

Form **990-EZ**

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

OMB No. 1545-0047

**2020**

- ▶ Do not enter social security numbers on this form, as it may be made public.
- ▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**Open to Public Inspection**

**A** For the 2020 calendar year, or tax year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_,

<b>B</b> Check if applicable:	<b>C</b>	<b>D</b> Employer identification number
<input type="checkbox"/> Address change	New York Spirit Charities, Inc d/b/a Cheer NY 12 Dongan Place #506 New York, NY 10040	46-1582989
<input type="checkbox"/> Name change		<b>E</b> Telephone number
<input type="checkbox"/> Initial return		9178483518
<input type="checkbox"/> Final return/terminated		<b>F</b> Group Exemption Number
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

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

**I** Website: ▶ [www.cheerny.org](http://www.cheerny.org)

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

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **31,329.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>		13,068.
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>		
	<b>3</b> Membership dues and assessments	<b>3</b>		18,260.
	<b>4</b> Investment income	<b>4</b>		1.
	<b>5 a</b> Gross amount from sale of assets other than inventory	<b>5 a</b>		
	<b>b</b> Less: cost or other basis and sales expenses	<b>5 b</b>		
	<b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	<b>5 c</b>		
	<b>6</b> Gaming and fundraising events:			
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6 a</b>		
	<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6 b</b>		
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6 c</b>			
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6 d</b>			
<b>7 a</b> Gross sales of inventory, less returns and allowances	<b>7 a</b>			
<b>b</b> Less: cost of goods sold	<b>7 b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	<b>7 c</b>			
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>			
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>		31,329.	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	See Schedule O	12,870.
	<b>11</b> Benefits paid to or for members	<b>11</b>		
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>		
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>		2,284.
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>		5,164.
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>		540.
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	See Schedule O	9,775.
	<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>		30,633.
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9)	<b>18</b>		696.
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>		93,522.
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>		
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>		94,218.

**BAA** For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2020)

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

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

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	80,138.	82,815.
<b>23</b> Land and buildings		
<b>24</b> Other assets (describe in Schedule O) <u>See Schedule O</u>	13,384.	11,403.
<b>25 Total assets</b>	93,522.	94,218.
<b>26 Total liabilities</b> (describe in Schedule O)	0.	0.
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	93,522.	94,218.

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

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

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)

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

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Mark Carter</u> President	0	0.	0.	0.
<u>Michael D Vandermause</u> Treasurer	0	0.	0.	0.
<u>Colyn Fiendel-Milani</u> Secretary	0	0.	0.	0.
<u>Nina Xue</u> Vice President	0	0.	0.	0.
<u>Quinn Leslie</u> Board Member	0	0.	0.	0.
<u>Clare Deegan-Kent</u> Board Member	0	0.	0.	0.
<u>Garren Fox</u> Board Member	0	0.	0.	0.
<u>Malaea Relampagos</u> Board Member	0	0.	0.	0.
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. See Sch O

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
35b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If 'Yes,' complete Schedule L, Part II, and enter the total amount involved.
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed

42a The organization's books are in care of Mike Vandermause Telephone no. (917) 848-3518
Located at 12 Dongan Place New York NY ZIP + 4 10040

42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
42c At any time during the calendar year, did the organization maintain an office outside the United States?
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year.

44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

	<b>Yes</b>	<b>No</b>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

	<b>Yes</b>	<b>No</b>
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49 a</b> Did the organization make any transfers to an exempt non-charitable related organization?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If 'Yes,' was the related organization a section 527 organization?.....	<input type="checkbox"/>	<input type="checkbox"/>
<b>50</b> Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				
-----				
-----				
-----				
-----				
-----				

**f** Total number of other employees paid over \$100,000 ..... ▶ \_\_\_\_\_

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		
-----		
-----		
-----		
-----		
-----		

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

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ..... ▶  **Yes**  **No**

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

<b>Sign Here</b>	Signature of officer	Date
	<u>Mike Vandermause</u> Type or print name and title	<u>Director</u>

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>Anthony T. Francis, E.A.</u>	<u>Anthony T. Francis, E.A.</u>			<u>P00238184</u>
	Firm's name ▶ <u>A Francis &amp; Associates Inc</u>	Firm's EIN ▶ <u>71-0972431</u>		Phone no. <u>(212) 262-2262</u>	
	Firm's address ▶ <u>330 W 58TH St Ste 208</u> <u>New York, NY 10019</u>				

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

### 1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) <b>01/01 /2020</b> and Ending (mm/dd/yyyy) <b>12/31/2020</b>		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: <b>New York Spirit Charities, Inc d/b/a Cheer NY</b>  Mailing Address: <b>12 Dongan Place #506</b> City / State / Zip: <b>New York, NY 10040</b>  Website: <b>www.cheernewyork.org</b>	Employer Identification Number (EIN): <b>46-1582989</b>  NY Registration Number: <b>44-64-41</b>  Telephone: <b>9178483518</b>  Email: <b>treasurer@cheernewyork</b>
Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT*           Confirm your Registration Category in the Charities Registry at <a href="http://www.CharitiesNYS.com">www.CharitiesNYS.com</a>		

### 2. Certification

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

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

President or Authorized Officer:	<b>Mike Vandermause</b>	<b>Treasurer</b>	
	Signature	Printed Name	Title
Chief Financial Officer or Treasurer:			
	Signature	Printed Name	Title

### 3. Annual Reporting Exemption

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

**3a. 7A filing exemption:** Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.

**3b. EPTL filing exemption:** Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

### 4. Schedules and Attachments

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

### 5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>50.</u>	Total fee: \$ <u>75.</u>	Make a single check or money order payable to: <b>'Department of Law'</b>
---	---------------------------------	-----------------------------------	-----------------------------	--

CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

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

<h2 style="margin: 0;">CHAR500</h2> <p style="margin: 0;">Annual Filing Checklist</p>	<p>Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:</p> <ul style="list-style-type: none"> <li>- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.</li> <li>- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.</li> <li>- Your organization is registered as DUAL and you marked <b>both</b> the 7A and EPTL filing exemption in Part 3.</li> </ul>
---	--

### Checklist of Schedules and Attachments

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

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

Check the financial attachments you must submit with your CHAR500:

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

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

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

### Calculate Your Fee

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

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

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

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

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

**7A** filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

**EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

**DUAL** filers are registered under both 7A and EPTL.

**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at [www.CharitiesNYS.com](http://www.CharitiesNYS.com)

**Where do I find my organization's NET WORTH?**

NET WORTH for fee purposes is calculated on:

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

### Send Your Filing

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

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

**Need Assistance?**

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

CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)