIN, MA 02130	0.
SARAH KABAY DIRECTOR 33 SEAVERNS AVE 1.00 JAMAICA PLAIN, MA 02130	0.
STEPHEN WIRTH DIRECTOR 33 SEAVERNS AVE 1.00 JAMAICA PLAIN, MA 02130	0.
TANYA L. MARTINEZ-GALLINUCCI DIRECTOR 33 SEAVERNS AVE 1.00 JAMAICA PLAIN, MA 02130	0.
AMY PORTER EXECUTIVE DIRECTOR 33 SEAVERNS AVE 40.00 JAMAICA PLAIN, MA 02130	22,464.
TOTAL TO FORM 199, PART II, LINE 11	22,464.
CA 199 OTHER EXPENSES	STATEMENT 4
DESCRIPTION	AMOUNT
OTHER PROGRAM COSTS TRANSPORTATION BANK SERVICE CHARGES SUPPLIES ACCOUNTING FEES OTHER PROFESSIONAL FEES OFFICE EXPENSES INSURANCE	18,765. 4,343. 578. 196. 1,000. 508. 919. 2,324.
TOTAL TO FORM 199, PART II, LINE 17	28,633.
CA 199 OTHER ASSETS	STATEMENT
DESCRIPTION BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE 1,000	1,000
TOTAL TO FORM 199, SCHEDULE L, LINE 12	1,000

CA 199	OTHER L	IABILITIES		STATEMENT	6
DESCRIPTION			BEG. OF YEAR	END OF Y	EAR
UNSECURED NOTES AND LOANS PAYABI	ĿΕ	-	23,111.	11,	000.
TOTAL TO FORM 199, SCHEDULE L, I	LINE 18	-	23,111.	11,	000.
CA 199	FUND	BALANCES		STATEMENT	7
DESCRIPTION			BEG. OF YEAR	END OF Y	EAR
NET ASSETS WITHOUT DONOR RESTRIC	CTIONS	•	46,291.	79,	746.
TOTAL TO FORM 199, SCHEDULE L,	LINE 21	,	46,291.	79,	746.

