9314 7699 0430 0094 3350 92

Return of Organization Exempt From Income 188

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

Department of the Treasury Internal Revenue Service

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

A F	or the	2020 calendar year, or tax year beginning and e	ending		
B (Check if opplicable	C Name of organization		D Employer identific	cation number
	Addres	S OYATE GROUP			
	Name change	DRONY DICING INTERACTOR		82-36442	88
	Initial return		Room/suite	E Telephone number	
	Final return/	2183 THIRD AVE, APT 901		718-344-2	2930
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,012,250.	
	Ameno return	NEW TORK, NI 10033		H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: 10HAS RAMOS		for subordinates	?Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	r 527	1	list. See instructions
		e: > WWW.OYATEGROUP.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 2018 N	State of legal domicile: NY
P	art I	Summary	323 ME	ODOUD TO A A	TONDDORTM
ģ	1	Briefly describe the organization's mission or most significant activities: THE CONCANTION WITHIN THE MISSION TO ALLEY TABLE	L DOME	GROUP IS A I	TINC
Governance		ORGANIZATION WITH THE MISSION TO ALLEVIAT			
ern	2	Check this box if the organization discontinued its operations or dispose			eis.
90	3	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			3 2
ಂಗ		Total number of individuals employed in calendar year 2020 (Part V, line 1a)			1
Activities		Total number of volunteers (estimate if necessary)			8
χį		Total unrelated business revenue from Part VIII, column (C), line 12			0.
¥		Net unrelated business taxable income from Form 990-T, Part I, line 11		The second secon	0.
Revenue				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		0.	1,012,250.
	9	Program service revenue (Part VIII, line 2g)		0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0 .	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0 *	1,012,250.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	251,655.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
8	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	86,500.
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
X		Total fundraising expenses (Part IX, column (D), line 25)	0.	0.	73,358.
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0.	411,513.
	20.00	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		0.	600,737.
_ 4		Revenue less expenses. Subtract line 18 from line 12	P.o.	ginning of Current Year	End of Year
Assets or	20	Total assets (Part X, line 16)		0.	604,722.
ASSE	21	Total liabilities (Part X, line 16)		0.	3,985.
Net	-	Net assets or fund balances. Subtract line 21 from line 20		0.	600,737.
_	art II	Signature Block			
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
rue	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge,	<i>i</i>
		8-/-		14/14	122
Sig	n	Signature of officer		Date	
Hei	·e	TOMAS RAMOS, PRESIDENT & CEO			
_		Type or print name and title	- 17	Data las-t	I DTIN
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		BARRY LIEBERMAN BARRY LIEBERMAN	JU	4/07/22 self-employ	
	parer	Firm's name ANCHIN, BLOCK & ANCHIN LLP		Firm's EIN	13-0436940
use	Only	Firm's address 1375 BROADWAY NEW YORK, NY 10018-7001		Dhans as 21	2-840-3456
\A	i the II	RS discuss this return with the preparer shown above? See instructions		Friorite No. 2 1	X Yes No
		15 discuss this return with the preparer shown above? See instructions	ne		Form 990 (2020)

U.S. Postal Service® CERTIFIED MAIL® RECEIPT Domestic Mail Only

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9314	765	0.430	DDdd	3350	92

	7 2		
Certified Mail Fee	\$	3.75	
Return Receipt (Hardcopy)	\$.3.05	
Return Receipt (Electronic)	\$	0.00	
Certified Mail Restricted Deliv		0.00	
	\$	1.16	
Postage		7.96	
Total Postage and Fees	\$		

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027



Reference Information

Oyate Group 20 Form 990 798426.000000

PS Form 3800, Facsimile, July 2015

	1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Ţ.	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3	_	<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
	during the tax year? If "Yes," complete Schedule C, Part II	4	_	<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	022		v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	_	_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	_	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	_	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	_
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	X	
b	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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		X
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		X
16	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? If "Yes," complete Schedule F, Parts III and IV	16		X
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	17		X
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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	
03200	3 12-23-20	Form	990	(2020)

