### Form 990

### 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

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Form 990 (2020)

TEEA0101L 01/19/21

For the 2020 calendar year, or tax year beginning 7/01 , 2020, and ending 6/30 20 2021 D Employer identification number Check if applicable: 13-3843597 ASSOCIATION OF DOMINICAN CLASSICAL Address change ARTISTS, INC. 699 E 137TH STREET APT2C Telephone number Name change 512-920-2322 Initial return BRONX, NY 10454 Final ceturn/terminated G Gross receipts \$ 465,901 Amended return F Name and address of principal officer: ADAN VASQUEZ H(a) Is this a group return for subordinates? Yes Application pending H(b) Are all subordinates included? If "No," attach a list. See instructions Same As C Above 527 501(c) ( 4947(a)(1) or Tax-exempt status: X 501(c)(3) ) (insert no.) Website: ► WWW.ADCA.NYC H(c) Group exemption number M State of legal domicile: NY X Corporation L Year of formation: 1995 Trust Association Other ► Form of organization: Summary Briefly describe the organization's mission or most significant activities: See Schedule 0 Governance Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) ..... Activities & Number of independent voting members of the governing body (Part VI, line 1b)..... 4 21 Total number of individuals employed in calendar year 2020 (Part V, line 2a)..... 4 Total number of volunteers (estimate if necessary)..... Total unrelated business revenue from Part VIII, column (C), line 12...... b Net unrelated business taxable income from Form 990-T, Part I, line 11..... **Current Year** 465,901. 530,521 Contributions and grants (Part VIII, line 1h)..... Revenue Program service revenue (Part VIII, line 2g)..... Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 530,521 465,901. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . 250,327. 205,091. 15 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) ► 236,237 209,710. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).... 486,564 414.801. Revenue less expenses. Subtract line 18 from line 12..... 43.957. 51.100. **Beginning of Current Year** End of Year 151,368. 160,920. 14,243. 55,795. 21 146,677. 95,573. Net assets or fund balances. Subtract line 21 from line 20...... Signature Block Part II Under penalties of penury, 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 fother than office is based on all information of which preparer has any knowledge. 0029 ul Sign Executive Director Here ADAN VASQUEZ Type or print name and title Pnnt/Type preparer's name P01665022 ABDULAI AIDOO, CPA Paid Preparer A.A Tax & Accounting Use Only Firm's EIN ► 82-1998488 2375 Marion Ave Apt 5C Phone no. 347-854-7124 Bronx, NY 10458 

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

| Par      | ווו ז         | Check if Schedule O contains a response or note to any line in this Part III  | Х                |
|----------|---------------|---|------------------|
| 1        | Briefl        | ly describe the organization's mission:   | Д                |
| •        |               | Schedule 0  |                  |
|          |               |   |                  |
|          |               |   |                  |
|          |               |   |                  |
| 2        |               | ne organization undertake any significant program services during the year which were not listed on the prior   | V V N-           |
|          |               | n 990 or 990-EZ?  | Yes X No         |
| 3        |               | he organization cease conducting, or make significant changes in how it conducts, any program services?   | Yes X No         |
|          |               | es," describe these changes on Schedule O.  | ios <u>k</u> ito |
| 4        | Desc          | ribe the organization's program service accomplishments for each of its three largest program services, as measure  | ed by expenses.  |
|          | Section and r | ion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the revenue, if any, for each program service reported.  | total expenses,  |
|          |               |   |                  |
| 4 a      | (Code         | e: ) (Expenses \$ 323,557. including grants of \$ ) (Revenue \$   | )                |
|          | See           | Schedule 0  |                  |
|          |               |   |                  |
|          |               |   |                  |
|          |               |   |                  |
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|          |               |   |                  |
|          |               |   |                  |
| 4 b      | (Code         |   | )                |
|          |               | CAUSE OF THE COVID-19 PANDEMIC WE COULDN'T PRESENT ANY CONCERT FOR THIS F<br>RON DAVIS HALL AND THROUGH PARTNERSHIP WITH THE CITY COLLEGE CENTER FOR T  |                  |
|          |               | ARE LOOKING FORWARD TO START PRESENTING OUR CONCERT AND PROGRAM IN THAT   |                  |
|          |               | ANWHILE FOR THIS FISCAL YEAR, WE WERE ABLE TO DO A ZOOM/LIVE CONCERT AT H   |                  |
|          |               | TER FOR THE ARTS, ON JUNE 9TH 2021.   | <u> </u>         |
|          |               |   |                  |
|          |               |   |                  |
|          |               |   |                  |
|          |               |   |                  |
|          |               |   |                  |
|          |               |   |                  |
| 4 c      | (Code         | e: ) (Expenses \$ including grants of \$ ) (Revenue \$  | )                |
|          |               | ····  | ·                |
|          |               |   |                  |
|          |               |   |                  |
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|          |               | ·   |                  |
|          | 011           |   |                  |
| 4 d      |               | r program services (Describe on Schedule O.)  | `                |
| <u> </u> |               | enses \$ including grants of \$ ) (Revenue \$   | )                |
| 70       | iotal         | 100 - |                  |

TEEA0102L 10/07/20

|      |  |      | Yes | No |
|------|--|------|-----|----|
| 1    | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A  | 1    | Х   |    |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors See instructions?  | 2    | Χ   |    |
| 3    | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</i>  | 3    |     | Х  |
| 4    | Section 501(c)(3) organizations. 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   | 4    |     | Х  |
| 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    |     | Х  |
| 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    |     | Х  |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>  | 7    |     | Х  |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.   | 8    |     | Х  |
| 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    |     | Х  |
| 10   | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V   | 10   |     | Х  |
| 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.  |      |     |    |
| ā    | a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>   | 11 a | Х   |    |
| ŀ    | Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.  | 11 b |     | Х  |
| C    | Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII   | 11 c |     | Х  |
| C    | I 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 Part X, line 16? If 'Yes,' complete Schedule D, Part IX.   | 11 d |     | Х  |
| •    | Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X  | 11 e | Χ   |    |
| f    | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X   | 11 f |     | Х  |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII   | 12a  |     | Х  |
| ŀ    | Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b  |     | Х  |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E  | 13   |     | X  |
| 14 a | a Did the organization maintain an office, employees, or agents outside of the United States?  | 14a  |     | Χ  |
| ŀ    | Did 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. | 14b  |     | Х  |
| 15   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV   | 15   |     | Х  |
|      | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>  | 16   |     | Х  |
| 17   | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions  | 17   |     | Х  |
| 18   | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.  | 18   |     | Х  |
| 19   | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.  | 19   |     | Х  |
| 20a  | Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H  | 20a  |     | Х  |
| b    | If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b  |     |    |
| 21   | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.   | 21   |     | Х  |

# Form 990 (2020) ASSOCIATION OF DOMINICAN CLASSICAL Part 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   |       | X    |
| 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? <i>If 'Yes,' complete Schedule J</i> .   | 23   |       | Х    |
| 24  | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the 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  |       | Х    |
| I   | b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b  |       |      |
| (   | c 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  |       |      |
|     | d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?   | 24d  |       |      |
| 25  | a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I  | 25a  |       | Х    |
| ļ   | b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I   | 25b  |       | Х    |
| 26  | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>   | 26   |       | Х    |
| 27  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III. | 27   |       | Х    |
|     | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  |      |       |      |
| i   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV  | 28a  |       | Х    |
| ļ   | b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.  | 28b  |       | X    |
| •   | c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.   | 28c  |       | Х    |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M  | 29   | Х     |      |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>   | 30   |       | Х    |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I  | 31   |       | Х    |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.   | 32   |       | Х    |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>   | 33   |       | Х    |
| 34  | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.   | 34   |       | Х    |
| 35  | a Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a  |       | Х    |
|     | 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  |       |      |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>  | 36   |       | Х    |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>  | 37   |       | Х    |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O   | 38   | Х     |      |
| Pa  | Statements Regarding Other IRS Filings and Tax Compliance   |      |       |      |
|     | Check if Schedule O contains a response or note to any line in this Part V  |      | Yes   | . No |
|     | a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  |      | 162   | 140  |
|     | b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   |      |       |      |
|     | (gambling) winnings to prize winners?   | 1 c  |       |      |
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Form 990 (2020) ASSOCIATION OF DOMINICAN CLASSICAL

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

|      |  |            | Yes | No |
|------|--|------------|-----|----|
|      | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 21  |            |     |    |
| ŀ    | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2 b        | X   |    |
|      | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  |            |     |    |
|      | a Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3 a        |     | Х  |
|      | olf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>  | 3 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)? | 4 a        |     | Х  |
| ŀ    | o 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).  | _          |     | X  |
|      | a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                  | 5 a<br>5 b |     | X  |
|      | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?   | 5 c        |     | Λ  |
|      |  | 30         |     |    |
|      | a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                  | 6 a        |     | Х  |
|      | olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   | 6 b        |     |    |
| 7    | Organizations that may receive deductible contributions under section 170(c).  |            |     |    |
| â    | 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?  | 7 a        |     | Х  |
| ŀ    | of 'Yes,' did the organization notify the donor of the value of the goods or services provided?  | 7 b        |     |    |
|      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7 c        |     | Х  |
| (    | If 'Yes,' indicate the number of Forms 8282 filed during the year  |            |     |    |
| •    | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7 e        |     | Х  |
| f    | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7 f        |     | X  |
| Ģ    | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7 g        |     |    |
| ł    | n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7 h        |     |    |
| 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          |     |    |
|      | Sponsoring organizations maintaining donor advised funds.  |            |     |    |
|      | a Did the sponsoring organization make any taxable distributions under section 4966?   | 9 a        |     |    |
|      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9 b        |     |    |
|      | Section 501(c)(7) organizations. Enter:  |            |     |    |
|      | a Initiation fees and capital contributions included on Part VIII, line 12   |            |     |    |
|      | Section 501(c)(12) organizations. Enter:   |            |     |    |
|      | a Gross income from members or shareholders  |            |     |    |
|      | Gross income from other sources (Do not net amounts due or paid to other sources   |            |     |    |
|      | against amounts due or received from them.)  | 12a        |     |    |
|      | b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year  | ıza        |     |    |
|      | Section 501(c)(29) qualified nonprofit health insurance issuers.   |            |     |    |
|      | a Is the organization licensed to issue qualified health plans in more than one state?   | 13a        |     |    |
|      | <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   |            |     |    |
| ŀ    | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  |            |     |    |
|      | Enter the amount of reserves on hand   |            |     |    |
| 14 a | a Did the organization receive any payments for indoor tanning services during the tax year?   | 14a        |     | Х  |
| ŀ    | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O  | 14 b       |     |    |
| 15   | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?   | 15         |     | Х  |
|      | If 'Yes,' see instructions and file Form 4720, Schedule N.   |            |     | ., |
| 16   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If 'Yes,' complete Form 4720, Schedule O.   | 16         |     | X  |