TAXABLE YEAR 2019

Corporation Depreciation and Amortization

CALIFORNIA FORM

3885

California corporation number	Attach to Form 100 or Form 10	AMOLL	Zation		FORM 1	99				FI	SIN	27-	069	7706
SPANIOLA INCORPORATED 2 3108942 2 2 1 1 2 2 2 2 2	Attach to Form 100 of Form 10	JOVV.									Califo	rnia corp	oration	number
A SEAR CLIENT IN TO Expanse Certain Property Under IRC Section 179 I Maximum deduction under IRC Section 179 for California 2	•											3108	942	
Maximum deduction under RG Section 179 process place in service 2 2 2 2 2 2 2 2 2 2	YSPANIOLA INCO	ORPORA'I	HD C Soot	Hon 170								<u> </u>		
2 loads and of IRC Section 179 grouperly pieced in service 3 Threshold and RIC Section 179 grouperly before regulation in limitation 4 heduction in limitation. Subtract line 3 from line 2.1 zero or less, other -0- 5 Dollar imitation for brakle year. Subtract line 3 from line 2.1 zero or less, other -0- 5 Dollar imitation for brakle year. Subtract line 3 from line 1.1 if zero or less, other -0- 5 Dollar imitation for brakle year. Subtract line 3 from line 1.1 if zero or less, other -0- 5 Dollar imitation for brakle year. Subtract line 3 from line 1.1 if zero or less, other -0- 5 Dollar imitation for brakle year. Subtract line 3 from line 1.1 if zero or less, other -0- 5 Tusted property (elected IRC Section 179 cost) 6 Tusted property (elected IRC Section 179 cost) 7 Listed property (elected IRC Section 179 cost) 8 Tustion developer of disellowed deduction from prior to table years 11 Ususiness income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Listed section 179 experies deduction. Add line 9 and line 10, line line 1 to 1 line	Part Election To Expense C	ertain Property	70 for California	1011 175							1			\$25,000
3 Threshold cost of FIR Section 179 properly before reduction in limitation 4 Reduction in windston, subtract line 3 from line 2. If zoro or less, enter -0 5 5 Colar limitation for baseble year. Subtract line 4 from line 1, If zoro or less, enter -0 5 7 Listed property (elected IRC Section 179 property, Add amounts in column (c), line 6 and line 7 8 Total selected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 9 Total section 6 section 179 property. Add amounts in column (c), line 6 and line 7 9 Total section 6 section 179 property. Add amounts in column (c), line 6 and line 7 10 Carryover of disallowed deduction to morphor basels is come (not less than zero) or line 5 11 Business income limitation. Enter the smaller of business is income (not less than zero) or line 5 12 IRC Section 179 property Add line 9 and line 10, loss line 12 13 Carryover of disallowed deduction to 2000. Add line 9 and line 10, loss line 12 14 Section 179 property (c) Date acquired (corr or begretation before the correction of property) (c) Date acquired (correction of property) (c) Date acquired (correction 1997)											2			
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 5 Dollar limitation for tracable year. Subtract line 4 from line 5. If zero or less, enter -0- 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 1 Isside property (cloted IRC Section 179 cost) 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 9 Totaltave deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from prior traceble years 11 Business income limitation. Enter the smaller of line 5 or line 8 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 13 Inches in the state of the	2 Threshold aget of IDC Section 1	ion 170 proper	tv hefore reducti	on in limitation	วท						. 3			\$200,000
\$ Dollar limitation for taxable year. Subtract line 4 from line 1, if zero or less, enter -9 (b) Cost (business use only) (c) Elected cost (c) Elected cost (c) Elected cost (c) Elected cost (c) Elected cost (c) Elected cost (c) Elected cost (c) Elected (c) Elected cost (c) Elected	4 Deduction in limitation Sul	htract line 3 fro	m line 2 If zero (or less, enter	-0-						4			
(a) Description of property (elected IRC Section 179 cost) 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 9 Tentative deduction. Enter the smaller of line 6 or line 8 10 Carrywor of disallowed deduction from prior baxable years 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 IRC Section 179 expense deduction. Add tine 9 and line 10, but of not enter there more than line 1 12 IRC Section 179 expense deduction. Add tine 9 and line 10, loss line 12 13 Carrywor of disallowed deduction to 2020. Add line 9 and line 10, less line 12 14 IRC Section 179 expense deduction. Add dillowal First Year Depreciation bedeution under R&TC Section 24856 (b) Description of property Debe acquired Cost or (mm/dol/yyy) other basis allowable in earlier years or rate for this year depreciation of this year of the year of the year of the year of the year of the year of the year of the year of the year of year existing the year of year existing the year of year existing the year of year existing the year of year existing the year of year existing the year of year existing the year of year existing the year of year existing the year of year existing the year of year existing the year of year existing the year of year existing the year of year existing the year of years and year year. Year of years and year year of years and year year of years and year year. Year of years and year year year of years and year year of years and year year. Year of years and year year years year of years year years year years year years year years year years years year years year years y	# Reduction in initiation. Sur	vear Subtract	line 4 from line	1. If zero or le	ess, enter -0						5			