82-3644288

Did the organization answer "Yes" to Part VII, Section A, Ine 3. 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensation employees? "If "Yes," complete Schedule J. 24a 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 24ch through 24d and complete Schedule K. If "No." yo to line 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? defease any tax exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? defease any tax exempt bonds? Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? if "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? if "Yes," complete Schedule L, Part II 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 of entity for semily member of any of these persons? If "Yes," complete Schedule L, Part II 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 35% controlled antity including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II II Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part III II A Tamily member of any individual desc		Silver and the first the first and a major the complete consistence (Orminocy)		Yes	No
Part IX. column (A), Ine 2? If "Yes," complete Schedule, Parts I and III 2	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			110
22 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? ## "Yes," complete Schedule J 24 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 sucued after December 31, 2002? ## "Yes," answer lines 24b through 24d and complete Schedule K. If "No." yo to fine 25a 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization and an an "on behalf of" issuer for bonds outstanding at any time during the year? 27 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28 Section 501(34), 501(4), 404 501(4)(29) and 501(4)(29) arganizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person during the year? ## "Yes," complete Schedule L, Part ## 25 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 of remity member of any of these persons? ## "Yes," complete Schedule L, Part ## 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) or family member of any of these persons? ## "Yes," complete Schedule L, Part ## ## 10 Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part ## 10 Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part ## 10 Did the organization provide a grant or other ass			22	X	
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Schedule /. 24a 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? // "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds? 26 Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? defease any tax-evempt bonds? 27 did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28a Saction 601(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? // "Yes," complete Schedule L. Part 1 28b 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 Formas 950 or 990-E2? // "Yes," ormplete Schedule L. Part 1 29 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any ourrent or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of noting an employee thereof) or family member of any of these persons? // "Yes," complete Schedule L. Part II 20 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? // "Yes," complete Schedule L. Part II 21 Did the organization aparty to a business transaction with one of the following parties (see Schedule L. Part II) 22 A Saston forticity of one or more individuals sand/or organization described in lines 28a or 28b? // "Yes," complete Schedule II. Part II 22 A Saston forticity of the organization release to more than 2					
24a 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 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Saction 501(x)(3), 501(x)(4), and 501(x)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25b 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 with a disqualified person in a prior year, and that the transaction report any amount on Part X, line 5 or 22, for receivables from or payables to any oursent or formen softice, director, trustee, key employee, creator or forder, director, trustee, key employee, creator or forder, director, trustee, key employee, creator or forder, director, trustee, key employee, creator or former officer, director, trustee, key employee, organization payariation and propries Schedule L, Part II Did the organization and propries thereofy or family member of any of these persons? If 'Yes,' complete Schedule L, Part II Was the organization and propries thereofy or family member of any of these persons? If 'Yes,' complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and ex			23		X
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 2 b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 2 b Section 501(54), 501(54), 40 and 501(64)94 and 501(64)94 and 501(64)94, and 50	24 a				
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d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 23a 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 2 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 2 5 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 formed friber, director, trustee, key employee, creator or formed frounder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 2 27 Did the organization provide a girant 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 for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 2 b A family member of any individual described in line 288? If "Yes," complete Schedule L, Part IV 2 c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule M 2 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 2 Did the organization oreceive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M,	•		24c		
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 2 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-E2? If "Yes," complete Schedule L, Part I 2 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 of refully member of any of these persons? If "Yes," complete Schedule L, Part II 2 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 fenciluding an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II 2 Did 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): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 2 A 58% controlled entity of one or more individual dascribed in line 28a? If "Yes," complete Schedule L, Part IV 2 A 58% controlled entity of one or more individual dascribed in line 28a? If "Yes," complete Schedule M 3 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 3 Did the organization liquidate, terminate, or dissorbed as separate from the organization under Regulation contributions? If "Yes," complete Schedule R, Part I II 2 Did the organization own 100% of an entity disregarde	ч		24d		
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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-E27 // it "Yes," complete Schedule L, Part I 28 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, creatro or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? // it "yes," complete Schedule L, Part II 29 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creatro or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity fincluding an employee thereof) or family member of any of these persons? // if "yes," complete Schedule L, Part II 28 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 10	200		25a		X
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Schedule L, Part I 20 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? If "Yes," complete Schedule L, Part II 21 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 IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV "Yes," complete Schedule L, Part IV "Yes," complete Schedule II, Part IV, III III, III, III, III, III, III,	D				
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? If "Yes," complete Schedule L, Part II 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 IV 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 29 instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 2 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 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 31 Did the organization in sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 Did the organization osell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N 33 Did the organization osell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N 34 Vas the organization had a controlled entity within the mean			25b		X
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creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a \$5% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV has family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV has family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV has family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV has family member of any individual sand/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV has family member of any individual sand/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV has fore organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M has been deviced in lines 28a or 28b? If "Yes," complete Schedule M has been deviced in lines 28a or 28b? If "Yes," complete Schedule M has been deviced in liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I has organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I has been deviced and the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I has been deviced by the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iline 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iline 2 36 Section 501(c)(3) organizations. Did the organization recei	07				
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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): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV			27		X
instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 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. 2 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 31 Did the organization individuate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 33 Did the organization oven 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 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, Iine 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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, Iine 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 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	00				
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 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 2 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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? If "Yes," complete Schedule R, Part I 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 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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? If "Yes," complete Schedule R, Part V, line 2 38 Did the organization complete Schedule O and provide explanations in Sche	20				
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"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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? If "Yes," complete Schedule R, Part I 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, Iine 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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, Iine 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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? If "Yes," complete Schedule R, Part VI 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 Deat V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a			200		
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 So Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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, Iine 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 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? If "Yes," complete Schedule R, Part VI Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V La Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	C		28c		х
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b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	_	Estable number reported in Box 2 of Form 1006. Enter 0, if not applicable		163	140
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?)		
(gambling) winnings to prize winners?		Enter the number of Forms W-2d included in line 1a. Enter 40-11 not applicable			
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Form	990 (2020) OYATE GROUP t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	82-3644	288	Р	age 5
	Otatements regarding other mer image and rax compliance (commised)		_	Yes	No
2a	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 1		Yes	No
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	X	
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
За			За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 6		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
44	financial account in a foreign country (such as a bank account, securities account, or other financial account		4a		х
_		Joodin, management	10		
D	If "Yes," enter the name of the foreign country See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	ecounts (ERAD)			
-			5a		х
	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.	tion?	5b	1	X
b			5c	1	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		30		_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				x
	any contributions that were not tax deductible as charitable contributions?		6a	 	
Ь	If "Yes," did the organization include with every solicitation an express statement that such contribution				1
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				7
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	-	X
	The state of the s		7b	-	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				,,
	to file Form 8282?		7c	-	X
d		7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7 <u>g</u>		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?	>	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	0.04			Į.
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	10 12			
а	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
		12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.				
b	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	13b			
С		13c	-		
14a		1001	14a		Х
i4a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		1		1
15	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	***************************************	-,5		
46	Is the organization an educational institution subject to the section 4968 excise tax on net investment	tincome?	16		х
16	If "Yes." complete Form 4720, Schedule O.	income?			

13240407 757753 J184102

OYATE GROUP 82-3644288 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 3 1a 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. 2 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 X 8a The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization 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 16a taxable entity during the year? 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? 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. X Another's website X Upon request Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records TOMAS RAMOS - 718-344-2930 NEW YORK,

032006 12-23-20

2183 3RD AVENUE, APT 901,

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 See instructions for the order in which to list the persons above.