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. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ...... Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... 8 a X X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ... See .Schedule .0 ...... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official.. See . Schedule.. 0....... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?... 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

PERLA MORA 699 E 137TH ST. 2-C BRONX NY 10454 512-920-2322

## 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

- 1 a 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.

| Ch   | eck this box if neither the organization nor any relate | ed organiz   | ation                          | con                   | npen         | ısate                               | ed any                       | cu     | rrent officer, direct               | or, or trustee.                          |   |
|------|---|--|--------------------------------|-----------------------|--------------|-------------------------------------|------------------------------|--------|-------------------------------------|--|---|
|      | <b>(A)</b><br>Name and title                            | (B)<br>Average<br>hours  | thar                           | one<br>both           | box,<br>an c | ot ch<br>unles<br>officer<br>/trust |                              | on     | (D)  Reportable compensation from   | <b>(E)</b> Reportable compensation from  | (F) Estimated amount of other   |
|      |   | per<br>week<br>(list any<br>hours for<br>related<br>organiza-<br>tions<br>below<br>dotted<br>line) | Individual trustee or director | Institutional trustee | Officer      | Key employee                        | Highest compensated employee | Former | the organization<br>(W-2/1099-MISC) | related organizations<br>(W-2/1099-MISC) | compensation from<br>the organization<br>and related<br>organizations |
|      | ADAN VASQUEZ  | 45   |                                |                       |              |                                     |                              |        |                                     |  |   |
|      | Executive Dir.  | 0  |                                |                       | X            |                                     |                              |        | 29,550.                             | 0.                                       | 0.  |
|      | BERTHA FABRIZIO<br>Chairman                             | <u>2_</u>  | Х                              |                       | Χ            |                                     |                              |        | 0.                                  | 0.                                       | 0.  |
|      | ANA OFELIA RODRIQUEZ<br>Treasurer                       | 1  | Х                              |                       | Х            |                                     |                              |        | 0.                                  | 0.                                       | 0.  |
|      | BETULIA BATISTA<br>Secretary                            | 1  | Х                              |                       |              |                                     |                              |        | 0.                                  | 0.                                       | 0.  |
|      | <u>ERNESTO COLON</u><br>Director                        | 1  | Х                              |                       |              |                                     |                              |        | 0.                                  | 0.                                       | 0.  |
|      | <u>VICTORIA MUNOZ</u><br>Director                       | 1  | Х                              |                       |              |                                     |                              |        | 0.                                  | 0.                                       | 0.  |
| (7)  |   |  |                                |                       |              |                                     |                              |        |                                     |  |   |
| (8)  |   |  |                                |                       |              |                                     |                              |        |                                     |  |   |
| (9)  |   |  |                                |                       |              |                                     |                              |        |                                     |  |   |
| (10) |   |  |                                |                       |              |                                     |                              |        |                                     |  |   |
| (11) |   |  |                                |                       |              |                                     |                              |        |                                     |  |   |
| (12) |   |  |                                |                       |              |                                     |                              |        |                                     |  |   |
| (13) |   |  |                                |                       |              |                                     |                              |        |                                     |  |   |
| (14) |   |  |                                |                       |              |                                     |                              |        |                                     |  |   |

| Part VII   Section A. Officers, Directors, Tr  |                           | Key                                     | Em                    | _             | _              | es,                             | and               | d Highest Com                         | pensated Empl                            | oyees   | (conti                 | nued) |
|--|---------------------------|---|-----------------------|---------------|----------------|---------------------------------|-------------------|---------------------------------------|--|---------|------------------------|-------|
|  | (B)                       |   |                       | ((            | •              |                                 |                   |                                       |  |         |                        |       |
| (A)  | Average hours             | (do                                     | not o                 | check         | more           | than                            | one               | (D)                                   | (E)                                      |         | (F)                    |       |
| Name and title   | per<br>week               | offic                                   | cer ar                | nd a          | direct         | or/trus                         | tee)              | Reportable compensation from          | Reportable compensation from             | C       | ated amo               |       |
|  | (list any<br>hours        | or d                                    | isni                  | Officer       | Key            | High                            | Former            | the organization<br>(W-2/1099-MISC)   | related organizations<br>(W-2/1099-MISC) | the o   | nsation i<br>rganizati | ion   |
|  | for related               | Individual<br>or director               | utio                  | cer           | emp            | iest i                          | ner               |                                       |  |         | d related<br>anization |       |
|  | organiza<br>- tions       | De th                                   | nalt                  |               | Key employee   | comp                            |                   |                                       |  |         |                        |       |
|  | below<br>dotted           | Individual trustee<br>or director       | Institutional trustee |               | ðí             | Highest compensated<br>employee |                   |                                       |  |         |                        |       |
|  | line)                     |   | 8                     |               |                | ated                            |                   |                                       |  |         |                        |       |
| (15)   |                           |   |                       |               |                |                                 |                   |                                       |  |         |                        |       |
|  | 1                         | •                                       |                       |               |                |                                 |                   |                                       |  |         |                        |       |
| (16)   |                           |   |                       |               |                |                                 |                   |                                       |  |         |                        |       |
|  |                           |   |                       |               |                |                                 |                   |                                       |  |         |                        |       |
| (17)   |                           |   |                       |               |                |                                 |                   |                                       |  |         |                        |       |
|  |                           |   |                       |               |                |                                 |                   |                                       |  |         |                        |       |
| (18)   |                           |   |                       |               |                |                                 |                   |                                       |  |         |                        |       |
|  |                           |   |                       |               |                |                                 |                   |                                       |  |         |                        |       |
| (19)   |                           | -                                       |                       |               |                |                                 |                   |                                       |  |         |                        |       |
| (20)   |                           |   |                       |               |                |                                 |                   |                                       |  |         |                        |       |
| (20)   |                           | -                                       |                       |               |                |                                 |                   |                                       |  |         |                        |       |
| (21)   |                           |   |                       |               |                |                                 |                   |                                       |  |         |                        |       |
|  | 1                         |   |                       |               |                |                                 |                   |                                       |  |         |                        |       |
| (22)   |                           |   |                       |               |                |                                 |                   |                                       |  |         |                        |       |
|  |                           |   |                       |               |                |                                 |                   |                                       |  |         |                        |       |
| (23)   | <b> </b>                  |   |                       |               |                |                                 |                   |                                       |  |         |                        |       |
|  |                           |   |                       |               |                |                                 |                   |                                       |  |         |                        |       |
| (24)   | <del> </del>              |   |                       |               |                |                                 |                   |                                       |  |         |                        |       |
| (25)   |                           |   |                       |               |                |                                 |                   |                                       |  |         |                        |       |
| (23)   | 1                         | -                                       |                       |               |                |                                 |                   |                                       |  |         |                        |       |
| 1 b Subtotal   |                           |   |                       |               |                |                                 | <b></b>           | 29,550.                               | 0.                                       |         |                        | 0.    |
| c Total from continuation sheets to Part VII, Sect   | on A                      |   |                       |               |                |                                 | ▶                 | 0.                                    | 0.                                       |         |                        | 0.    |
| d Total (add lines 1b and 1c).   |                           |   |                       |               |                |                                 | <b></b>           | 29,550.                               | 0.                                       |         |                        | 0.    |
| 2 Total number of individuals (including but not limited   | to those I                | isted                                   | abov                  | ve) v         | who            | recei                           | ved               | more than \$100,00                    | 0 of reportable comp                     | ensatio | า                      |       |
| from the organization   0  |                           |   |                       |               |                |                                 |                   |                                       |  |         |                        | T     |
|  |                           |   |                       |               |                |                                 |                   |                                       |  |         | Yes                    | No    |
| 3 Did the organization list any <b>former</b> officer, direct on line 1a? If 'Yes,' complete Schedule J for such | ctor, truste              | ee, ke                                  | ey er                 | mplo          | oyee           | e, or                           | high              | nest compensated                      | employee                                 | 3       |                        | Х     |
| • ,  |                           |   |                       |               |                |                                 |                   |                                       |  |         |                        |       |
| 4 For any individual listed on line 1a, is the sum of<br>the organization and related organizations great        | i reportab<br>er than \$1 | ie co<br>50,00                          | inpe<br>30?           | ensa<br>If '} | ition<br>'es,' | and<br>com                      | otn<br><i>ple</i> | er compensation to the Schedule J for | ILOLU                                    |         |                        |       |
| such individual  |                           |   |                       |               |                |                                 |                   |                                       |  | 4       |                        | X     |
| 5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye             | ie comper                 | nsatio                                  | n fr                  | om            | any            | unre                            | late              | ed organization or                    | individual                               | 5       |                        | Х     |
| Section B. Independent Contractors   | s, compic                 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ncu                   | iuic          | 3 10           | 7 340                           | ,πρ               | C13011                                |  |         |                        | Λ     |
| 1 Complete this table for your five highest comper   | sated ind                 | epen                                    | dent                  | t cor         | ntrad          | ctors                           | tha               | t received more th                    | nan \$100,000 of                         |         |                        |       |
| compensation from the organization. Report compen  |                           | the c                                   | alen                  | dar <u>i</u>  | year           | endii                           | ng v              | i                                     | Ť i                                      |         | <u>~</u>               |       |
| (A) Name and business address  |                           |   |                       |               |                |                                 |                   | ( <b>B)</b><br>Description o          | of services                              | Compe   | <b>C)</b><br>nsatio    | n     |
|  |                           |   |                       |               |                |                                 |                   |                                       |  |         |                        |       |
|  |                           |   |                       |               |                |                                 |                   |                                       |  |         |                        |       |
|  |                           |   |                       |               |                |                                 |                   |                                       |  |         |                        |       |
|  |                           |   |                       |               |                |                                 |                   |                                       |  |         |                        |       |
|  |                           |   |                       |               |                |                                 |                   |                                       |  |         |                        |       |
| 2 Total number of independent contractors (including   |                           | ited to                                 | o the                 | se I          | isted          | d abo                           | ve)               | who received more                     | than                                     |         |                        |       |
| \$100,000 of compensation from the organization  | • 0                       |   |                       |               |                |                                 |                   |                                       |  |         |                        |       |