7 Listed property (elected IRC Section 179 cost) 8 Total decided cost of IRC Section 179 property, Add amounts in column (c), line 6 and line 7 8 Total decided cost of IRC Section 179 property, Add amounts in column (c), line 6 and line 7 8 Tentalty deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from prior taxable years 11 It Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 It Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 It Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 It Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 It Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 It Business income (not less than zero) or line 5 11 It Business income (not less than zero) or line 5 11 It Business income (not less than zero) or line 5 12 It Circ Section 179 oxpenses deduction to 2020. Add line 9 and line 10, but do not enter more than line 11 13 It It It It It It It It It It It It It					(b) Cost (bus	iness use on	ıly)	(c) [Elected co	st				
7. Listed property (elected IRC Section 179 cost) 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Tentative deduction. Enter the smaller of line 5 or line 18 10 Carryveer of disallowed deduction from prior taxable years 11 Business Income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Tental Depreciation. Enter the smaller of business income (not less than zero) or line 5 11 Tental Depreciation and Election of Additional First Year Depreciation Deduction Under RATO Section 24356 12 ERC Section 179 expenses deduction. Add line 9 and line 10, less line 12 13 Tent II Depreciation and Election of Additional First Year Depreciation Deduction Under RATO Section 24356 14 Tental Depreciation and Election of Additional First Year Depreciation allowed or defect of the Depreciation of the Part o		ocoripacii or p	9,50											
7 Listed property (election Int's Section 179 property. Add amounts in column (c), line 6 and line 7 9 9 Tentalize deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from prior taxoble years 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 IRIS Section 179 expenses deduction. Add line 9 and line 10, but do not enter more than line 11 12 IRIS Section 179 expenses deduction. Add line 9 and line 10, less line 12 13 IRIS Section 179 expenses deduction. Add line 9 and line 10, less line 12 14 3 AUTONOBITIE 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. 16 Iris Iris Iris Iris Iris Iris Iris Iris	0										_			
8 Total alected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 9 9 1 entrative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from prior taxable years 11 Business income limitation. Enter the smaller of business income (not less library zero) or line 5 11 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 12 IRC Section 179 expenses deduction. Add line 9 and line 10, but so not enter more than line 11 12 IRC Section 179 expenses deduction. Add line 9 and line 10, less line 12 IRC Section 179 expenses double of the part of bearing the section 24355 IRC IRC Section 179 expenses double 199 and line 10, less line 12 IRC Section 199 expenses and the section 24355 IRC IRC Section 199 expenses and the section 199 expenses and the amounts in column (q) and column (h). The total of column (h) may not exceed \$2,000. See Instructions for line 14, column (h) Part III Summary IRC Section 179 expenses, add the amounts on line 15, column (g) error IRC Section is letting: IRC Section 199 expenses, add the amounts on under Rat C Section 24385, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation under Rat C Section 24385, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation under Rat C Section 24385, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation under Rat C Section 24385, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation under Rat C Section 24385, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation under Rat C Section 24385, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation under Rat C Section 24385, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation under Rat C Section 24385, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation under R	7 Listed property (elected IR	C Section 179	cost)									1		
9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from prior taxable years 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Bioscinos income limitation. Enter the smaller of business income (not less than zero) or line 5 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2920. Add line 9 and line 10, bus size line 12 Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TO Section 24356 Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TO Section 24356 14 3 AUTOMOBILE 03/01/15 19,376 13,562 SL 5.00 1,615 4 BUILDING 09/30/17 7,900 1,203 SL 39.00 203 TOTALS 27,276 14,765 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) 7 Additional first year depreciation under R&TO Section 24356, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation under R&TO Section 24356, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation under R&TO Section 24356, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation under R&TO Section 24356, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation under R&TO Section 24356, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation under R&TO Section 24356, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation of the depart of the depart of the depart of the depart of the depart of the depart of the depart of the amount from line 15, column (g) 17 Total depreciation claimed for federal purposes from federal Form 4552, line 22 18 Depreciation of property Date acquired (mm/dd/yyyy) other basis allowed or allowable in earlier years (per instructions) for	8 Total elected cost of IRC S	ection 179 pro	perty. Add amou	nts in colum	n (c), line 6 and li	ne 7					8	ļ. —		
10 Carryover of disallowed deduction from prior taxable years 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 IRIO Section 179 expenses deduction. Add line 9 and line 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12 14 IRIO Section 179 expenses deduction. Add line 9 and line 10, less line 12 15 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12 16 Description of property	Tentative deduction. Enter	the smaller of	line 5 or line 8								<u> </u>	-		