Check this box if neither the organization no	neither the organization nor any related organization compensa						sate	ed any current officer, d	rector, or trustee.	
(A)	(B)							(D)	(E)	(F)
Name and title	Average	(C) Position (do not check more than one			l than c	na.	Reportable	Reportable	Estimated	
	hours per	box.	box, unless person is officer and a director.		n is both an		compensation	compensation	amount of	
	week	_	cer an	nd a d	irecto	ctor/trustee)		from	from related	other
	(list any	ecto						the	organizations	compensation
	hours for	늉	به			sted		organization	(W-2/1099-MISC)	from the
	related	stee	ruste			pens		(W-2/1099-MISC)		organization and related
	organizations	nal tru	onal		lg lg	ee ee				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	E E	Highest compensated amployee	Former			Organizations
(1) TOMAS RAMOS	40.00	트	트	P	13	江南	<u></u>			
PRESIDENT/CEO	40.00	x		X	1			77,884.	0.	0.
(2) LILLIAN AL-BILALI	0.25	-		-	\vdash			,,		
DIRECTOR/SECRETARY		x						0.	0.	0.
(3) TAWFIQUE RAJA	0.25				Г	Г				
DIRECTOR/TREASURER		x						0	0.	0.
-										
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Form 990 (2020)

rai	Section A. Officers, Directors, Tru	stees, Key Emp	oloy	ees,	and	HIS	gnes	CO	impensated Employee	s (continuea)		_	_	_
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do not check mo				than o		Reportable	Reportable			mated	
		hours per week					is both or/trus		compensation from	compensation from related	' I	-	ount o ther	PΤ
		(list any	ā			П	Г		the	organizations		comp		ion
		hours for	rdirec				pa		organization	(W-2/1099-MIS	C)	from the		
		related	stee o	rustee			ensat		(W-2/1099-MISC)			organization		
		organizations below	la tru	onal t		ployee	Ee ee					and organ	relate	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	orm or				organ	1124110	
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			1	1			1	┖	77,884.		0.			0.
	Subtotal								0.		0.			0.
	Total from continuation sheets to Part								77,884.		0.			0.
	Total (add lines 1b and 1c) Total number of individuals (including but	not limited to the	0000	liete	ad al	hov	a) wh	10 rs		000 of reportable	_			-
2	compensation from the organization	not innited to ti	1036	illott	ou a	DOV	G) WI	1010	ocivoa moro man proo	,ooo or roportubio				0
	compensation from the organization		_										Yes	No
3	Did the organization list any former office	er, director, trus	tee,	key	emp	oloye	e, o	r hig	hest compensated emp	loyee on				
•	line 1a? If "Yes," complete Schedule J for											3		Х
4	For any individual listed on line 1a, is the													
	and related organizations greater than \$1										extense:	4		X
5	Did any person listed on line 1a receive of	r accrue compe	nsat	ion 1	from	any	y unr	elate	ed organization or indivi	dual for services				
	rendered to the organization? If "Yes." co	mplete Schedu	le J	for s	uch	per	son					5		X
Sec	tion B. Independent Contractors							_						
1	Complete this table for your five highest of	compensated in	dep	ende	ent c	ont	racto	ors tl	hat received more than	\$100,000 of comp	ensat	tion fro	m	
	the organization. Report compensation for	r the calendar y	/ear	endi	ng v	with	or w	ithir		ear.			_	_
	(A) Name and busines	ac addrass	ът	O B T	т				(B) Description of	services	C	(C) compen) satio	n
_	Name and busines	35 audi 635	IA	ON	<u> </u>				Doddingston of	50.7.000				
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										- 1				
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-														
2	Total number of independent contractors	(including but i	not l	imite	ed to	the	ose li	stec	l above) who received m	ore than				
_	\$100,000 of compensation from the orga						0		•					

Form **990** (2020)

12 Total revenue, See instructions	rai	LV	111	Statement of Nevertue	a in this Dart VIII			
Total. Add lines Tani. Total.	-			Check if Schedule O contains a response of note to any life		(B)	(C)	(D)
1 a Federated campaigns 1a					Total revenue			
By Membership dues D						function revenue	Dusiness revenue	
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032000 12-23-20					H, ULZ, 230			Form 990 (2020)

Form 990 (2020) OYATE GROUP Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a response	or note to any line in t	his Part IX	**************	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations	40 -40	10 513		
and domestic governments. See Part IV, line 21	10,513.	10,513.		
Grants and other assistance to domestic		041 140		
individuals. See Part IV, line 22	241,142.	241,142.		
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,	00 100	70 560	0 622	
trustees, and key employees	80,192.	70,569.	9,623.	
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	6 000	F FF4	757	
10 Payroll taxes	6,308.	5,551.	757.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,		00.440	E E04	
column (A) amount, list line 11g expenses on Sch 0.)	38,900.	33,119.	5,781.	
12 Advertising and promotion	1,204.	1,177.	27.	
13 Office expenses	5,089.	4,478.	611.	
14 Information technology				
15 Royalties				
16 Occupancy			100	
17 Travel	5,677.	5,551.	126.	
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	654.	576.	78.	
23 Insurance				
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 0.)	10.000	40.000		
a PROGRAM EXPENSES	13,977.	13,977.	4.45	
b SUPPLIES	6,669.	6,522.	147.	
c PAYROLL FEES	1,188.	1,188.		
d				
e All other expenses			1 - 1 - 1	
25 Total functional expenses. Add lines 1 through 24e	411,513.	394,363.	17,150.	0
26 Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				1
educational campaign and fundraising solicitation.				1
Check here if following SOP 98-2 (ASC 958-720)				Form 990 (202