Miscellaneous

#### ASSOCIATION OF DOMINICAN CLASSICAL 13-3843597 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII.... (B) Related or (A) Total revenue (C) (D) Unrelated Revenue excluded from tax exempt business under sections 512-514 function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns . . . . . . . . **b** Membership dues..... 1 b c Fundraising events..... 1 c d Related organizations..... 1 d e Government grants (contributions) . . . . 1 e 237,274 f All other contributions, gifts, grants, and similar amounts not included above . . . 1 f 228,627 q Noncash contributions included in 1 g lines 1a-1f. . . . . . . . . . 201,272 h Total. Add lines 1a-1f . . . . . 465,901 Program Service Revenue Business Code b **f** All other program service revenue. . . g Total. Add lines 2a-2f ..... Investment income (including dividends, interest, and other similar amounts) ..... Income from investment of tax-exempt bond proceeds Royalties..... (i) Real (ii) Personal 6 a Gross rents . . . . . . . 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis 7a 7b and sales expenses c Gain or (loss). . . . . . . 7с **d** Net gain or (loss)..... 8 a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . . . . . . . 8a 8b **b** Less: direct expenses..... c Net income or (loss) from fundraising events ...... 9 a Gross income from gaming activities. 9a See Part IV, line 19....... **b** Less: direct expenses..... 9b c Net income or (loss) from gaming activities..... **10 a** Gross sales of inventory, less..... returns and allowances. . . . . . . . . . I0a **b** Less: cost of goods sold.... 10b c Net income or (loss) from sales of inventory

|       | C Net income of (1033) from saids of inve | STITOTY                               |  |  |
|-------|---|---------------------------------------|--|--|
| 2     |   | Business Code                         |  |  |
| , a   | 11a                                       |                                       |  |  |
| evenu | b   |                                       |  |  |
|       | с   |                                       |  |  |
| Re S  | d All other revenue                       |                                       |  |  |
|       | e Total. Add lines 11a-11d                | · · · · · · · · · · · · · · · · · · · |  |  |

465

901

0

0

Total revenue. See instructions.....

#### 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).

| Do  | Check if Schedule O contains a re  | (A)            | (B)                      | (C)                             | (D)                  |
|-----|--|----------------|--------------------------|---------------------------------|----------------------|
| 6b, | 7b, 8b, 9b, and 10b of Part VIII.  | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1   | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   |                |                          |                                 |                      |
| 2   | Grants and other assistance to domestic individuals. See Part IV, line 22  |                |                          |                                 |                      |
| 3   | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   |                |                          |                                 |                      |
| 4   | Benefits paid to or for members  |                |                          |                                 |                      |
| 5   | Compensation of current officers, directors, trustees, and key employees   | 29,550.        | 25,118.                  | 4,432.                          | 0.                   |
| 6   | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   | 0.             | 0.                       | 0.                              | 0.                   |
| 7   | Other salaries and wages   | 114,630.       | 88,197.                  | 24,633.                         | 1,800.               |
| 8   | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 114,000.       | 00,157.                  | 24,000.                         | 1,000.               |
| 9   | Other employee benefits  | 2,997.         | 2,267.                   | 704.                            | 26.                  |
| 10  | Payroll taxes  | 57,914.        | 40,814.                  | 16,247.                         | 853.                 |
| 11  | Fees for services (nonemployees):  | 0.,522.        | 10,011                   | 10/21/                          |                      |
| á   | Management   | 1,022.         | 928.                     | 94.                             |                      |
|     | Legal  | 2,953.         | 1,696.                   | 1,257.                          |                      |
|     | : Accounting   | 2,482.         | 1,000.                   | 2,482.                          |                      |
|     | Lobbying   | 2,102.         |                          | 2,402.                          |                      |
|     | Professional fundraising services. See Part IV, line 17  |                |                          |                                 |                      |
|     | Investment management fees   |                |                          |                                 |                      |
|     | Other. (If line 11g amount exceeds 10% of line 25, column  |                |                          |                                 |                      |
| _   | (A) amount, list line 11g expenses on Schedule O.)   |                |                          |                                 |                      |
|     | Advertising and promotion  | 144.           | 122.                     | 14.                             | 8.                   |
| 13  | Office expenses  | 995.           | 829.                     | 161.                            | 5.                   |
| 14  | Information technology   |                |                          |                                 |                      |
| 15  | Royalties  |                |                          |                                 |                      |
| 16  | Occupancy  | 201,272.       | 200,000.                 | 1,272.                          |                      |
| 17  | Travel   |                |                          |                                 |                      |
| 18  | Payments of travel or entertainment expenses for any federal, state, or local public officials   |                |                          |                                 |                      |
| 19  | Conferences, conventions, and meetings   |                |                          |                                 |                      |
| 20  | Interest   |                |                          |                                 |                      |
| 21  | Payments to affiliates   |                |                          |                                 |                      |
| 22  | Depreciation, depletion, and amortization  |                |                          |                                 |                      |
| 23  | Insurance  | 842.           | 632.                     | 210.                            |                      |
| 24  | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                  |                |                          |                                 |                      |
| ā   | ·  |                |                          |                                 |                      |
| k   | )  |                |                          |                                 |                      |
| (   | ;  |                |                          |                                 |                      |
| (   | !<br>  |                |                          |                                 |                      |
| •   | All other expenses   |                |                          |                                 |                      |
| 25  | <b>Total functional expenses.</b> Add lines 1 through 24e  | 414,801.       | 360,603.                 | 51,506.                         | 2,692.               |
| 26  | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720) |                |                          |                                 |                      |

|                            |          | Check if Schedule O contains a response or note to   | o any I              | ine in this Part X    |                          |      |                                    |
|----------------------------|----------|--|----------------------|-----------------------|--------------------------|------|------------------------------------|
|                            |          |  |                      |                       | (A)<br>Beginning of year |      | <b>(B)</b><br>End of year          |
|                            | 1        | Cash — non-interest-bearing  |                      |                       | 86,368.                  | 1    | 43,795.                            |
|                            | 2        | Savings and temporary cash investments   |                      |                       |                          | 2    |                                    |
|                            | 3        | Pledges and grants receivable, net   |                      |                       | 65,000.                  | 3    | 117,125.                           |
|                            | 4        | Accounts receivable, net   |                      |                       |                          | 4    |                                    |
|                            | 5        | Loans and other receivables from any current or form   | ner offic            | cer. director.        |                          |      |                                    |
|                            |          | Loans and other receivables from any current or form<br>trustee, key employee, creator or founder, substantia<br>controlled entity or family member of any of these pe | I contri             | butor, or 35%         |                          | _    |                                    |
|                            |          |  |                      | -                     |                          | 5    |                                    |
|                            | 6        | Loans and other receivables from other disqualified p  |                      | ` —                   |                          | _    |                                    |
|                            | _        | section 4958(f)(1)), and persons described in section  |                      |                       |                          | 6    |                                    |
| <b>(</b> A                 | 7        | Notes and loans receivable, net  |                      | <u> </u>              |                          | 7    |                                    |
| ets                        | 8        | Inventories for sale or use  |                      | <u> </u>              |                          | 8    |                                    |
| Assets                     | 9        | Prepaid expenses and deferred charges  | 1 1                  |                       |                          | 9    |                                    |
| *                          | 10 a     | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  | 10 -                 | 5 005                 |                          |      |                                    |
|                            |          | Dess: accumulated depreciation   |                      |                       |                          | 10 - |                                    |
|                            |          | •  |                      | -,                    |                          | 10 c |                                    |
|                            | 11       | Investments — publicly traded securities   |                      | <u> </u>              |                          | 12   |                                    |
|                            | 12<br>13 | Investments — other securities. See Part IV, line 11.  Investments — program-related. See Part IV, line 11.  |                      | -                     |                          | 13   |                                    |
|                            | 14       | Intangible assets  |                      | _                     |                          | 14   |                                    |
|                            | 15       | Other assets. See Part IV, line 11   | -                    |                       | 15                       |      |                                    |
|                            | 16       | Total assets. Add lines 1 through 15 (must equal line  |                      | F                     | 151,368.                 | 16   | 160,920.                           |
|                            |          | Total assets. Mad lines I through 15 (mast equal line  | 00)                  |                       | 131,300.                 |      | 100, 320.                          |
|                            | 17       | Accounts payable and accrued expenses  | 3,099.               | 17                    | 4,243.                   |      |                                    |
|                            | 18       | Grants payable   |                      |                       |                          | 18   |                                    |
|                            | 19       | Deferred revenue   |                      | _                     |                          | 19   |                                    |
|                            | 20       | Tax-exempt bond liabilities  |                      | _                     |                          | 20   |                                    |
| lies                       | 21       | Escrow or custodial account liability. Complete Part   |                      |                       |                          | 21   |                                    |
| iii.                       | 22       | Loans and other payables to any current or former of<br>key employee, creator or founder, substantial contribu   | ticer, d<br>utor, oi | firector, trustee,    |                          |      |                                    |
| Liabilities                |          | controlled entity or family member of any of these pe  | rsons .              |                       |                          | 22   |                                    |
|                            | 23       | Secured mortgages and notes payable to unrelated the   |                      | <u> </u>              |                          | 23   |                                    |
|                            | 24       | Unsecured notes and loans payable to unrelated third   | 1                    | -                     |                          | 24   |                                    |
|                            | 25       | Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com   | es to re             | elated third parties, | 52,696.                  | 25   | 10,000.                            |
|                            | 26       | <b>Total liabilities.</b> Add lines 17 through 25  |                      |                       | 55,795.                  | 26   | 14,243.                            |
| S                          |          | Organizations that follow FASB ASC 958, check here   |                      | X                     | 33,733.                  |      | 11/210.                            |
| Jce                        |          | and complete lines 27, 28, 32, and 33.   | -                    | <u></u>               |                          |      |                                    |
| ılar                       | 27       | Net assets without donor restrictions  |                      |                       | 95,573.                  | 27   | 146,677.                           |
| B                          | 28       | Net assets with donor restrictions   |                      |                       | ·                        | 28   | ·                                  |
| pur                        |          | Organizations that do not follow FASB ASC 958, che   | ck her               | 'e ►                  |                          |      |                                    |
| rΕ                         |          | and complete lines 29 through 33.  |                      |                       |                          |      |                                    |
| o s                        | 29       | Capital stock or trust principal, or current funds   |                      | <u> </u>              |                          | 29   |                                    |
| set                        | 30       | Paid-in or capital surplus, or land, building, or equipn   |                      | <u></u>               |                          | 30   |                                    |
| As                         | 31       | Retained earnings, endowment, accumulated income   |                      |                       | 05 550                   | 31   | 146 685                            |
| Net Assets or Fund Balance | 32       | Total net assets or fund balances  |                      |                       | 95,573.                  | 32   | 146,677.                           |
| BA                         | 33<br>^  | TOTAL HADHILLES AND HEL ASSELS/TUND DATAFICES  |                      | 11L 10/07/20          | 151,368.                 | 33   | 160,920.<br>Form <b>990</b> (2020) |
|                            | _        |  | , .51                |                       |                          |      | 1 (JIIII <b>330</b> (2020)         |