18 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 IRC section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2/20. Add line 9 and line 10, less line 12 Part II Depreciation and Election of Additional First Year Depreciation Deduction Under RATC Section 24356 (b) (c) (a) Description of property Date acquired (mm/dd/yyyy) other basis Depreciation allowed or allowable in earlier years of the difference of the difference here and on Form 100 or Form 100W, side 1, line 6. If 17 (a) Depreciation for this year of the difference here and on Form 100 or Form 100W, no adjustment line 17 (a) Depreciation allowed or allowable in earlier years of the difference here and on Form 100 or Form 100W, side 1, line 6. If 18 (c) Depreciation for this year of the difference here and on Form 100 or Form 100W, side 1, line 6. If 18 (c) Depreciation for line 17 (c) Depreciation adjustment. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, no adjustment is necessary.) 19 Description of property Date acquired (mm/dd/yyyy) or difference here and on Form 100 or Form 100W, no adjustment is necessary.) 20 Total. Add the amounts in column (q) 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 20 Total. Add the amounts in column (q) 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 20 Total. Add the amounts in column (q) 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 22 Total amortization claimed for federal purposes from federal Form 4562, line 40 (ferminal federal ferm 100 or Form 1	40 Correspond of digallowed de	duction from r	rior taxable vear	S							10	_		
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 Part III Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356 (a) (b) (c) (c) (d) (c) (d) (e) (life or rather or other basis (mark) (minddy)yyy) (c) (d) (e) (life or rather or other basis (minddy)yyy) (d) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	44 Business income limitation	n Enter the sm	aller of business	income (not	less than zero) o	r line 5					11			
13 Carrover of disallowed deduction to 2020. Add line 9 and line 10, less line 12 Part II Deprecision and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356 (c) (d) (e) (life or rate of the property of the	40 IDO Castion 170 evenence	hhA aoitachab	line 9 and line 1	0. but do not	enter more than	line 11	<u></u>				12	-		
Part II Depreciation and Election of Additional First Year Depreciation between the Control of Property (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	19 Carryover of disallowed de	eduction to 202	0. Add line 9 and	d line 10, less	s line 12			3						
Description of property Date acquired (mm/dd/yyyy) Date acquired (mm/dd/yyyy) Date acquired (mm/dd/yyyy) A BUTLDTNG O9/30/17 7,900 1,203 SL 39.00 203 TOTALS 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) Part III Summary 16 Total: If the corporation is electing: IRC Section 749 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 74456, add the amounts on line 15, column (g) or IRC Section 179 expense, add the amount on line 15, column (g) or IRC Section 179 expense, add the amount on line 15, column (g) or IRC Section 189 expense and the amount on IRC Section 189 the ART Section 189 the ART Section 189 the ART Section 189 the ART Section 189 the ART Section 189 the ART Section 189 the ART Section 189 the ART Section 189 the ART Section 189 the ART Section 189 the ART Section 189 the ART Section 189 the ART Section 189 the ART Section 189 the ART Section 189 the ART Section 189 the ART Section 189 the ART Section 189 the ART Section 18	Part II Depreciation and Ele	ction of Additi	onal First Year [Depreciation	Deduction Unde	r R&TC Sec	tion 24356	- 1		T		<i>/</i> \		/63
Description of property Data acquired (mm/dd/yyyy) Other basis allowable in earlier years allowable in	(a)		(0	;) [(0)	(d) \ (e)					Den	(9) reciation		
14 3 AUTOMOBILE 03/01/15 19,376 13,562 SL 5.00 1,615	Description of property	Date acquired Cost or				1					first year			
4 BUILDING 09/30/17 7,900 1,203 SL 39.00 203 TOTALS 27,276 14,765 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) Part III Summary 16 Total: The tocoproration is electing: 17 Total depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g) 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, on adjustment is necessary.) 19		(min/du/yyy	y) Other	DUOIO	unovidate in the									doproblamen
4 BUILDING 09/30/17 7,900 1,203SL 39.00 203 TOTALS 27,276 14,765 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) Fart III Summary 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or IRC Section 179 expense, add the amount nor RRTC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g) or IRC Section (if no election is made), enter the amount from line 15, column (g) or IRC Section (if no election is made), enter the amount from line 15, column (g) or IRC Section (if no election is made), enter the amount from line 15, column (g) and (h) or Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100w, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100w, side 2, line 12. (lif California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100w, no adjustment is necessary.) 18 Part IV Amortization (a) Description of property (a) Description of property (b) Cost or other basis Amortization allowed or allowable in earlier years (b) Rec (n) Rec (n) Period or Section (rest instructions) Amortization for this year 20 20 Total. Add the amounts in column (g) 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 Total amortization claimed for federal purposes from federal Form 4562, line 44	14 3 AUTOMOB	ILE				10 500	G.T.		E 00			1	615	
TOTALS 27, 276		03/01/	15 1	<u>19,376</u>	-	L3,504	2Ti		5.00	-+			0 ± 0	