J1841021

Par	t X						
		Check if Schedule O contains a response or not	e to any l	ne in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		TALLOW WE HAVE WITH DAY ON DO NOT THE PARTY.	0.	1	593,435.
	2	Savings and temporary cash investments				2	100
	3	Pledges and grants receivable, net				3	
		100000000000000000000000000000000000000		4			
- 1	4	Accounts receivable, net Loans and other receivables from any current or					
- 1	5	trustee, key employee, creator or founder, subst					
-1				5			
- 1	_	controlled entity or family member of any of thes					
	6	Loans and other receivables from other disquali		6			
	_	under section 4958(f)(1)), and persons described		7			
ន្ត	7	Notes and loans receivable, net				8	
Assets	8	Inventories for sale or use			9		
٩	9	Prepaid expenses and deferred charges	1			9	
	10a		l l	0 436		4	
- 1		basis. Complete Part VI of Schedule D	10a	9,436.	0.	40-	8,782
- 1	þ	. S			0.	10c	0,702
- 1	11	Investments - publicly traded securities		- Marie Secretary Control Communication of the Control of the Cont		11	
- 1	12	Investments - other securities. See Part IV, line		Annual Control of the		12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		0	14	2,505	
- 1	15	Other assets. See Part IV, line 11		0.	15	604,722	
_	16	Total assets. Add lines 1 through 15 (must equ	0.	16			
- 1	17	Accounts payable and accrued expenses			0.	17	1,500
	18	Grants payable		18			
- 1	19	Deferred revenue		19			
-	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete	Part IV o	Schedule D		21	
y	22	Loans and other payables to any current or form					
<u> </u>		trustee, key employee, creator or founder, subs	tantial co	ntributor, or 35%			
Liabilities		controlled entity or family member of any of the	se persor	s		22	
֡֡֡֞֞֡֜֞֜֞֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡	23	Secured mortgages and notes payable to unrela	ated third	parties		23	
	24	Unsecured notes and loans payable to unrelate	d third pa	rties		24	
	25	Other liabilities (including federal income tax, pa	yables to	related third		1 1	
		parties, and other liabilities not included on line	s 17-24).	Complete Part X			- 40=
- 1		of Schedule D			0.	25	2,485
	26	Total liabilities. Add lines 17 through 25			0.	26	3,985
		Organizations that follow FASB ASC 958, cho	eck here	► X			
နွ		and complete lines 27, 28, 32, and 33.					
ا <u>م</u> ا	27	Net assets without donor restrictions	**********	**************************************		27	600,737
Ra	28	Net assets with donor restrictions				28	
힏		Organizations that do not follow FASB ASC 9	58, che	k here 🕨 🔲			
2		and complete lines 29 through 33.					
P	29	Capital stock or trust principal, or current funds	1000000000			29	
Sets	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		A CONTRACTOR IN	0.	32	600,737
~	33	Total liabilities and net assets/fund balances			0.	33	604,722

Comm	990 (2020) OTATE GROOT			7 645			
Par	TXI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		******	****	Щ		
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments		,012 41	2,25 1,51 0,73	13.		
9	Other changes in net assets or fund balances (explain on Schedule O)	9			<u> </u>		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	60	0,73	37.		
Pai	column (B)) t XIII Financial Statements and Reporting	10		,			
	Check if Schedule O contains a response or note to any line in this Part XII			NOW.			
				Yes	No		
1 2a	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 Were the organization's financial statements compiled or reviewed by an independent accountant?	D.	2a	H A	X		
h	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: Separate basis Consolidated basis Both consolidated and separate basis						
c	b Were the organization's financial statements audited by an independent accountant? 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: X Separate basis Consolidated basis Both consolidated and separate basis 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?		2c		X_		
За	If the organization changed either its oversight process or selection process during the tax year, explain on School As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Act and OMB Circular A-133?	edule O. gle Audit	3a		х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	006			
			Form	990	(2020)		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

QUZU
Open to Public Inspection

Name of the organization

Employer identification number

82-3644288 OYATE GROUP Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN in your govern (described on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions)) 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					-	
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					1012250.	1012250.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	ĺ.					
	the organization without charge				(
	Total. Add lines 1 through 3					1012250.	1012250.
	The portion of total contributions						
	by each person (other than a					1 7 7 7 7	
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						979,755.
6	Public support. Subtract line 5 from line 4.						32,495.
	tion B. Total Support						
_	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1012250.	1012250.
8	Gross income from interest,						,
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1					
9	Net income from unrelated business						
9	activities, whether or not the				1		
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1012250.
12	Gross receipts from related activities	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	he organization's f	irst, second, third	, fourth, or fifth tax	year as a section	501(c)(3)	
13	organization, check this box and sto						▶X
Sec	ction C. Computation of Publ	ic Support Per	rcentage	***************************************			
14	Public support percentage for 2020 (line 6, column (f), o	divided by line 11	, column (f)		14	%
15	Public support percentage from 2019	9 Schedule A, Part	II, line 14			15	%
16=	33 1/3% support test - 2020. If the	organization did n	ot check the box	on line 13, and line	14 is 33 1/3% or	more, check this bo	x and
	stop here. The organization qualifies				na		
ŀ	33 1/3% support test - 2019. If the	organization did n	ot check a box or	line 13 or 16a, an	d line 15 is 33 1/3	% or more, check th	nis box
	and stop here. The organization qua	difies as a publicly	supported organi	zation			
17:	10% -facts-and-circumstances tes	t - 2020. If the or	ganization did no	t check a box on lir	ne 13, 16a, or 16b	, and line 14 is 10%	or more,
	and if the organization meets the fac	ts-and-circumstand	ces test, check th	is box and stop h	ere. Explain in Pa	rt VI how the organi	zation
	meets the facts-and-circumstances to						
ı	10% -facts-and-circumstances tes	t - 2019. If the or	ganization did no	t check a box on lir	ne 13, 16a, 16b, o	r 17a, and line 15 is	10% or
•	more, and if the organization meets t	the facts-and-circuit	mstances test, ch	eck this box and	stop here. Explai	n in Part VI how the	
	organization meets the facts-and-circ	cumstances test. T	he organization o	ualifies as a public	ly supported orga	nization	
18	Private foundation. If the organizati	on did not check a	box on line 13. 1	6a, 16b, 17a, or 17	b, check this box	and see instruction	s
.0	The state of the s					hedule A (Form 99	

Schedule A (Form 990 or 990-EZ) 2020 OYATE GROUP 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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 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 per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-				l .		
	in an extended file				1	1	
							