#### 3 51,100. 4 95,573. 5 6 Donated services and use of facilities ..... 6 7 Investment expenses ..... 7 Prior period adjustments..... 8 8 9 9 Other changes in net assets or fund balances (explain on Schedule O)..... 0. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 146,677. Part XII | Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII..... Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. Χ 2 a If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Consolidated basis Χ Separate basis Both consolidated and separate basis **b** Were the organization's financial statements audited by an independent accountant?..... Χ 2 b If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Consolidated basis Separate basis Both consolidated and separate basis c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?..... Χ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. See Schedule O 3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Χ Audit Act and OMB Circular A-133? 3 a b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits ...... 3 b BAA TEEA0112L 10/19/20 Form 990 (2020)

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**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

2020

Open to Public Inspection

| Name of the organization ASSOCIATION OF DOMINICAN CLASSICAL Employer identification number |   |                             |   |   |   |                       |  |  |   |  |
|--|---|-----------------------------|---|---|---|-----------------------|--|--|---|--|
|  |   | -                           | ARTISTS, I                                  |   |   |                       |  | 13-384359  |   |  |
| Par  | -   |                             |   |   | organizations must  |                       |  |  | ctions.   |  |
|  | rga   | 1                           | •   | `   | For lines 1 through 12,   |                       | •  | •  |   |  |
| 1  | -   | ,                           |   | ,   | hurches described in sect   |                       |  | i).  |   |  |
| 2  | -   |                             |   |   | Schedule E (Form 990 or   |                       | •  |  |   |  |
| 3  | -   |                             | •   |   | ization described in sec  |                       |  | • • •  |   |  |
| 4  |   | 1                           | -   | ition operated in conju                     | unction with a hospital of  | describe              | d in <b>sec</b>                            | ction 170(b)(1)(A)(iii). E                         | Enter the hospital's                            |  |
|  |   | name, city                  | /, and state:                               |   |   |                       |  |  |   |  |
| 5  | L   | An organiz                  | zation operated for<br>70(b)(1)(A)(iv). (Co | the benefit of a colle<br>emplete Part II.) | ege or university owned   | or oper               | ated by                                    | a governmental unit d                              | escribed in                                     |  |
| 6  |   | A federal,                  | state, or local gov                         | ernment or governme                         | ental unit described in <b>s</b>  | ection 1              | <b>70(b)(</b> 1)                           | )(A)(v).   |   |  |
| 7  | 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.) |                             |   |   |   |                       |  |  |   |  |
| 8  |   | A commur                    | nity trust described                        | I in section 170(b)(1)(                     | (A)(vi). (Complete Part I   | II.)                  |  |  |   |  |
| 9  |   |                             |   |   |   |                       |  |  |   |  |
| 10   |   |                             |   |   |   |                       |  |  |   |  |
| 11   |   | An organiz                  | zation organized a                          | nd operated exclusive                       | ely to test for public safe   | ety. See              | section                                    | n 509(a)(4).                                       |   |  |
| 12   |   | or more pr                  | ublicly supported o                         | organizations describe                      | ely for the benefit of, to<br>ed in <b>section 509(a)(1)</b> o<br>supporting organization | or <b>sectio</b>      | n 509(a                                    | )(2). See section 509(a                            | out the purposes of one a)(3). Check the box in |  |
| а  |   | Type I. A si<br>organizatio | upporting organizati                        | on operated, supervise                      | ed, or controlled by its sup<br>t a majority of the directo                               | oported o             | rganizat                                   | ion(s), typically by givin                         | g the supported<br>ion. <b>You must</b>         |  |
| b  |   | manageme                    | supporting organizent of the supporting     | organization vested in                      | controlled in connection the same persons that c  | with its<br>ontrol or | support<br>manage                          | ted organization(s), by the supported organiza     | having control or tion(s). <b>You</b>           |  |
| С  |   | Type III fun                | nctionally integrated                       | . A supporting organizations) You must comp | tion operated in connectio  | n with, a             | nd functio                                 | onally integrated with, its                        | supported                                       |  |
| d  |   | Type III no                 | n-functionally inten                        | rated. A supporting ord                     | ganization operated in cor<br>must satisfy a distribuns A and D, and Part V.              | nnection              | with its                                   | supported organization(s<br>t and an attentiveness | s) that is not<br>requirement (see              |  |
| е  |   | Check this                  | s box if the organiz                        | ation received a writt                      | ns A and D, and Part V.<br>ten determination from t<br>supporting organization            | the IRS               |  |  |   |  |
| f  | Fr  |                             |   |   |   |                       |  |  |   |  |
| -  |   |                             |   | n about the supported                       |   |                       |  |  |   |  |
|  | ( <b>i)</b> Na  | ame of supporte             | ed organization                             | (ii) EIN                                    | (iii) Type of organization<br>(described on lines 1-10<br>above (see instructions))       | organizat             | s the<br>tion listed<br>loverning<br>ment? | (v) Amount of monetary support (see instructions)  | (vi) Amount of other support (see instructions) |  |
|  |   |                             |   |   |   | Yes                   | No   |  |   |  |
| (A)  |   |                             |   |   |   |                       |  |  |   |  |
| (~)  |   |                             |   |   |   |                       |  |  |   |  |
| (B)  |   |                             |   |   |   |                       |  |  |   |  |
| (C)  |   |                             |   |   |   |                       |  |  |   |  |
| (D)  |   |                             |   |   |   |                       |  |  |   |  |
| (E)  |   |                             |   |   |   |                       |  |  |   |  |
| Total  |   |                             |   |   |   |                       |  |  |   |  |

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec           | tion A. Public Support   |  |  |  |  |                                   |                  |
|---------------|--|--|--|--|--|-----------------------------------|------------------|
| Cale<br>begi  | ndar year (or fiscal year<br>nning in) ►   | <b>(a)</b> 2016                          | <b>(b)</b> 2017                          | <b>(c)</b> 2018                        | <b>(d)</b> 2019                                | <b>(e)</b> 2020                   | <b>(f)</b> Total |
| 1             | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').  | 482,619.                                 | 478,485.                                 | 504,406.                               | 530,521.                                       | 465,901.                          | 2,461,932.       |
| 2             | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |  |  |  |  |                                   | 0.               |
| 3             | The value of services or facilities furnished by a governmental unit to the organization without charge  |  |  |  |  |                                   | 0.               |
| <b>4</b><br>5 | <b>Total.</b> Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | 482,619.                                 | 478,485.                                 | 504,406.                               | 530,521.                                       | 465,901.                          | 2,461,932.       |
| 6             | <b>Public support.</b> Subtract line 5 from line 4   |  |  |  |  |                                   | 2,461,932.       |
| Sec           | tion B. Total Support  |  |  |  |  |                                   |                  |
| Cale<br>begi  | ndar year (or fiscal year<br>nning in) ►   | <b>(a)</b> 2016                          | <b>(b)</b> 2017                          | <b>(c)</b> 2018                        | <b>(d)</b> 2019                                | <b>(e)</b> 2020                   | <b>(f)</b> Total |
| 7             | Amounts from line 4  | 482,619.                                 | 478,485.                                 | 504,406.                               | 530,521.                                       | 465,901.                          | 2,461,932.       |
| 8             | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  |  |  |  |  |                                   | 0.               |
| 9             | Net income from unrelated business activities, whether or not the business is regularly carried on   |  |  |  |  |                                   | 0.               |
| 10            | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).   |  |  |  |  |                                   | 0.               |
|               | Total support. Add lines 7 through 10  |  |  |  |  |                                   | 2,461,932.       |
| 12            | Gross receipts from related activ  | ities, etc. (see ins                     | structions)                              |  |  | 12                                | 0.               |
| 13            | <b>First 5 years.</b> If the Form 990 is organization, check this box and  | for the organization stop here           | on's first, second,                      | third, fourth, or fi                   | fth tax year as a                              | section 501(c)(3)                 | ▶ □              |
| Sec           | tion C. Computation of Pul   | blic Support P                           | ercentage                                |  |  |                                   |                  |
|               | Public support percentage for 20   |  |  |  |  |                                   | 100.00%          |
| 15            | Public support percentage from 2   |  |  |  |  | <u> </u>                          | 100.00%          |
|               | <b>33-1/3% support test—2020.</b> If the and <b>stop here.</b> The organization  | qualifies as a pub                       | olicly supported or                      | ganization                             |  |                                   | ► <u>X</u>       |
| b             | <b>33-1/3% support test—2019.</b> If th and <b>stop here.</b> The organization   | e organization did<br>qualifies as a pul | I not check a box<br>olicly supported or | on line 13 or 16a<br>rganization       | , and line 15 is 33                            | 3-1/3% or more, o                 | theck this box   |
| 17a           | <b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts  | meets the facts-a                        | nd-circumstances                         | test, check this b                     | oox and stop here                              | . Explain in Part '               | VI how           |
|               | 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and  | meets the facts-a<br>d-circumstances' t  | nd-circumstances<br>test. The organiza   | test, check this betien qualifies as a | oox and <b>stop here</b><br>a publicly support | Explain in Part ded organization. | VI how the▶      |
| 18            | Private foundation. If the organiz   | zation did not che                       | ck a box on line 1                       | З, 16a, 16b, 17a,                      | or 17b, check thi                              | s box and see ins                 | structions       |