TOTALS 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) Part III Summary 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Percentation (if no election is made), enter the amount from line 15, column (g) or Description of line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) 18 Part IV Amortization (a) Description of property Date acquired (mm/dd/yyyy) Other basis 19 20 Total. Add the amounts in column (g) 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 22 Total Add the amounts in column (g) 22 Part the difference here and on Form 100 or Form 100W,	4 BUILDIN	IG				1 202	CT		30 U	0			203	
See instructions for line 14, column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) Part III Summary 16 Total: If the corporation is electing: IRG Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation under R&TC Section 179 expenses, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation under R&TC Section 179 expenses, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation adjustments on form 100 or Form 100w, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100w, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100w, no adjustment is necessary.) 18 Part IV Amortization (a) Description of property (a) Description of property (b) (c) Cost or Amortization allowed or allowable in earlier years (get) R&TC Section (get) Period or Period o		09/30/	17	7,900		1,203	рп		39.0	<u> </u>			200	
See instructions for line 14, column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) Part III Summary 16 Total: If the corporation is electing: IRG Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation under R&TC Section 179 expenses, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation under R&TC Section 179 expenses, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation adjustments on form 100 or Form 100w, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100w, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100w, no adjustment is necessary.) 18 Part IV Amortization (a) Description of property (a) Description of property (b) (c) Cost or Amortization allowed or allowable in earlier years (get) R&TC Section (get) Period or Period o							-							
See instructions for line 14, column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) Part III Summary 16 Total: If the corporation is electing: IRG Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation under R&TC Section 179 expenses, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation under R&TC Section 179 expenses, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation adjustments on form 100 or Form 100w, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100w, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100w, no adjustment is necessary.) 18 Part IV Amortization (a) Description of property (a) Description of property (b) (c) Cost or Amortization allowed or allowable in earlier years (get) R&TC Section (get) Period or Period o				07 076		11 765								
See instructions for line 14, column (h) Part III Summary 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Additional first year depreciation dispersion of the section is made), enter the amount from line 15, columns (g) and (h) or Total Add the amounts on Form 100 or Form 100 or Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) 18 Part IV Amortization (a) (b) (c) (d) Amortization allowed or allowed or allowable in earlier years (g) (g) Amortization percentage (f) Period or percentage (f) (g) Amortization for this year of this year of the percentage (f) 20 Total. Add the amounts in column (g) 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 Total amortization claimed for federal purposes from federal Form 4562, line 44	TOTALS			21,210			<u>′1</u>							
Part III Summary 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g) 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) 18 Part IV Amortization Description of property Date acquired (mm/dd/yyyyy) Other basis 19 20 Total. Add the amounts in column (g) 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 21 Total amortization claimed for federal purposes from federal Porm 4562, line 44 21 22 23 Total amortization claimed for federal purposes from federal Porm 4562, line 44 25 26 27 28 29 20 21 20 21 21 20 21 21 21 22 23 24 26 27 26 27 27 28 28 28 28 29 20 20 21 21 21 21 22 23 24 26 26 27 28 28 28 28 29 20 21 21 21 22 23 24 25 26 27 28 28 29 20 20 21 21 21 21 22 23 24 25 26 27 27 28 28 28 28 29 20 20 20 20 20 20 20 20 20	15 Add the amounts in colur	nn (g) and coll	ımn (h). The tota	ii ot coluitiii ((II) Illay not excee	τα ψ ∠, 000.				15		1,	818	
16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g) 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) 18 Part IV Amortization (a) Description of property (b) Date acquired (mm/dd/yyyy) (c) Cost or other basis (c) Amortization allowed or allowable in earlier years (section 18 kericulous) (g) Period or Section Period or percentage Amortization for this year 20 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 21 Total amortization claimed for federal purposes from federal Form 4562, line 44		14, column (h)												
RIC Section 179 expense, add the amount on line 12 and line in 2 and line in 3 and intermediation on the intermediation of the amount of the intermediation of the intermediatio	Part III Summary	a alastinat												
Additional first year depreciation under A8 To Section (1 no election is made), enter the amount from line 15, column (g) 17 Total amortization adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) 18 Part IV Amortization (a) (b) (c) (d) (d) (g) R&C Section (see Instructions) Period or Section (see Instructions) (mm/dd/yyyy) other basis 19 20 Total. Add the amounts in column (g) 21 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 difference here and on Form 100 or Form 100W, Side 1, line 6. 16 17 18 18 19 18 18 19 18 19 19 20 21 21 21 21 21 21 21 21 21	16 Total: If the corporation is IRC Section 179 expense	s electing. e, add the amot	int on line 12 and	l line 15, col	umn (g) or	. 1E. oolumn	c (a) and (h) or						