4	Tax revenues levied for the organ-				1		
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						1
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	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		1	1			
	amount on line 13 for the year						
	Add lines 7a and 7b		Later State				
	Public support. (Subtract line 7c from line 6.)					4	
_	A SANCTHANCE AND A CONTROL OF THE PARTY OF T	4 1 0040	4.10047	(=) 0010	(4) 2010	(e) 2020	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(6) 2020	(i) Iotai
	Amounts from line 6				+		
10a	Gross income from interest, dividends, payments received on				1		
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses	İ				1	
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business				1		
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain			1			7
12	or loss from the sale of capital						
	assets (Explain in Part VI.)		4	-	+	+	
	Total support. (Add lines 9, 10c, 11, and 12.)		1		1	504()(0)	
14	First 5 years. If the Form 990 is for the						
80	check this box and stop herection C. Computation of Publi	c Support Pa	rcentage	****************			
	Public support percentage for 2020 (li			column (f)		15	%
15						16	%
16	Public support percentage from 2019	Schedule A, Par	Dorcentage			10	
Se	ction D. Computation of Inves				`	17	%
17							%
18	Investment income percentage from	2019 Schedule A	, Part III, line 17		market and the tree	18	
19	a 33 1/3% support tests - 2020. If the	organization did	not check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and line	
	more than 33 1/3%, check this box ar						
-	o 33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che	ck this box and	stop here. The org	anization qualifies	as a publicly supp	orted organization	·
20	- A CONTROL OF THE STATE OF THE						
	00.04.05.04						90 or 990-EZ) 2020

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
20		
3a		
3b		
3c		
4a		
4b		
1 - 6		
1		
4c		
1 7		
5a		
5b		
5c		
N-		
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7		0 00
8		
9a		
Ja		
9b		
9c		
10a		
.,,,		
10b		
990 or 9	90-EZ	2) 2020

	t IV Supporting Organizations (continued)			
100000			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
C	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	1.		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			1
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			10
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	10.00		0
	supervised, or controlled the supporting organization.	2		
Sec	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	Y IE		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	_1_		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
_	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	-			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations		-	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		-	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		1	
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
-	these activities but for the organization's involvement.	20		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
i.i.	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu-	st complete S	Sections A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	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		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
-	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
_	Total (add lines 1a, 1b, and 1c)	1d		
	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		
	ion 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	Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
•	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	anization (see
	instructions).			·

Schedule A (Form 990 or 990-EZ) 2020

Pari	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations (continu	ed)	Aled Tools and
Section	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity			2	
	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		3	
	Amounts paid to acquire exempt-use assets			4	
_	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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 th	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
	Distributable amount for 2020 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
10	Lario o arridar a director sy miles a	(i)	(ii)		(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ıs	Distributable Amount for 2020
1_	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7:				
а	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2020, if				
-	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
•	and 4c.				
ρ.	Breakdown of line 7:				
	Excess from 2016				
_	Excess from 2017				
	Excess from 2018				
d	Excess from 2019				
-	EVOCCC IFOR ALTAI				

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization

OYATE GROUP

Employer identification number

82-3644288

Organization type (check one): Section: Filers of: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule Tor an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

OYATE GR	CO	U	Ρ
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82-3644288

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	MICHAEL JENKINS 270 BROADWAY, APT 26 NEW YORK, NY 10007	\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	MICHAEL JENKINS 270 BROADWAY, APT 26 NEW YORK, NY 10007	\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	VANGUARD CHARITABLE FUND P.O. BOX 9509 WARWICK, RI 02889	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Employer identification number

OYATE GROUP

82-3644288

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	-					
	F	\$	÷			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$	-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	(<u> </u>	_				
	3					
		\$	0-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\\$	990, 990-EZ, or 990-PF) (

Employer identification number

	GD OUD				82-3644288
YATE Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional states.	through (e) and the following that the following that the following the	- li o-t-: [ov	nonizotionn	at total more than \$1,000 for the year
a) No.	Ose duplicate copies of Part III if additional s	space is fleeded.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held
	Transferee's name, address, an	(e) Transfe		lationship of tra	nsferor to transferee
	Transferoe a manie, addition edge at				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held
	Transferee's name, address, ar	(e) Transford ZIP + 4		elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	cription of how gift is held
		(e) Transf	er of gift		
	Transferee's name, address, and ZIP + 4			elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Desc	cription of how gift is held
	20 20 20	(e) Transf			
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee
	-				

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

OYATE GROUP

Employer identification number 82-3644288

Par	Organizations Maintaining Donor Advised	Funds or Other Similar Funds of	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.	
7		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's e	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Par			art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		All the state of t
	Preservation of land for public use (for example, recreat	, <u> </u>	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	Held at the End of the Tax Year
	day of the tax year.		
	Total number of conservation easements		
b			
C	Number of conservation easements on a certified historic stru	icture included in (a)	20
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		1111111
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year >		
4	Number of states where property subject to conservation eas	edia manitaring inspection handling of	
5	Does the organization have a written policy regarding the per		Yes No
_	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,	holds?	
6	Starr and volunteer nours devoted to monitoring, inspecting,	markding of violations, and officially conta	, , , , , , , , , , , , , , , , , , ,
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	ion easements during the year
7	\$	ing or violatione, and other and other	3
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(r	n)(4)(B)(i)
0	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
•	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial stateme	nts that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her 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 95	8, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these item	s.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance 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	vo	
2	If the organization received or held works of art, historical tre		l gain, provide
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		• • • • • • • • • • • • • • • • • • •
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"		1b. See Form 990, Part X, line 12.	of violat montret violate
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	or-year market value
1) Financia	al derivatives			
2) Closely	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.	- The state of the		
	Complete if the organization answered "Yes"		11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end	of year market value
	(a) Description of investment	(b) Book value	(c) Method of Valdation. Cost of end	-or-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	5			
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.		44 L O . E	
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
	(a)	Description		(b) Book value
(1)				•
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Coll	umn (b) must equal Form 990. Part X. col. (B) lin	e 15.)		
Part X	Other Liabilities.	5 000 Dad W See	11 - av 116 See Form 000 Port V line 25	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	Tie or Til. See Form 990, Part A, line 25	(b) Book value
1	(a) Description of liability			(B) Book value
	deral income taxes	T		2,485.
	ALARIES AND WAGES PAYABL	<u>E</u>		2,303.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		Plant		2 405
Total. (Col	lumn (b) must equal Form 990. Part X. col. (B) lir	ne 25.)	>	2,485.
2. Liabilit	y for uncertain tax positions. In Part XIII, provid	e the text of the footnote t	o the organization's financial statements t	nat reports the
organi	zation's liability for uncertain tax positions unde	r FASB ASC 740. Check h	ere if the text of the footnote has been pr	ovided in Part XIII
			Sch	nedule D (Form 990) 2020