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  | ,                       | picase complete          | ,                   |                      |                     |                  |
|--------|---|-------------------------|--------------------------|---------------------|----------------------|---------------------|------------------|
| Calend | dar year (or fiscal year beginning in)  | <b>(a)</b> 2016         | <b>(b)</b> 2017          | <b>(c)</b> 2018     | <b>(d)</b> 2019      | <b>(e)</b> 2020     | (f) Total        |
| 1      | Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)  | .,                      | .,                       |                     | , ,                  |                     |                  |
| 2      | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. |                         |                          |                     |                      |                     |                  |
| 3      | Gross receipts from activities that are not an unrelated trade or business under section 513.   |                         |                          |                     |                      |                     |                  |
| 4      | Tax revenues levied for the organization'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   |                         |                          |                     |                      |                     |                  |
|        | <b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 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.           |                         |                          |                     |                      |                     |                  |
| С      | Add lines 7a and 7b   |                         |                          |                     |                      |                     |                  |
|        | Public support. (Subtract line 7c from line 6.)   |                         |                          |                     |                      |                     |                  |
| Sec    | tion B. Total Support   |                         | •                        |                     | 1                    | ,                   |                  |
|        | dar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2016         | <b>(b)</b> 2017          | <b>(c)</b> 2018     | <b>(d)</b> 2019      | <b>(e)</b> 2020     | <b>(f)</b> Total |
|        | Amounts from line 6   |                         |                          |                     |                      |                     |                  |
| 10a    | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources   |                         |                          |                     |                      |                     |                  |
|        | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |                         |                          |                     |                      |                     |                  |
|        | Add lines 10a and 10b.  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.).  |                         |                          |                     |                      |                     |                  |
|        | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)   |                         |                          |                     |                      |                     |                  |
|        | First 5 years. If the Form 990 is organization, check this box and  | stop here               |                          | third, fourth, or f | ifth tax year as a   | section 501(c)(3)   | ▶ □              |
|        | tion C. Computation of Pul  |                         |                          |                     |                      | 1 1                 |                  |
|        | Public support percentage for 20  | •                       | •                        |                     | -                    |                     | %                |
|        | Public support percentage from 2  |                         |                          |                     |                      | 16                  | 0/0              |
|        | tion D. Computation of Inv  |                         |                          |                     |                      |                     |                  |
|        | Investment income percentage for  | •                       |                          | -                   | * * * *              |                     | 00               |
|        | Investment income percentage fi   |                         |                          |                     |                      |                     | %                |
|        | <b>33-1/3% support tests—2020.</b> If t is not more than 33-1/3%, check   | this box and <b>sto</b> | <b>p here.</b> The organ | ization qualifies a | as a publicly supp   | orted organization  | ▶ ∐              |
|        | <b>33-1/3% support tests—2019.</b> If t line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization   | , check this box        | and <b>stop here.</b> Th | e organization qu   | ialifies as a public | cly supported organ | ization ►        |

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### **Section A. All Supporting Organizations**

|     |   |     | Yes | No |
|-----|---|-----|-----|----|
| 1   | Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.   | 1   |     |    |
| 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).  | 2   |     |    |
| За  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.   | 3a  |     |    |
| 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 <b>Part VI</b> when and how the organization made the determination.   | 3b  |     |    |
| 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 <b>Part VI</b> what controls the organization put in place to ensure such use.  | 3c  |     |    |
| 4a  | Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.   | 4a  |     |    |
| b   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  | 4b  |     |    |
| 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 <b>Part VI</b> 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.   | 4c  |     |    |
| 5a  | Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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). | 5a  |     |    |
| 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?   | 5b  |     |    |
| c   | Substitutions only. Was the substitution the result of an event beyond the organization's control?  | 5c  |     |    |
| 6   | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b> .   | 6   |     |    |
| 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).   | 7   |     |    |
| 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).   | 8   |     |    |
| 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 <b>Part VI</b> .   | 9a  |     |    |
| 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 <b>Part VI.</b>  | 9b  |     |    |
| 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 <b>Part VI.</b>   | 9с  |     |    |
| 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)? If 'Yes,' answer line 10b below.  | 10a |     |    |
| 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.).   | 10b |     |    |

| Part | t IV                             | Supporting Organizations (continued)   |        |         |     |
|------|----------------------------------|--|--------|---------|-----|
| 11   | Lloc t                           | the examination eccented a gift or contribution from any of the following persons?   |        | Yes     | No  |
|      |                                  | the organization accepted a gift or contribution from any of the following persons?  son who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,  |        |         |     |
| -    |                                  | overning body of a supported organization?   | 11a    |         |     |
| b    | A fan                            | nily member of a person described in line 11a above?   | 11b    |         |     |
|      |                                  | controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .  | 11c    |         |     |
| Sect | tion I                           | B. Type I Supporting Organizations   |        |         |     |
| 1    | Did #                            | to governing body, members of the governing body, officers acting in their official capacity, or membership of one   |        | Yes     | No  |
| '    | or mo<br>office<br>organ<br>than | ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported nization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees   |        |         |     |
|      |                                  | g the tax year.  | 1      |         |     |
| 2    | that o                           | the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.  | 2      |         |     |
| Sect | tion (                           | C. Type II Supporting Organizations  |        |         |     |
|      |                                  |  |        | Yes     | No  |
| 1    | Were                             | a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees  |        |         |     |
|      |                                  | orting organization was vested in the same persons that controlled or managed the supported organization(s).   | 1      |         |     |
| Sect | tion I                           | D. All Type III Supporting Organizations   |        |         |     |
| 1    | Did #                            | the examination provide to each of its supported examinations, by the last day of the fifth month of the   |        | Yes     | No  |
| '    | organ                            | nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  |        |         |     |
|      |                                  | body of a supported organization?  lentity of a person described in line 11a above?  lentity of a person described in line 11a above?  lentity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.  lentity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.  lentity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.  Yes  Supporting Organizations  In goody, members of the governing body, officers acting in their official capacity, or membership of one order organization save the power to regularly appoint or elect at least a majority of the organization had more do among the supported organizations and what controlled the organization is activities. If the organization had more do among the supported organizations and what conditions or restrictions, if any, applied to such powers (year.  1 capacity or controlled the supported organization other than the supported organization(s) supervised, or controlled the supported organization(s) that operated, supervised, or controlled the garnization of the supported organization(s). that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supported organization(s).  2 Is Supporting Organizations  ye of the organization's directors or trustees during the tax year also a majority of the directors or trustees organization's supported organization(s).  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Ye |        |         |     |
| 2    | Were                             | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported  |        |         |     |
| _    | organ                            | nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s).  | 2      |         |     |
| 3    | Ry re:                           | ason of the relationship described in line 2, above, did the organization's supported organizations have a significant   |        |         |     |
| Ū    | voice                            | in the organization's investment policies and in directing the use of the organization's income or assets at   |        |         |     |
|      |                                  | is regard.   | 3      |         |     |
| Sect | tion I                           | E. Type III Functionally Integrated Supporting Organizations   |        |         |     |
| 1    | Check                            | k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |        |         |     |
| а    | Пт                               | The organization satisfied the Activities Test. Complete line 2 below.   |        |         |     |
| b    | Πт                               | The organization is the parent of each of its supported organizations. Complete line 3 below.  |        |         |     |
| С    | Πт                               | he organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see   | instrı | ıctions | s). |
| •    | Λ - 1::                          | The Tark Annual Case Or and Oh halves  | ĺ      |         |     |
|      |                                  |  |        | Yes     | No  |
| а    | organ<br>respo                   | substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> nizations and explain how these activities directly furthered their exempt purposes, how the organization was possive to those supported organizations, and how the organization determined that these activities constituted   |        |         |     |
|      | subst                            | tantially all of its activities.   | 2a     |         |     |
| b    | more                             | he activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the   |        |         |     |
|      |                                  | ons for the organization's position that its supported organization(s) would have engaged in these activities<br>or the organization's involvement.  | 2b     |         |     |
| 3    | Parer                            | nt of Supported Organizations. <i>Answer lines 3a and 3b below.</i>  |        |         |     |
|      | Did th                           | the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>If 'Yes' or 'No,' provide details in <b>Part VI.</b></i>  | 3a     |         |     |
| b    | Did th                           | ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.  | 3b     |         |     |