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	A Little Electrope done	anintian lingar	8 X. II. SPEHON 74	1.300. AUU HIC	ailloullia on miv	15, Column	s (y) and (1	6		1,81
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) Part IV Amortization (a) Description of property (b) Date acquired (mm/dd/yyyy) Cost or other basis (mm/dd/yyyy) 19 20 Total. Add the amounts in column (g) 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 21 21 22 23 24 26 26 27 28 28 29 20 21 20 21 20 21 20 21 20 21 20 21 20 21 20 21 20 21 20 21 20 20	· · · · · · · · · · · · · · · · · ·	d for fodoral n	irnaces from fed	eral Form 45	62. line 22						1	7		1,81
If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (In Camonina depotedation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) Part IV Amortization (a) Description of property Date acquired (mm/dd/yyyy) Other basis Other bas	an no stattan adjustment	If line 17 ic ar	ester than line 16	S enter the d	ifference here and	a on Form it	ווווסיד וט טכ	100	w, olde i,	mic o.				
Part IV Amortization (a) Description of property Date acquired (mm/dd/yyyy) 19 20 Total. Add the amounts in column (g) 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 21 Part IV Amortization (b) Cost or Other basis (c) Cost or Other basis Amortization allowed or allowable in earlier years (g) R&TC Section (see instructions) Period or Poercentage Amortization for this year (g) Period or percentage Period or percentage Other basis 20 21 21 21 21	If I'm a 47 is lose then line	16 onter the c	lifference here ar	nd on Form 1	00 or Form 100V	v, Side z, iii i	8 12. (11 00	mon	iia uchi coi	ution				
Part IV Amortization (a) Description of property Date acquired (mm/dd/yyyy) Date acquired (mm/dd/yyyy) Other basis 19 20 Total. Add the amounts in column (g) 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 21 21 (c) Cost or Other basis Amortization allowed or allowable in earlier years (g) R&TC Section (Sec linstructions) Period or percentage Of this year (g) R&TC Section (Sec linstructions) Period or percentage Of this year 20 21 21 21 21 21 21 22 23 24 25 26 27 28 28 28 29 20 20 20 21 21 21 21 21 22 23 24 26 27 28 28 28 28 28 29 20 20 20 20 21 21 21 21 21 22 23 24 26 27 28 28 28 28 28 28 29 20 20 20 20 20 20 21 21 21 21	amounts are used to det	ermine net inco	me before state	adjustments	on Form 100 or I	Form 100W,	no adjustr	nent	is necessa	ary.)	<u>., 1</u>	8		
Description of property Date acquired (mm/dd/yyyy) Date acquired (mm/dd/yyyy) Other basis Description of property Date acquired (mm/dd/yyyy) Date acquired (mm/dd/yyyy) Date acquired other basis Other basis Description allowed or allowable in earlier years Section (see instructions) Period or percentage Period or percentage Period or percentage Other basis Description of property Date acquired (mm/dd/yyyy) Date acquired (mm/dd/yyy														
Description of property Date acquired (mm/dd/yyyy) other basis Allowable in earlier years Section (see instructions) percentage for this year 20 Total. Add the amounts in column (g) 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 21 21 21 22 23 24 25 26 26 27 28 29 20 20 20 20 20 20 20 20 20			(b)			A m ortizati	(d)	or	R&TC			r	Amor	tization
19 20 Total. Add the amounts in column (g) 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 Total amortization claimed for federal purposes from federal Form 4562, line 44	Description of prop	perty	Date acquired							ם ו				
20 Total. Add the amounts in column (g) 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 Total amortization claimed for federal purposes from federal Form 4562, line 44			(IIIII/du/yyyy)	011					(256 HI2H ACH	0113)				
20 Total. Add the amounts in column (g) 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 Total amortization claimed for federal purposes from federal Form 4562, line 44	19								-			_		
20 Total. Add the amounts in column (g) 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 Total amortization claimed for federal purposes from federal Form 4562, line 44									 	-		`		
20 Total. Add the amounts in column (g) 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 Total amortization claimed for federal purposes from federal Form 4562, line 44									 	_				
20 Total. Add the amounts in column (g) 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 Total amortization claimed for federal purposes from federal Form 4562, line 44										-+				
20 Total. Add the amounts in column (g) 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 Total amortization claimed for federal purposes from federal Form 4562, line 44														
20 Total. Add the amounts in column (g) 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 Total amortization claimed for federal purposes from federal Form 4562, line 44									<u> </u>	-				
20 Total. Add the amounts in column (g) 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 Total amortization claimed for federal purposes from federal Form 4562, line 44						<u> </u>			1		1	20		
the Od is greater than line 20, enter the difference here and on rollin look,	20 Total. Add the amounts	in column (g)			ECO line AA									
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	21 Total amortization claim	ned for federal (ourposes from fe	oeral Form 4	difference here as	nd on Form	100 or For	 m 10	 0W.				*****	
Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 of Form 100	22 Amortization adjustmen	nt. If line 21 is (reater than line 2	cu, enter the	and on Form 10	na on roini N or Form 10	.50 51 161. 00W. Side	2. line	e 12			22		
	Side 1, line 6. If line 21	is less than lin	e 20, enter the di	nerence here	and on Form 10	o or rotter to								

