Form 990-EZ

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

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

B Check if applicable:

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

C New York Spirit Charities, Inc
d/b/a Cheer NY
12 Dongan Place #506
New York, NY 10040

D Employer identification number

□ 46-1582989
□ 9178483518

E Telephone number

F Group Exemption Number

G Accounting Method: ☑ Cash ☐ Accrual ☐ Other (specify) □

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

I Website: ☑ 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

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Contributions, gifts, grants, and similar amounts received</td>
<td>13,068.</td>
</tr>
<tr>
<td>2</td>
<td>Program service revenue including government fees and contracts</td>
<td>18,260.</td>
</tr>
<tr>
<td>3</td>
<td>Membership dues and assessments</td>
<td>1.</td>
</tr>
<tr>
<td>4</td>
<td>Investment income</td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>Gross amount from sale of assets other than inventory</td>
<td>5a</td>
</tr>
<tr>
<td>5b</td>
<td>Less: cost or other basis and sales expenses</td>
<td>5b</td>
</tr>
<tr>
<td>5c</td>
<td>Gain (loss) from sale of assets other than inventory (subtract line 5b from line 5a)</td>
<td>5c</td>
</tr>
<tr>
<td>6</td>
<td>Gaming and fundraising events:</td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>Gross income from gaming (attach Schedule G if greater than $15,000)</td>
<td>6a</td>
</tr>
<tr>
<td>6b</td>
<td>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)</td>
<td>6b</td>
</tr>
<tr>
<td>6c</td>
<td>Less: direct expenses from gaming and fundraising events</td>
<td>6c</td>
</tr>
<tr>
<td>6d</td>
<td>Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td>
<td>6d</td>
</tr>
<tr>
<td>7a</td>
<td>Gross sales of inventory, less returns and allowances</td>
<td>7a</td>
</tr>
<tr>
<td>7b</td>
<td>Less: cost of goods sold</td>
<td>7b</td>
</tr>
<tr>
<td>7c</td>
<td>Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)</td>
<td>7c</td>
</tr>
<tr>
<td>8</td>
<td>Other revenue (describe in Schedule O)</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td>
<td>31,329.</td>
</tr>
<tr>
<td>10</td>
<td>Grants and similar amounts paid (list in Schedule O)</td>
<td>See Schedule O</td>
</tr>
<tr>
<td>11</td>
<td>Benefits paid to or for members</td>
<td>12,870.</td>
</tr>
<tr>
<td>12</td>
<td>Salaries, other compensation, and employee benefits</td>
<td>5,164.</td>
</tr>
<tr>
<td>13</td>
<td>Professional fees and other payments to independent contractors</td>
<td>2,284.</td>
</tr>
<tr>
<td>14</td>
<td>Occupancy, rent, utilities, and maintenance</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Printing, publications, postage, and shipping</td>
<td>540.</td>
</tr>
<tr>
<td>16</td>
<td>Other expenses (describe in Schedule O)</td>
<td>See Schedule O</td>
</tr>
<tr>
<td>17</td>
<td>Total expenses. Add lines 10 through 16</td>
<td>30,633.</td>
</tr>
<tr>
<td>18</td>
<td>Excess or (deficit) for the year (subtract line 17 from line 9)</td>
<td>696.</td>
</tr>
<tr>
<td>19</td>
<td>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)</td>
<td>93,522.</td>
</tr>
<tr>
<td>20</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td>Net assets or fund balances at end of year. Combine lines 18 through 20</td>
<td>94,218.</td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see the separate instructions.
Form 990-EZ (2020) New York Spirit Charities, Inc 46-1582989 Page 2

**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.

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

**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

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

Expenses

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.

28 See Schedule O

(Grants $ ) If this amount includes foreign grants, check here

28 a

29

(Grants $ ) If this amount includes foreign grants, check here

29 a

30

(Grants $ ) If this amount includes foreign grants, check here

30 a

31 Other program services (describe in Schedule O)

(Grants $ ) If this amount includes foreign grants, check here

31 a

32 Total program service expenses (add lines 28a through 31a)

32

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV.

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

33 Did the organization engage in any significant activity not previously reported to the IRS?  
Yes X  No

34 Were any significant changes made to the organizing or governing documents? If ‘Yes,’ attach a completed copy of the amended documents if they reflect a change to the organization’s name. Otherwise, explain the change on Schedule O.  
Yes X  No

35a Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  
Yes X  No

35b If ‘Yes’ to line 35a, has the organization filed a Form 990-T for the year?  
Yes X  No

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?  
Yes X  No

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?  
Yes X  No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.  
0

37b Did the organization file Form 1120-POL for this year?  
Yes X  No

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?  
Yes X  No

39 Section 501(c)(7) organizations. Enter:  

a Initiation fees and capital contributions included on line 9.  
0

b Gross receipts, included on line 9, for public use of club facilities.  
0

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  

section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?  
Yes X  No

41 List the states with which a copy of this return is filed.  
None

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

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  
Yes X  No

42c If ‘Yes,’ enter the name of the foreign country

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.  
N/A

44a Did the organization maintain any donor advised funds during the year?  
Yes X  No

44b Did the organization operate one or more hospital facilities during the year?  
Yes X  No

44c Did the organization receive any payments for indoor tanning services during the year?  
Yes X  No

44d If ‘Yes’ to line 44c, has the organization filed a Form 720 to report these payments?  
Yes X  No

44e Did the organization have a controlled entity within the meaning of section 512(b)(13)?  
Yes X  No

45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?  
Yes X  No
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. Yes No

**Part VI**

Section 501(c)(3) Organizations Only

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

Check if the organization used Schedule O to respond to any question in this Part VI. Yes No

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. Yes No

Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. Yes No

Did the organization make any transfers to an exempt non-charitable related organization? Yes No

If 'Yes,' was the related organization a section 527 organization? Yes No

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.'

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

Total number of other employees paid over $100,000

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.'

<table>
<thead>
<tr>
<th>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Did the organization complete Schedule A? Yes No

Note: All section 501(c)(3) organizations must attach a completed Schedule A.

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

**Sign Here**

Signature of officer

Mike Vandermause

Director

Type or print name and title

Paid Preparer Use Only

Print/Type preparer’s name

Anthony T. Francis, E.A.

Preparer’s signature

Anthony T. Francis, E.A.

Date

Check self-employed

Firm’s name

A Francis & Associates Inc

Firm’s EIN

71-0972431

Firm’s address

330 W 58TH St Ste 208 New York, NY 10019

Phone no.

(212) 262-2262

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

BAA

Form 990-EZ (2020)
For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2020 and Ending (mm/dd/yyyy) 12/31/2020

Check if Applicable: Name of Organization: Employer Identification Number (EIN):
☐ Address Change New York Spirit Charities, Inc 46-1582989
☐ Name Change d/b/a Cheer NY
☐ Initial Filing Mailing Address: NY Registration Number:
☐ Final Filing 12 Dongan Place #506 44-64-41
☐ Amended Filing City / State / Zip: Telephone:
☐ Reg ID Pending New York, NY 10040 9178483518
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.

Mike Vandermause Treasurer
Signature Printed Name Title Date

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.
☐ Yes ☐ 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.

☐ Yes ☐ 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: $25.

EPTL filing fee: $50.

Total fee: $75.

Make a single check or money order payable to: "Department of Law"

*The “Exempt” category refers to an organization’s NYS registration status. It does not refer to its IRS tax designation.
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 filing 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 (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

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
Call: (212) 416-8401
Email: Charities.Bureau@ag.ny.gov

CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)