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification 82-364	
OYATE GRO							02 304	4200
Part I General Information on Grants a				1 . 12 . 12 . 12 . 12 .	fth	stones and the releast	ion	
Does the organization maintain records t								□No
criteria used to award the grants or assis	tance?					*************	11000000	
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	tunds in the United	States.		/aa" an Farm 000 Par	t IV line 21 for any	
Part II Grants and Other Assistance to I	Domestic Organiz	ations and Domestic	Governments.	omplete it the orga	anization answered	res on Folini 990, Fai	t IV, IIIIe Z I, IOI ally	
recipient that received more than \$				ed.	(f) Method of	(g) Description of	(h) Purpose of gr	rant
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	noncash assistance		
MATTERS OF SPORTS ATHLETIC LEAGUE								
275 W 238TH ST APT 5H								
BRONX, NY 10463	83-2360507	501(C)(3)	10,000.	0.			GENERAL SUPPORT	
2 Enter total number of section 501(c)(3) a			ne line 1 table					1.
3 Enter total number of other organization						*************	Cabadula MEs	
LHA For Paperwork Reduction Act Notice	e, see the Instruct	tions for Form 990.					Schedule I (Form	990) 2020

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
A - COVID-19 - SMALL BUSINESS RELIEF	29	194,000.	0.		
B - COVID-19 - CASH SUPPORT FOR NEEDY INDIVIDUALS	445	17,142.	0.		
C - SCHOLARSHIP PROGRAM - HIGH SCHOOL STUDENTS					
LIVING IN THE BRONX	14	30,000.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
SCHEDULE I PAGE 2 PART III LINE 1					
A (COVID-19 - SMALL BUSINESS RELIE	F) - AT T	HE BEGINNI	NG OF THE	COVID-19	
PANDEMIC, THE ORGANIZATION OPERATE					
BUSINESSES WITH FUNDING TO ASSIST					
IMPACTED BY THE PANDEMIC. AS PART (
ORGANIZATION ENGAGED IN OUTREACH II	N LOCAL C	OMMUNITIES	S IN BRONX,	NEW	
YORK, TO DETERMINE WHICH LOCAL BUS	INESSES W	ERE STRUGO	LING WITH	THE	
ECONOMIC EFFECTS OF THE PANDEMIC.	THE ORGAN	IZATION TH	HEN MADE GR	ANTS TO	
THESE SMALL BUSINESSES IN THE RANGE	E OF \$2,0	00 TO \$15,	,000 TO HEL	ıP	

Part IV | Supplemental Information

ALLEVIATE THE ECONOMIC HARDSHIPS THAT PREVENTED ESTABLISHMENTS FROM RE-OPENING.

PART 1, LINE 1 (A - COVID-19 - SMALL BUSINESS RELIEF): OYATE GROUP

MAINTAINS RECORDS TO SUBSTANTIATE THE AMOUNT OF GRANTS GIVEN. THE

ORGANIZATION UNDERTOOK A PROCESS TO MAINTAIN RECORDS SHOWING OBJECTIVE

CRITERIA FOR DISTRIBUTING ASSISTANCE TO INDIVIDUALS OF THESE SMALL

BUSINESSES. INFORMATION WAS PROVIDED BY VARIOUS COMMUNITY LEADERS WITH

PERSONAL KNOWLEDGE OF THE CIRCUMSTANCES OF EACH RECIPIENT. THESE

COMMUNITY LEADERS PERFORMED NEEDS BASED ASSESSMENTS TO VERIFY WHETHER

THE POTENTIAL RECIPIENTS HAD ACCESS TO OTHER FUNDS, INCLUDING FEDERAL

AND STATE GOVERNMENTAL AGENCIES, BEFORE RECOMMENDING THEM TO RECEIVE

FUNDS FROM OYATE GROUP. THE PURPOSE OF THE GRANTS GIVEN WAS TO COMBAT

COMMUNITY DETERIORATION BY PROVIDING SUPPORT TO OWNERS OF COMMUNITY

BUSINESSES WHICH HAVE BEEN SIGNIFICANTLY IMPACTED BY COVID-19. MANY OF

THESE BUSINESSES IMPACTED BY THE PANDEMIC WERE ALSO VICTIMS OF LOOTING

PROTESTS IN THE COMMUNITY ON JUNE 3, 2020.

PART I, LINE 2 (A - COVID-19 - SMALL BUSINESS RELIEF): SINCE THE FUNDS

WERE GIVEN UNDER COVID-19 DISASTER RELIEF TO COMMUNITY BUSINESSES THAT

QUALIFIED FOR ASSISTANCE, THERE WAS NO NEED TO MONITOR THE USE OF THE

FUNDS.

SCHEDULE I PAGE 2 PART III LINE 2

B (COVID-19 - CASH SUPPORT FOR NEEDY INDIVIDUALS) - ON MARCH 13, 2020

PRESIDENT TRUMP DECLARED A NATIONAL EMERGENCY CONCERNING COVID-19. IN

RESPONSE TO THE PANDEMIC, OYATE GROUP DISTRIBUTED GIFT CARDS THROUGHOUT

THE SOUTH BRONX TO NEEDY INDIVIDUALS TARGETING AREAS IN AND AROUND

032291 04-01-20 HOMELESS SHELTERS AND METHADONE CLINICS. IN ADDITION, \$6,000 WAS PROVIDED TO A NEEDY INDIVIDUAL FOR BASIC NECESSITIES OF LIFE.