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 for more information.

939035 11-12-19

___ DETACH HERE _ _ _ _ DETACH HERE _ _ _ DETACH HERE _ _ _ DETACH HERE _ _ _ CAUTION: You may be required to pay electronically, see instructions. **CALIFORNIA FORM**

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

3586 (e-file)

3 FORM 00000000000 19 27-0697706 YSPA 0000000 09-30-2020 10-01-2019 TYE TYB

33 SEAVERNS AVE JAMAICA PLAIN

YSPANIOLA INCORPORATED

02130 MA

(203) 623-1805

Amount of Payment

10.

STATE OF CALIFORNIA RRF-1 (Rev. 09/2017) MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916)210-6400

WEBSITE ADDRESS: www.oag.ca.gov/charities

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

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.

(For Registry Use Only)

		Check if: Change of address				
YSPANIOLA INCORPORATED Name of Organization		inded report				
List all DBAs and names the organization uses or has used				-		
33 SEAVERNS AVE Address (Number and Street)		State Charity Registration Number CT 0156505				
JAMAICA PLAIN, MA 02130 City or Town, State, and ZIP Code		Corporation or Organization No. 3108942		-		
(203)623-1805 Telephone Number INFO@YSPANIOLA.ORG E-mail Address	Federal Employer ID No. 27-0697706					
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Ca Make Check Payable to Depar	al. Code Regs tment of Jus	s. sections 301-307, 311, and 312) tice				
Gross Annual Revenue Fee Gross Annual Revenue	Fee	Fee Gross Annual Revenue		.		
Less than \$25,000 0 Between \$100,001 and \$250,00 Between \$25,000 and \$100,000 \$25		Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	\$150 \$225 \$300	5		
PART A - ACTIVITIES						
For your most recent full accounting period (beginning 10/01/2	019_ end	ing <u>09/30/2020</u>) list:				
			0,74	16		
Gross Annual Revenue \$ 190,518 Noncash Contributions \$ 154,753	T. 1-1 F	0 Total Assets \$90 enses \$ 166,016), 19	±0		
Trogram Expenses 4						
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIO	D OF THIS RE	EPORT				
Note: All questions must be answered. If you answer "yes" to any of the questions are explanation and details for each "yes" response. Please	e review hhr	- I mstructions for information required	Yes	No		
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?						
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?						
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?						
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?						
5. During this reporting period, did the organization receive any governmental funding?						
6. During this reporting period, did the organization hold a raffle for charitable purposes?						
7. Does the organization conduct a vehicle donation program?						
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?						
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?						
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.						
AMY PORTER Signature of Authorized Agent Printed Name		EXECUTIVE DIRECTOR Date				
Signature of Authorized Agent Printed Name						