| Pa  | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga  | anizati           | ons  |  |
|-----|--|-------------------|--|--|
| 1   | Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization                                | t on No<br>ns mus | v. 20, 1970 (explain in<br>t complete Sections A | n Part VI). <b>See</b><br>A through E. |
| Sec | tion A – Adjusted Net Income   | (A) Prior Year    | (B) Current Year<br>(optional)                   |  |
| 1   | Net short-term capital gain  | 1                 |  |  |
| 2   | Recoveries of prior-year distributions   | 2                 |  |  |
| 3   | Other gross income (see instructions)  | 3                 |  |  |
| 4   | Add lines 1 through 3.   | 4                 |  |  |
| 5   | Depreciation and depletion   | 5                 |  |  |
| 6   | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6                 |  |  |
| _ 7 | Other expenses (see instructions)  | 7                 |  |  |
| 8   | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)   | 8                 |  |  |
| Sec | tion B — Minimum Asset Amount  |                   | (A) Prior Year                                   | (B) Current Year<br>(optional)         |
| 1   | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |                   |  |  |
|     | Average monthly value of securities  | 1a                |  |  |
|     | Average monthly cash balances  | 1b                |  |  |
|     | Fair market value of other non-exempt-use assets   | 1c                |  |  |
|     | d Total (add lines 1a, 1b, and 1c)   | 1d                |  |  |
|     | e Discount claimed for blockage or other factors (explain in detail in Part VI):   |                   |  |  |
| 2   | Acquisition indebtedness applicable to non-exempt-use assets   | 2                 |  |  |
| 3   | Subtract line 2 from line 1d.  | 3                 |  |  |
| 4   | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).   | 4                 |  |  |
| 5   | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5                 |  |  |
| 6   | Multiply line 5 by 0.035.  | 6                 |  |  |
| 7   | Recoveries of prior-year distributions   | 7                 |  |  |
| 8   | Minimum Asset Amount (add line 7 to line 6)  | 8                 |  |  |
| Sec | tion C — Distributable Amount  |                   |  | Current Year                           |
| 1   | Adjusted net income for prior year (from Section A, line 8, column A)  | 1                 |  |  |
| 2   | Enter 0.85 of line 1.  | 2                 |  |  |
| 3   | Minimum asset amount for prior year (from Section B, line 8, column A)   | 3                 |  |  |
| 4   | Enter greater of line 2 or line 3.   | 4                 |  |  |
| 5   | Income tax imposed in prior year   | 5                 |  |  |
| 6   | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  | 6                 |  |  |
| 7   | Check here if the current year is the organization's first as a non-functionally inte (see instructions).  | egrated           | Type III supporting or                           | ganization                             |

Schedule A (Form 990 or 990-EZ) 2020

BAA

| ★ V   Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (cont                                      | inued)   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| ection D – Distributions   |  |  |  |  |  |  |  |
| Part V   Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)   Section D - Distributions |  |  |  |  |  |  |  |
|  | 2  |  |  |  |  |  |  |
| Administrative expenses paid to accomplish exempt purposes of supported organizations                                    | 3  |  |  |  |  |  |  |
| Amounts paid to acquire exempt-use assets  | 4  |  |  |  |  |  |  |
| Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)                                   | 5  |  |  |  |  |  |  |
| Other distributions (describe in Part VI). See instructions.   | 6  |  |  |  |  |  |  |
| Total annual distributions. Add lines 1 through 6.   | 7  |  |  |  |  |  |  |
| Distributions to attentive supported organizations to which the organization is responsive (provide details              |  |  |  |  |  |  |  |
| in <b>Part VI</b> ). See instructions.   | 8  |  |  |  |  |  |  |
| Distributable amount for 2020 from Section C, line 6   | 9  |  |  |  |  |  |  |
| Line 8 amount divided by line 9 amount   | 10   |  |  |  |  |  |  |
|  | Amounts paid to supported organizations to accomplish exempt purposes  Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organizations  Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)  Other distributions (describe in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  Distributable amount for 2020 from Section C, line 6 | Amounts paid to supported organizations to accomplish exempt purposes  Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organizations  Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)  Other distributions (describe in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  Bistributable amount for 2020 from Section C, line 6 |  |  |  |  |  |

| Section E — Distribution Allocations (see instructions)   | (i)<br>Excess<br>Distributions | (ii)<br>Underdistributions<br>Pre-2020 | (iii)<br>Distributable<br>Amount for 2020 |
|---|--------------------------------|--|---|
| 1 Distributable amount for 2020 from Section C, line 6  |                                |  |   |
| 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.   |                                |  |   |
| 3 Excess distributions carryover, if any, to 2020   |                                |  |   |
| <b>a</b> From 2015  |                                |  |   |
| <b>b</b> From 2016  |                                |  |   |
| <b>c</b> From 2017  |                                |  |   |
| <b>d</b> From 2018  |                                |  |   |
| <b>e</b> From 2019  |                                |  |   |
| f Total of lines 3a through 3e  |                                |  |   |
| <b>g</b> Applied to underdistributions of prior years   |                                |  |   |
| h Applied to 2020 distributable amount  |                                |  |   |
| i Carryover from 2015 not applied (see instructions)  |                                |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                                |  |   |
| 4 Distributions for 2020 from Section D, line 7: \$   |                                |  |   |
| a Applied to underdistributions of prior years  |                                |  |   |
| <b>b</b> Applied to 2020 distributable amount   |                                |  |   |
| c Remainder. Subtract lines 4a and 4b from line 4.  |                                |  |   |
| 5 Remaining underdistributions for years prior to 2020, if any.<br>Subtract lines 3g and 4a from line 2. For result greater than<br>zero, explain in Part VI. See instructions. |                                |  |   |
| 6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                      |                                |  |   |
| 7 Excess distributions carryover to 2021. Add lines 3j and 4c.  |                                |  |   |
| 8 Breakdown of line 7:  |                                |  |   |
| a Excess from 2016  |                                |  |   |
| <b>b</b> Excess from 2017   |                                |  |   |
| c Excess from 2018  |                                |  |   |
| d Excess from 2019  |                                |  |   |
| e Excess from 2020  |                                |  |   |
| DAA   |                                | Calcada A (Fa                          | 000 000 EZ\ 200                           |

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Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section 4, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### 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 ASSOCIATION OF DOMINICAN CLASSICAL ARTISTS, INC. 13-3843597 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate value of contributions to (during year). . . . . . Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Yes **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements. 2 a **b** Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a)..... d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?..... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1..... **b** Assets included in Form 990, Part X.....

| Part III Organizations Maintaining Cone  | ctions of Art, fist                  | orical freasures, or            | Other Sillillar As           | sets (Continu | ueu)     |  |  |  |  |  |  |  |  |
|--|--------------------------------------|---------------------------------|------------------------------|---------------|----------|--|--|--|--|--|--|--|--|
| 3 Using the organization's acquisition, accession, a items (check all that apply):   | <u> </u>                             | ,                               | nake significant use of its  | collection    |          |  |  |  |  |  |  |  |  |
| a Public exhibition  | <b>—</b>                             | or exchange program             |                              |               |          |  |  |  |  |  |  |  |  |
| <b>b</b> Scholarly research  | e Other                              | -                               |                              |               |          |  |  |  |  |  |  |  |  |
| c Preservation for future generations  |                                      |                                 |                              |               |          |  |  |  |  |  |  |  |  |
| <ul> <li>4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.</li> <li>5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets</li> </ul> |                                      |                                 |                              |               |          |  |  |  |  |  |  |  |  |
| to be sold to raise funds rather than to be ma   | intained as part of the o            | rganization's collection        | ?                            | Yes           | No       |  |  |  |  |  |  |  |  |
| Escrow and Custodial Arrangen   line 9, or reported an amount on   | Form 990, Part X,                    | line 21.                        | swered Yes on Fo             | orm 990, Pa   | rt IV,   |  |  |  |  |  |  |  |  |
| 1 a Is the organization an agent, trustee, custodia on Form 990, Part X?   |                                      |                                 | er assets not included       | Yes           | No       |  |  |  |  |  |  |  |  |
| <b>b</b> If 'Yes,' explain the arrangement in Part XIII a  | and complete the following           | ng table:                       |                              |               |          |  |  |  |  |  |  |  |  |
|  |                                      |                                 |                              | Amount        |          |  |  |  |  |  |  |  |  |
| <b>c</b> Beginning balance   |                                      |                                 | 1c                           |               |          |  |  |  |  |  |  |  |  |
| <b>d</b> Additions during the year   |                                      |                                 | 1 d                          |               |          |  |  |  |  |  |  |  |  |
| e Distributions during the year  |                                      |                                 | 1 e                          |               |          |  |  |  |  |  |  |  |  |
| <b>f</b> Ending balance  |                                      |                                 | 1f                           |               |          |  |  |  |  |  |  |  |  |
| 2 a Did the organization include an amount on Fo   | rm 990, Part X, line 21,             | for escrow or custodial         | account liability?           | Yes           | No       |  |  |  |  |  |  |  |  |
| <b>b</b> If 'Yes,' explain the arrangement in Part XIII.   | Check here if the explai             | nation has been provide         | ed on Part XIII              |               |          |  |  |  |  |  |  |  |  |
|  |                                      |                                 |                              | <u>.</u>      |          |  |  |  |  |  |  |  |  |
| Part V Endowment Funds. Complete if  | the organization ar                  | swered 'Yes' on Fo              | orm 990, Part IV, li         | ne 10.        |          |  |  |  |  |  |  |  |  |
| (a) Current  |                                      |                                 |                              | (e) Four yea  | rs back  |  |  |  |  |  |  |  |  |
| 1 a Beginning of year balance  |                                      | , , ,                           | , ,                          |               |          |  |  |  |  |  |  |  |  |
| <b>b</b> Contributions   |                                      |                                 |                              |               |          |  |  |  |  |  |  |  |  |
|  |                                      |                                 |                              |               |          |  |  |  |  |  |  |  |  |
| c Net investment earnings, gains, and losses   |                                      |                                 |                              |               |          |  |  |  |  |  |  |  |  |
| ·  |                                      |                                 |                              |               |          |  |  |  |  |  |  |  |  |
| e Other expenditures for facilities and programs   |                                      |                                 |                              |               |          |  |  |  |  |  |  |  |  |
| f Administrative expenses  |                                      |                                 |                              |               |          |  |  |  |  |  |  |  |  |
| <b>q</b> End of year balance   |                                      |                                 |                              |               |          |  |  |  |  |  |  |  |  |
| 2 Provide the estimated percentage of the curre  | nt vear end balance (lir             | ne 1g. column (a)) held         | as:                          | L             |          |  |  |  |  |  |  |  |  |
| a Board designated or quasi-endowment ►  | %                                    | 3,                              |                              |               |          |  |  |  |  |  |  |  |  |
| b Permanent endowment ► %  |                                      |                                 |                              |               |          |  |  |  |  |  |  |  |  |
| c Term endowment ► %   |                                      |                                 |                              |               |          |  |  |  |  |  |  |  |  |
| The percentages on lines 2a, 2b, and 2c should e   | Janal 100%                           |                                 |                              |               |          |  |  |  |  |  |  |  |  |
| The percentages of lines 2a, 2b, and 2c should e   | quai 100 %.                          |                                 |                              |               |          |  |  |  |  |  |  |  |  |
| 3a Are there endowment funds not in the possession   | of the organization that a           | are held and administered       | d for the                    | V             | T N-     |  |  |  |  |  |  |  |  |
| organization by:   |                                      |                                 |                              | Yes           | No       |  |  |  |  |  |  |  |  |
| (i) Unrelated organizations  |                                      |                                 |                              | 3a(i)         | <u> </u> |  |  |  |  |  |  |  |  |
| (ii) Related organizations   |                                      |                                 |                              | 3a(ii)        |          |  |  |  |  |  |  |  |  |
| <b>b</b> If 'Yes' on line 3a(ii), are the related organization   | •                                    |                                 |                              | 3b            |          |  |  |  |  |  |  |  |  |
| 4 Describe in Part XIII the intended uses of the   |                                      | ent funds.                      |                              |               |          |  |  |  |  |  |  |  |  |
| Part VI Land, Buildings, and Equipment   |                                      |                                 |                              |               |          |  |  |  |  |  |  |  |  |
| Complete if the organization ans   | wered 'Yes' on Fori                  | m 990, Part IV, line            | e 11a. See Form 99           | 90, Part X, I | ine 10.  |  |  |  |  |  |  |  |  |
| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book v    | alue     |  |  |  |  |  |  |  |  |
| <b>1 a</b> Land  |                                      |                                 |                              |               |          |  |  |  |  |  |  |  |  |
| <b>b</b> Buildings   |                                      |                                 |                              |               |          |  |  |  |  |  |  |  |  |
| c Leasehold improvements   |                                      |                                 |                              |               |          |  |  |  |  |  |  |  |  |
| <b>d</b> Equipment   |                                      | 5,985.                          | 5,985.                       |               | 0.       |  |  |  |  |  |  |  |  |
| e Other  |                                      | 3,303.                          | 3,303.                       |               | υ.       |  |  |  |  |  |  |  |  |
| Total. Add lines 1a through 1e. (Column (d) must ea  | gual Form 900 Dart V                 | column (R) line 10c \           | <b>&gt;</b>                  |               |          |  |  |  |  |  |  |  |  |
| Total. Add lines to through te. (Coldinii (a) Must et  | quai i Uiiii 330, Fail A, I          | Columni (6), Illie 10C.)        |                              |               | 0.       |  |  |  |  |  |  |  |  |