PART 1, LINE 1 (B - COVID-19 - CASH SUPPORT FOR NEEDY INDIVIDUALS):

OYATE GROUP MAINTAINS RECORDS TO SUBSTANTIATE THE AMOUNT OF GRANTS

GIVEN. WE BELIEVE THE PRESENCE OF AN INDIVIDUAL AT A HOMELESS SHELTER

OR METHADONE CLINIC IS OBJECTIVE EVIDENCE THAT SUCH INDIVIDUAL IS

FINANCIALLY OR OTHERWISE NEEDY. IN REGARDS TO THE \$6,000 GIVEN TO THE

NEEDY INDIVIDUAL, INFORMATION WAS PROVIDED BY A COMMUNITY LEADER WITH

PERSONAL KNOWLEDGE OF THE CIRCUMSTANCES OF THE RECIPIENT. THIS

COMMUNITY LEADER PERFORMED A NEEDS BASED ASSESSMENT TO VERIFY WHETHER

THE POTENTIAL RECIPIENT HAD ACCESS TO OTHER FUNDS, INCLUDING FEDERAL

AND STATE GOVERNMENTAL AGENCIES, BEFORE RECOMMENDING HER TO RECEIVE

FUNDS FROM OYATE GROUP

PART I, LINE 2 (B - COVID-19 - CASH SUPPORT FOR NEEDY INDIVIDUALS):

SINCE THESE PAYMENTS WERE GIVEN TO THESE NEEDY INDIVIDUALS TO BE USED

FOR THE BASIC NECESSITIES OF LIFE AS A RESULT OF THE COVID-19 PANDEMIC,

THE ORGANIZATION IS NOT REQUIRED TO MONITOR THE USE OF THE FUNDS.

SCHEDULE I PAGE 2 PART III LINE 3

C (SCHOLARSHIP PROGRAM-HIGH SCHOOL STUDENTS LIVING IN THE BRONX) - THE

ORGANIZATION OPERATES A SCHOLARSHIP PROGRAM FOR UNDERPRIVILEDGED HIGH

SCHOOL STUDENTS LIVING IN BRONX, NEW YORK, ENTERING THEIR FRESHMAN YEAR

OF COLLEGE. APPLICANTS FILL OUT AN APPLICATION ON THE ORGANIZATION'S

WEBSITE TO BE SUBMITTED FOR CONSIDERATION. UPON REVIEW OF APPLCIATIONS,

A COMMITTEE MADE UP OF DIRECTORS OF THE ORGANIZATION, LOCAL EDUCATORS,

COMMUNITY MEMBERS, AND PARENTS, REVIEW THE APPLICATIONS AND SELECT THE

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Part IV	Supp	lemental	Information

PART 1, LINE 1 (C - SCHOLARSHIP PROGRAM-HIGH SCHOOL STUDENTS LIVING IN
THE BRONX): OYATE GROUP MAINTAINS RECORDS TO SUBSTANTIATE THE AMOUNT OF
SCHOLARSHIPS GIVEN. THE CRITERIA TO BE ELIGIBLE IS (A) THEY NEED TO BE
SENIORS IN HIGH SCHOOL; (B) THEY NEED TO RESIDE IN BRONX COUNTY; (C)
THEY NEED TO PROVIDE PROOF OF ACCEPTANCE AT AN ACCREDITED UNDERGRADUATE
SCHOOL; AND (D) COMPLETE THE APPLICATION WITH TWO SHORT WRITTEN
RESPONSES; THE APPLICATIONS ARE ALL PROVIDED TO THE SCHOLARSHIP
SELECTION COMMITTEE WHICH IS MADE UP OF FIVE INDIVIDUALS WHO ARE
COMMUNITY MEMBERS AND EDUCATORS (AND NOT INVOLVED WITH THE OYATE GROUP
IN ANY LEADERSHIP CAPACITY); EACH COMMITTEE MEMBER RANKS ALL
APPLICATIONS IN ORDER OF PREFERENCE; THE TOP RANKING APPLICATIONS ARE
AWARDED SCHOLARSHIPS.

PART I, LINE 2 (C - SCHOLARSHIP PROGRAM-HIGH SCHOOL STUDENTS LIVING IN
THE BRONX): EACH SCHOLARSHIP REWARD IS PAID DIRECTLY. THE ORGANIZATION
PLANS TO IMPLEMENT FOR FUTURE YEARS SETTING UP AN AGREEMENT ON THE
APPLICATION WHERE A STUDENT AGREES TO REFUND THE SCHOLARSHIP AMOUNT
PAID IF THEY DO NOT ATTEND THE INSTITUTION OR DROP OUT BEFORE THE FIRST
YEAR IS ENDED.

SCHEDULE 0

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2020 Open to Public Inspection

Name of the organization

OYATE GROUP

 $\begin{array}{c} \textbf{Employer identification number} \\ 82-3644288 \end{array}$