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

T.General Informat		. 10/01/5	1010 and Ending /s	am/dd/aaaa) 00 / 20 / 5	000		
For Fiscal Year Beginning			IUIA and Fuding (u	nm/dd/yyyy) 09/30/2			
Check if Applicable: Address Change	Name of Organization: YSPANIOLA INCORPORATED				Employer Identification Number (EIN): 27-0697706		
Name Change	Mailing Address:				NY Registration Number:		
Initial Filing	33 SEAVERNS AVE				44-30-83		
Final Filing Amended Filing	City / State /	ZIP: CA PLAIN,	MA 02130		Telephone: 203 623-1805		
Reg ID Pending	Website:	<u> </u>			Email:		
Tiog ID 1 onding		SPANIOLA.	ORG		INFO@YSPANIOLA.ORG		
Check your organization' registration category:	s X 7A or	nly EPTL o	nly DUAL (7A &		onfirm your Registration Category in the harities Registry at www.CharitiesNYS.com.		
2. Certification							
See instructions for certif	ication requir	ements. Improper	certification is a violation	of law that may be subject	to penalties. The certification requires		
two signatories.							
they ar	e true, correc	erjury that we revie t and complete in	wed this report, including accordance with the laws	all attachments, and to the of the State of New York a OFFICER	best of our knowledge and belief, pplicable to this report.		
President or Authorized	Officer:	Cinnatura		Print Name	and Title Date		
		Signature		- Frint Name	sand fille Bate		
Chief Financial Officer o	r Treasurer:			OFFICER			
Office Ciliational Officer o	i iroasaror.	Signature		Print Name and Title Date			
3. Annual Reportin							
Check the exemption(s)	that apply to	your filing. If your o	organization is claiming an	exemption under one cate	egory (7A or EPTL only filers) or both		
categories (DUAL filers) t	hat apply to y	our registration, c	omplete only parts 1, 2, a	nd 3, and submit the certifi	ed Char500. No fee, schedules, or		
			an exemption or are a DU	IAL filer that claims only on	e exemption, you must file applicable		
schedules and attachme	nts and pay a	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 filling 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 A	Attachmer	ıts					
See the following page							
for a checklist of Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer							
schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.							
attachments to							
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.							
5. Fee							
See the checklist on the	7A filir	ig fee:	EPTL filing fee:	Total fee:	Make a single check or money order		
next page to calculate y					payable to:		
fee(s), Indicate fee(s) you							
are submitting here:	\$	<u> 25.</u>	\$	\$ <u>25.</u>	Dopul tillette of Rate		

CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

968451 01-08-20 1019

Page 1

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

CHAR500

Annual Filing Checklist

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

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

Checklist of Schedules and Attachments

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 If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	(PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Cordisclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our revent 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 Review Report if you received total revenue and support greater than \$250,00 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 We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	oort is less than \$250,000
Calculate Your Fee	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon
For 7A and DUAL filers, calculate the 7A fee:	registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a \$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee:	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$0, if you checked the EPTL exemption in Part 3b \$25, if the NET WORTH is less than \$50,000	DUAL filers are registered under both 7A and EPTL.
\$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	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.
Send Your Filing	Where do I find my organization's NET WORTH?
Send your CHAR500, all schedules and attachments, and total fee to:	NET WORTH for fee purposes is calculated on:
NYS Office of the Attorney General Charities Bureau Registration Section	 IRS Form 990 Part I, line 22 IRS Form 990 EZ Part I, line 21 IRS Form 990 PF, calculate the difference between

Need Assistance?

28 Liberty Street

New York, NY 10005

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

968461 01-08-20 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2020) Page 2

Total Assets at Fair Market Value (Part II, line 16(c)) and

Total Liabilities (Part II, line 23(b)).