BAA Schedule D (Form 990) 2020

| Investments - Other Securities.<br>  Complete if the organization answered   | l'Ves' on Form 991        | N/A<br>D. Part IV line 11b. See Form 99   | 00 Part V line 12     |
|--|---------------------------|---|-----------------------|
| (a) Description of security or category (including name of security)   | (b) Book value            | (c) Method of valuation: Cost or end-of-  |                       |
| (1) Financial derivatives  | (B) Book value            | (C) motilod of valuation, cost of ond of  | your market value     |
| (2) Closely held equity interests.   |                           |   |                       |
| (3) Other  |                           |   |                       |
| (A)  |                           |   |                       |
| <u>`</u><br>(B)  |                           |   |                       |
| (C)  |                           |   |                       |
| (D)  |                           |   |                       |
| (E)  |                           |   |                       |
| (F)  |                           |   |                       |
| (G)  |                           |   |                       |
| <br>(H)  |                           |   |                       |
| <br>(I)  |                           |   |                       |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)   |                           |   |                       |
| Part VIII Investments - Program Related.   |                           | N/A                                       |                       |
| Complete if the organization answered  |                           | 0, Part IV, line 11c. See Form 99         | 00, Part X, line 13   |
| (a) Description of investment  | (b) Book value            | (c) Method of valuation: Cost or end-     | of-year market value  |
| (1)  |                           |   |                       |
| (2)  |                           |   |                       |
| (3)  |                           |   |                       |
| (4)  |                           |   |                       |
| (5)  |                           |   |                       |
| (6)  |                           |   |                       |
| (7)  |                           |   |                       |
| (8)  |                           |   |                       |
| (9)<br>(10)  |                           |   |                       |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •   | -                         |   |                       |
| Part IX Other Assets.  | N/A                       |   |                       |
| Complete if the organization answered  | l 'Yes' on Form 990       | 0, Part IV, line 11d. See Form 99         | 0, Part X, line 15    |
|  | scription                 |   | <b>(b)</b> Book value |
| (1)  |                           |   |                       |
| (2) (3)  |                           |   |                       |
| (4)  |                           |   |                       |
| (5)  |                           |   |                       |
| (6)  |                           |   |                       |
| (7)  |                           |   |                       |
| (8)  |                           |   |                       |
| (9)  |                           |   |                       |
| (10)   |                           |   |                       |
| Total. (Column (b) must equal Form 990, Part X, column (   | B) line 15.)              |   |                       |
| Part X Other Liabilities.  | 000 Dart IV I: 1          | 1 11f Can Faure 000 Dart V Line 05        |                       |
| Complete if the organization answered 'Yes' on F   | form 990, Part IV, line I | Te or 11t. See Form 990, Part X, line 25. | (h) Dook volue        |
| 1. (a) Descr<br>(1) Federal income taxes   | ірноп от павінцу          |   | <b>(b)</b> Book value |
| (2) SBA EDIL LOAN PAYABLE  |                           |   | 10,000.               |
| (3)  |                           |   | 10,000.               |
| (4)  |                           |   |                       |
| (5)  |                           |   |                       |
| (6)  |                           |   |                       |
| (7)  |                           |   |                       |
| (8)  |                           |   |                       |
| (9)  |                           |   |                       |
| (10)   |                           |   |                       |
| (11)   |                           |   | 40.000                |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)   |                           |   | 10,000.               |
| 2. Liability for uncertain tax positions. In Part XIII, provide the text of the fotax positions under FASB ASC 740. Check here if the text of the footnote has |                           | · · · · · · · · · · · · · · · · · · ·     |                       |

| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re  | eturn. N/A  |
|---|-------------|
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.   |             |
| 1 Total revenue, gains, and other support per audited financial statements  | 1           |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:   |             |
| a Net unrealized gains (losses) on investments  |             |
| b Donated services and use of facilities  |             |
| c Recoveries of prior year grants   |             |
| d Other (Describe in Part XIII.)  |             |
| e Add lines 2a through 2d.  | 2 e         |
| 3 Subtract line 2e from line 1.   | 3           |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:  |             |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a   |             |
| b Other (Describe in Part XIII.) 4b   |             |
| c Add lines 4a and 4b   | 4 c         |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  | 5           |
|   | Return. N/A |
| , ,   | T . T       |
| I Total expenses and losses per addited illiaridal statements   |             |
|   |             |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:   |             |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities  |             |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities   |             |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities   |             |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities. 2 a  b Prior year adjustments. 2 b  c Other losses. 2 c  d Other (Describe in Part XIII.) 2 d  | 20          |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities   | 2e          |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities   | 2 e 3       |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities   |             |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities   |             |
| 1 Total revenue, gains, and other support per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments. b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d. 2 Subtract line 2e from line 1. 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments. c Other losses. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: |             |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities   | 3<br>4c     |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2020

#### **SCHEDULE M** (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

20

21

23

24

25 26

27

28

Other ►

Other ►

Other ►

**b** If 'Yes.' describe in Part II.

Types of Property

Taxidermy.....

Historical artifacts....

Scientific specimens.....

Archeological artifacts.....

ASSOCIATION OF DOMINICAN CLASSICAL ARTISTS, INC.

Employer identification number

13-3843597

(a) (b) (c) (d) Method of determining noncash contribution amounts Chèck if Number of Noncash contribution applicable contributions or amounts reported on Form 990, items contributed Part VIII, line 1g Art — Works of art..... Art — Historical treasures..... Art - Fractional interests..... Books and publications..... 4 5 Clothing and household goods..... 6 7 Boats and planes..... 8 Intellectual property..... 9 Securities - Closely held stock..... Securities - Partnership, LLC, or trust interests. 11 Securities - Miscellaneous..... Qualified conservation contribution -13 Historic structures ..... Qualified conservation contribution — Other. . . . . 14 Χ 15 1,272. FMV Real estate - Commercial..... Χ 16 1 200,000. 17 Real estate – Other..... 18 19 Food inventory.....

organization completed Form 8283, Part V, Donee Acknowledgement ...... 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?..... 30 a **b** If 'Yes,' describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?.... 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?.... 32 a

describe in Part II. BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Number of Forms 8283 received by the organization during the tax year for contributions for which the

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2020

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

BAA TEEA4602L 08/18/20 Schedule M (Form 990) 2020

#### SCHEDULE O (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.

► Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ASSOCIATION OF DOMINICAN CLASSICAL ARTISTS, INC.

Employer identification number 13-3843597

#### Form 990, Part I, Line 1 - Organization Mission or Significant Activities

FOUNDED IN 1980 BY PIANIST TILSIA BRENS, THE ASSOCIATION OF DOMINICAN CLASSICAL ARTISTS, INC. ADCA'S MISSION IS TO PROMOTE AND FOSTER APPRECIATION FOR CLASSICAL MUSIC, IT'S COMPOSERS, AND INTERPRETERS FROM THE DOMINICAN REPUBLIC AND LATIN AMERICA, THROUGH PERFORMING ART AND FOLKLORE. ADCA BRINGS LIVE PERFORMANCES OF CLASSICAL, FOLKLORIC AND TRADITIONAL LATIN AMERICAN MUSIC TO IT IMMEDIATE COMMUNITY AND NEW YORK CITY AS A WHOLE.

#### Form 990, Part III, Line 1 - Organization Mission

FOUNDED IN 1980 BY PIANIST TILSIA BRENS, THE ASSOCIATION OF DOMINICAN CLASSICAL ARTISTS, INC. ADCA'S MISSION IS TO PROMOTE AND FOSTER APPRECIATION FOR CLASSICAL MUSIC, IT'S COMPOSERS, AND INTERPRETERS FROM THE DOMINICAN REPUBLIC AND LATIN AMERICA, THROUGH PERFORMING ART AND FOLKLORE. ADCA BRINGS LIVE PERFORMANCES OF CLASSICAL, FOLKLORIC AND TRADITIONAL LATIN AMERICAN MUSIC TO IT IMMEDIATE COMMUNITY AND NEW YORK CITY AS A WHOLE.

#### Form 990, Part III, Line 4a - Program Service Accomplishments

THE WASHINGTON HEIGHTS COMMUNITY CONSERVATORY OF FINE ARTS HAS AS ITS MISSION, TO ENRICH THE LIVES OF CHILDREN IN WASHINGTON HEIGHTS, INWOOD AND HARLEM. THESE COMMUNITIES HAVE BEEN HISTORICALLY UNDERSERVED IN THE AREAS OF MUSIC AND ART INSTRUCTION. WE OFFER AN INCLUSIVE CULTURALLY SENSITIVE ENVIRONMENT FOUNDED ON THE BELIEF THAT INSTRUCTION IN THE ARTS STRENGTHENS ACADEMIC PERFORMANCE AND TRANSFORM THE LIVES OF CHILDREN REGARDLESS OF THEIR SOCIOECONOMIC BACKGROUND. BECAUSE OF THE PANDEMIC COVID-19 AFTER MARCH 2020 WE OFFERED DISTANT OR REMOTE LEARNING. 98 STUDENTS ENROLLED IN VARIOUS DEPARTMENT UNDER OUR RIGOROUS 6-YEARS CURRICULUM DURING THIS FISCAL YEAR. WE ALSO HAD OUR CASA PROJECT LOCATED AT GREGORIO LUPERON HIGH SCHOOL. WE WERE GIVEN THE OPPORTUNITY TO OFFER A FREE SPANISH AND ENGLISH MUSIC AND FINE ARTS

Employer identification number 13-3843597

#### Form 990, Part III, Line 4a - Program Service Accomplishments

HIGH SCHOOL WERE ACCEPTED INTO OUR PROGRAM. THE MUSIC PROGRAM PROVIDED PRIVATE INSTRUCTIONS, AND THEORETICAL TRAINING TO THESE STUDENTS. BECAUSE OF THE PANDEMIC WE WERE ONLY ABLE TO PRESENT ONE VIRTUAL CONCERT AT THE END OF THE SCHOOL YEAR. WE USE YOUTUBE TO SHOWCASE THE CONCERT. THE END OF THE YEAR CONCERT TOOK PLACE VIRTUALLY JUNE 25TH, 2020 WHERE THEY PLAYED STANDARDS FROM THE CLASSICAL MUSIC CANON AND PERFORMED LATIN AMERICAN CLASSICAL WORKS AND ARRANGEMENTS FROM LATIN AMERICAN FOLK MUSIC.

#### Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

THE ASSOCIATIONS CERTIFICATE AND BY-LAWS PROVIDES THAT, AT EACH ANNUAL MEETING, THE BAORD OF DIRECTORS SHALL ELECT DIRECTORS TO HOLD OFFICE UNTIL THE NEXT ANNUAL MEETING. THE BOARD OF DIRECTORS SHALL THEN HAVE THE POWER AND RIGHT TO CONTROL AND MANAGE THE AFFAIRS AND PROPERTIES OF ADCA SUBJECT TO APPLICABLE LAWS AND AS SET FORTH IN THE CERTIFICATE OF INCORPORATION AND BY-LAWS. EACH DIRECTOR HAS ONE VOTE, AND A VOTE OF MAJORITY SHALL REPRESENT THE ACTION OF THE BOARD.

#### Form 990, Part VI, Line 11b - Form 990 Review Process

THE COMPLETED FORM 990 IS FIRST REVIEWED BY THE EXECUTIVE DIRECTOR AND THE DIRECTOR OF FINANCE AND ADMINISTRATION. IT IS THEN SENT TO THE ASSOCIATIONS BOARD CHAIRMAN AND TREASURER FOR FINAL REVIEW. THE TREASURER UPDATES THE REST OF THE BOARD ON THIS PROCESS AND PROVIDES THEM WITH COPIES, PRIOR TO FILING.

#### Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

EACH MEMBER IS REQUIRED TO DISCLOSE ANY RELEVANT CONFLICT OF INTEREST UPON ELECTION OR APPOINTMENT. EACH DIRECTOR SHALL CERTIFY THE CONFLICT OF INTEREST POLICY BY SIGNING A DISCLOSURE STATEMENT AT THE BEGINNING OF EACH FISCAL YEAR.

### Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

THE BOARD REVIEWS THE COMPENSATION AND PERFORMANCE OF THE EXECUTIVE DIRECTOR AT THE END OF EACH FISCAL YEAR. THE BOARD BY A MAJORITY OF VOTE, APPROVES SUCH COMPENSATION

Name of the organization ASSOCIATION OF DOMINICAN CLASSICAL ARTISTS, INC.

Employer identification number 13-3843597

#### Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management (continued)

FOR THE EXECUTIVE DIRECTOR, COMPARED AGAINST OTHER COMPARABLE AT THE BEGINNING OF EACH FISCAL YEAR. THE BOARD LOOK AT OTHER SIMILAR ORGANIZATIONS WITHIN THE COMMUNITY. THE EXECUTIVE DIRECTOR DOES THE SAME IN DETERMINING HIS STAFFS SALARIES AND OTHER COMPENSATION.

#### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

THE ASSOCIATION'S FORMS 990 ARE AVAILABLE ON IT WEBSITE. IT FINANCIAL STATEMENTS AND OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

#### Form 990, Part XII, Line 2 - Change of Oversight or Selection Process

THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

6/30/21

## **2020 Federal Book Depreciation Schedule**

ASSOCIATION OF DOMINICAN CLASSICAL ARTISTS, INC.

Page 1

13-3843597

| <u>No.</u> _ | Description<br>190/990-PF     | Date<br><u>Acquired</u> . | Date<br>Sold | Cost/<br>Basis | Bus.<br>Pct. | Cur<br>179<br>Bonus | Special<br>Depr.<br>Allow. | Prior<br>179/<br>Bonus/<br>Sp. Depr. | Prior<br>Dec. Bal.<br>Depr. | Salvage<br>/Basis<br>Reductr | Depr.   | Prior<br><u>Depr.</u> | <u>Method</u> | Life Rat | Current<br>e Depr. |
|--------------|-------------------------------|---------------------------|--------------|----------------|--------------|---------------------|----------------------------|--------------------------------------|-----------------------------|------------------------------|---------|-----------------------|---------------|----------|--------------------|
| Mach         | hinery and Equipment          |                           |              |                |              |                     |                            |                                      |                             |                              |         |                       |               |          |                    |
| 1 (          | Computers                     | 6/27/17                   |              | 5,985          |              |                     |                            |                                      |                             | ., - <u></u>                 | 5,985   | 5,985                 | S/L           | 3        | 0                  |
| 1            | Fotal Machinery and Equipment |                           |              | 5,985          |              | 0                   | 0                          |                                      | 0 (                         | )                            | 0 5,985 | 5,985                 |               |          | 0                  |
| 1            | Total Depreciation            |                           |              | 5,985          |              | 0                   | 0                          |                                      | 0 (                         | )                            | 0 5,985 | 5,985                 |               |          | 0                  |
| (            | Grand Total Depreciation      |                           |              | 5,985          |              | 0                   | 0                          |                                      | 0 (                         | )                            | 0 5,985 | 5,985                 |               |          | 0                  |

6/30/22

## **2021 Federal Book Depreciation Schedule**

ASSOCIATION OF DOMINICAN CLASSICAL ARTISTS, INC.

Page 1

13-3843597

| <u>No.</u> | Description<br>/990-PF     | Date<br><u>Acquired</u> _ | Date<br>Sold | Cost/<br>Basis | Bus.<br>Pct. | Cur<br>179<br>Bonus | Special<br>Depr.<br>Allow. | Prior<br>179/<br>Bonus/<br>Sp. Depr. | Prior<br>Dec. Bal.<br>Depr. | Salvage<br>/Basis<br>Reductn | Depr.<br>Basis | Prior<br>Depr. | <u>Method</u> J | Life Rate | Current<br>Depr. |
|------------|----------------------------|---------------------------|--------------|----------------|--------------|---------------------|----------------------------|--------------------------------------|-----------------------------|------------------------------|----------------|----------------|-----------------|-----------|------------------|
| Machine    | ery and Equipment          |                           |              |                |              |                     |                            |                                      |                             |                              |                |                |                 |           |                  |
| 1 Com      | puters                     | 6/27/17                   |              | 5,985          |              |                     |                            |                                      |                             |                              | 5,985          | 5,985          | S/L             | 3         | 0                |
| Tota       | ll Machinery and Equipment |                           |              | 5,985          |              | 0                   | 0                          | (                                    | ) (                         | 0                            | 5,985          | 5,985          |                 |           | 0                |
| Tota       | ll Depreciation            |                           |              | 5,985          |              | 0                   | 0                          | (                                    | ) (                         | 0                            | 5,985          | 5,985          |                 |           | 0                |
| Grar       | nd Total Depreciation      |                           |              | 5,985          |              | 0                   | 0                          | (                                    | ) (                         | ) 0                          | 5,985          | 5,985          |                 |           | 0                |