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SUSTAINABLE AND HOLISTIC SOLUTIONS THAT EMPOWER UNDERSERVED COMMUNITIES
ALL ACROSS NEW YORK CITY. THE OYATE GROUP'S CURRENT SIGNIFICANT PROGRAM
ACTIVITIES INCLUDE (A) SCHOLARSHIP PROGRAM - THE ORGANIZATION CURRENTLY
OPERATES A SCHOLARSHIP PROGRAM FOR UNDERPRIVILEGED HIGH SCHOOL STUDENTS
LIVING IN BRONX, NEW YORK, ENTERING THEIR FRESHMAN YEAR OF COLLEGE. (B)
SMALL BUSINESS RELIEF - AT THE BEGINNING OF THE COVID-19 PANDEMIC, THE
ORGANIZATION OPERATED A PROGRAM OF PROVIDING SMALL LOCAL BUSINESS WITH
FUNDING TO ASSIST BUSINESSES THAT WERE NEGATIVELY IMPACTED BY THE
PANDEMIC.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FIRST IS TO EDUCATE AND INFORM, THE SECOND IS TO PROVIDE RESOURCES AND
SERVICES AND LASTLY TO CREATE SUSTAINABLE AND HOLISTIC STRUCTURES TO
EMPOWER OUR UNDERDEVELOPED COMMUNITES ALL ACROSS NEW YORK CITY.
FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
2020 WAS THE FIRST YEAR THAT OYATE GROUP WAS RUNNING PROGRAM
ACTIVITIES. PLEASE SEE LINES 4A - 4D FOR DESCRIPTION OF VARIOUS PROGRAM
SERVICES.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
20101 950 21202 222 225 2
TURKEY GIVEAWAY: THE ORGANIZATION DISTRIBUTED 600 TURKEYS TO FAMILIES
IN THE SOUTH BRONX FOR THANKSGIVING.
EXPENSES \$ 13,364. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

Schedule O (Form 990 or 990-EZ) 2020

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HOOPS IN THE SUN: THE ORGANIZATION SUPPORTED A SUMMER BASKEBALL LEAGUE

FOR YOUNG PEOPLE THAT PROVIDES BASKETBALL TRAINING AND MENTORING TO

AT-RISK INDIVIDUALS IN THE BRONX.

EXPENSES \$ 8,274. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

NON-PROFIT GRANTS- THE ORGANIZATION GAVE OUT \$10,513 IN GRANTS TO TWO
SPORTS ORGANIZATIONS IN THE BRONX.

EXPENSES \$ 17,396. INCLUDING GRANTS OF \$ 10,513. REVENUE \$ 0.

FORM 990, PART IV, LINE 12A

WE ARE CURRENTLY IN THE PROCESS OF PREPARING THE AUDITED FINANCIAL STATEMENTS.

FORM 990, PART VI, SECTION A, LINE 4:

THE OYATE GROUP FILED A DBA APPLICATION ON JULY 29, 2020 IN ORDER TO OPERATE UNDER THE NAME "BRONX RISING INITIATIVE".

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

ALL GOVERNING MEMBERS OF THE OYATE GROUP RECEIVED A COPY OF THE 990 BEFORE
IT WAS FILED.

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

DURING JUNE 2020 OYATE GROUP HELD AN INFORMAL BOARD MEETING TO APPROVE THE SALARY OF TOMAS RAMOS, PRESIDENT & CEO OF OYATE GROUP. TOMAS'S SALARY WAS DETERMINED USING COMPARABILITY DATA OF OTHER TAX-EXEMPT ORGANIZATIONS AND TOMAS WAS PRESENT AT THE MEETING. PLEASE BE ADVISED THAT AS OF DECEMBER

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Schedule O (Form 990 or 990-EZ) 2020

31, 2020, OYATE GROUP DID NOT HAVE PROFESSIONAL SERVICE PROVIDERS TO
PROVIDE GUIDANCE AS TO THE CORRECT PROCESS OF DETERMINING OFFICER

COMPENSATION. SUBSEQUENTLY, OYATE HIRED A LAW FIRM TO HELP THEM WORK ON
GOOD GOVERNANCE AND ALSO HELP THEM IMPROVE ITS INTERNAL CONTROLS GOING

FORWARD. THE LAW FIRM IS GIVING OYATE PROFESSIONAL ADVICE ON THE CORRECT

PROCESS FOR DETERMINING OFFICERS COMPENSATION WHICH INCLUDES REVIEW AND
APPROVAL BY INDEPENDENT PERSONS, NOT INCLUDING OFFICERS RECEIVING

COMPENSATION, COMPARABILITY STUDIES, AND OTHER PROPER METHODOLOGIES.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES

ARE AVAILABLE UPON REQUEST. IT'S AUDITED FINANCIAL STATEMENTS, ONCE

COMPLETED, WILL BE FILED WITH NEW YORK STATE AND AVAILABLE ON NEW YORK

STATE'S WEBSITE.

FORM 990, PART VI, SECTION B, LINE 12

THE ORGANIZATION DID NOT HAVE A WRITTEN CONFICT OF INTEREST POLICY IN

2020. HOWEVER, PART OF THE WORK WITH THE PROFESSIONAL ADVISORS HAS BEEN

TO HELP WITH BEST PRACTICES IN GOVERNANCE AND ADMINISTRATION. ONE OF

THESE ITEMS IS TO ADOPT A CONFLICT OF INTEREST POLICY IN 2021.

FORM 990, PART VI, SECTION B, LINE 13:

THE ORGANIZATION DID NOT HAVE A WRITTEN WHISTLEBLOWER POLICY IN 2020.

HOWEVER, PART OF THE WORK WITH THE PROFESSIONAL ADVISORS HAS BEEN TO

HELP WITH BEST PRACTICES IN GOVERNANCE AND ADMINISTRATION. ONE OF THESE

ITEMS IS TO ADOPT A WHISTLEBLOWER POLICY IN 2021.

FORM 990, PART VI, SECTION B, LINE 14

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	COMPUTER	07/16/20	SL	3.00	М	19A	4,281.				4,281.			654.	654.
2	COMPUTER	12/23/20	SL	3.00	М	19A	5,155.				5,155.			0.	
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT			-			9,436.				9,436.	0.		654.	654.
	* GRAND TOTAL 990 PAGE 10 DEPR						9,436.				9,436.	0		654.	654.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						0.			0,	0.	0.			0.
	ACQUISITIONS						9,436.			0.	9,436.	0.			654.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0,
	ENDING BALANCE						9,436.			0.	9,436.	0.			654.
	ENDING ACCUM DEPR				-							654.			
	ENDING BOOK VALUE											8,782.			
														in the	
13															
											1,345				T

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⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone