4	 T-000		Exempt Orgai	nization Rus	ino	ss Income T	av Baturn	. 1	OMB No	1545-0047	
Form	, <del>2</del> 59-1	•		nd proxy tax und			2006				
		For ca	lendar year 2019 or other tax yea	r beginning JUL 1,	20	19 , and ending JU	N 30, 202	0	- 20	019	
	rtment of the Treasury all Revenue Service		► Go to www. • Do not enter SSN number			ons and the latest informate de public if your organiza			Open to Put 501(c)(3) Or	blic Inspection for ganizations Only	
<b>A</b> [	Check box if address changed		Name of organization ( COUNCIL OF S	Check box if name c	hanged	and see instructions.)	.,,,,	(Empl	oyer identific oyees' trust ctions }	cation number t, see	
В Е	xempt under section	Print	ORGANIZATIO					2	3-71	55203	
_	] 501(c <b>@3</b> )	or	Number, street, and room		c, see ir	structions.			ated busines	ss activity code	
	408(e) 220(e)	Туре	141 EAST HUI					(066	isa dellono ;	,	
	408A530(a)		City or town, state or prov			n postal code	-	531:	120		
C Bo	ook value of all assets end of year		F Group exemption numb	er (See instructions )	<b>&gt;</b>						1
	4,692,5	08.	G Check organization type	e ► X 501(c) corp	oration	501(c) trust	401(a)	trust		Other trust	l
		-	ition's unrelated trades or b		1	Describe	the only (or first) un	related			
tra	ade or business here 🕽	► <u>RE</u>	AL PROPERTY I	RENTAL		If only one,	complete Parts I-V.	If more	than one,	,	
de	scribe the first in the b	lank spa	ice at the end of the previou	is sentence, complete Pa	rts I an	d II, complete a Schedule	M for each additiona	al trade	or		
	siness, then complete		*								
			poration a subsidiary in an a	* '.	ıt-subsı	diary controlled group?	<b>▶</b> L	Ye	s <u>X</u>	] No	
			tifying number of the paren					<u> </u>	<u> </u>	2100	
			YOLANDA PANZU de or Business Inc			<u> </u>	one number > 2				
<u> </u>			de or business inc	onie	Γ	(A) Income	(B) Expenses	1		(C) Net	į
_	Gross receipts or sale										
_	Less returns and allow			c Balance	1c						
<b>&gt;</b> 2	Cost of goods sold (S		•		2						
5 3 5 4	Gross profit. Subtract Capital gain net incon				3						
				4707)	4a				/		
	- , , ,		art II, line 17) (attach Form	4/9/)	4b			/			
ᄥᇩ <sup>ᅂ</sup>	Capital loss deduction			tach atatament\	4c	·					
ŧ.	, ,	•	ship or an S corporation (at	tach statement)	5 6						
5 6 7 7	Rent income (Schedu Unrelated debt-finance		no (Schadula E)		7	156,924.,	165,2	1 1		-8,290.	
တ္ပ်ို			ind rents from a controlled o	erganization (Schodule E)	8	130,724.	103,2	73.		0,250.	
9	•		on 501(c)(7), (9), or (17) or	-	9						
10	Exploited exempt acti			gamzanon (ocheodie d)	10						
11	Advertising income (S	-	•		11					<del> </del>	
12	Other income (See in:				12	,					
13	Total. Combine lines			/	13	156,924.	165,2	14.	-	-8,290.	
	rt II Deductio	ns No	ot Taken Elsewher	e (See instructions fo							
	(Deductions	must l	oe directly connected wi	th the unrelated busin	ess inc	come)					
14	Compensation of off	icers, di	rectors, and trustees (Sche	dule K)				14			
15	Salaries and wages							15			
16	Repairs and mainter	nance	/					16			
17	Bad debts							17			
18	Interest (attach sche	dule) (s	ee instructions)					18			
19	Taxes and licenses							19			,
20	Depreciation (attach	Form 4	562)			20					
21	Less depreciation cla	aimed o	n Schédule A and elsewhere	e on return		21a		216			
22	Depletion					DECE	VED	22			
23	Contributions to def		mpensation plans			RECEI	VED	23			
24	Employee benefit pr	/ -				2	S	24			
25	Excess exempt expe					APR 2 1	2021	25			
26	Excess readership c							26			
27	Other deductions (al					OGDEN	1 117	27			
28	Total deductions. A					gap-shirled birmed-rames (militarization)	·, U	28		0.	
29	/		ncome before net operating					29	-	-8,290.	
30		erating	loss arising in tax years beg	jinning on or after Janua	ry 1, 20	118				^	
. /	(see instructions)		<b>.</b>					30		0.	
31/			ncome Subtract line 30 fro					31		-8,290.	-
9237	01 01-27-20 LHA <b>F</b> e	or Papei	rwork Reduction Act Notice	, see instructions.					Form \$	990-T (2019)	f

38

		COUNCIL OF SPANISH SPEAKING ORGANIZATIONS INC	<u>23-</u>	7155203 Page 2
<b>IPart</b>		Total Unrelated Business Taxable Income		
32	Total d	f unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	82	-8,290.
33	Amoun	ts paid for disallowed fringes	33	
34	Charita	ble contributions (see instructions for limitation rules)	34	0.
35	Total u	nrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 63	35	-8,290.
36	Deduct	ion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of	f unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-8,290.
38	Specific	c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrela	ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		<del>-</del>
	enter th	ne smaller of zero or line 37	39	-8,290.
<b>IPart</b>	:IVI	Tax Computation 1	7	
40	Organi	zations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:		
	$\overline{}$	ax rate schedule or Schedule D (Form 1041)	41	
42		ax See instructions	42	
	-	tive minimum tax (trusts only)	43	
		Noncompliant Facility Income. See instructions	44	
		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
		Tax and Payments	1 10 1	
		tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a		
		redits (see instructions)	1	
		I business credit. Attach Form 3800 46c	1 <b>666</b>	
		or prior year minimum tax (attach Form 8801 or 8827)	1	
		redits. Add lines 46a through 46d	46e	
47		ct line 46e from line 45	47	0.
48		axes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
49		ux. Add lines 47 and 48 (see instructions)	49	0.
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
		nts: A 2018 overpayment credited to 2019	30	
		stimated tax payments $\frac{31a}{51b}$ $\frac{140.}{7,002.}$		
		posited with Form 8868 5fic	i de la composición della comp	
		organizations: Tax paid or withheld at source (see instructions)  51d		
		withholding (see instructions)  51e		
		or small employer health insurance premiums (attach Form 8941)  51f		
g	$\overline{}$	redits, adjustments, and payments: Form 2439	i de la lación de lación de la lación de lación de la lación de lac	
50		orm 4136 Other Total ▶ <b>51g</b>	7=0	7,150.
	-	ayments. Add lines 51a through 51g	152	7,130.
53		red tax penalty (see instructions). Check if Form 2220 is attached	53	<del></del>
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	7 150
		yment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	7,150.
		ne amount of line 55 you want Credited to 2020 estimated tax    7,150. Refunded   Statements Regarding Certain Activities and Other Information (see instructions)	56	0.
[Part				<del></del>
57		time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
		inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country		
	here	<u> </u>		$ \frac{X}{X}$
58		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
		see instructions for other forms the organization may have to file.		
59		ne amount of tax-exempt interest received or accrued during the tax year \$	dan and 5 : 1	
Sign		nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled prect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	ige and belie	a, it is true,
Here		14/8/2000 man	ay the IRS di	iscuss this return with
11010		7 H		hown below (see
			structions)?	X Yes No
		Print/Type preparer's name Preparer's signature Date Check II	f PTIN	
Paid	I	WILLIAM A. self- employed		
Prep	oarer	WILLIAM A. LOUGHERY LOUGHERY 03/23/21		1603932
Use	Only	Firm's name ► CLIFTONLARSONALLEN LLP Firm's EIN ►	41-	-0746749
	-	610 W GERMANTOWN PIKE, SUITE 400		
		Firm's address ► PLYMOUTH MEETING, PA 19462 Phone no. (		643-3900
923711	01-27-20		F	Form <b>990-T</b> (2019)

## COUNCIL OF SPANISH SPEAKING Form 990-T (2019) ORGANIZATIONS INC

Schedule A - Cost of Goods	Sold. Enter	method of invento	ory va	aluation N/A		<del></del>			
1 Inventory at beginning of year	1			Inventory at end of year	r		6		
2 Purchases	2			Cost of goods sold. Su		ıne 6			
3 Cost of labor	3			from line 5. Enter here		11	ı		
4 a Additional section 263A costs				line 2		,  -	7		
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?	·				
Schedule C - Rent Income (I (see instructions)	From Real	Property and	Pers	sonal Property L	ease	d With Real Prope	erty)		
Description of property						-			
(1)					<del></del>				
(2)								_	
(3)									
(4)									
	2. Rent receive	ed or accrued					<del></del>		
(a) From personal property (if the perco rent for personal property is more t 10% but not more than 50%)		of rent for pe	rsonal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	je	3(a) Deductions directly c columns 2(a) and	onnected with the I 2(b) (attach sched		
(1)									
(2)								· · ·	
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns 2 here and on page 1, Part I, line 6, column	., .,	ter <b>&gt;</b>			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Debt	t-Financed	Income (see in	stru	ctions)					
			2	. Gross income from		Deductions directly conne to debt-finance		ble	
1. Description of debt-fina	inced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other (attach s	deductions chedute)	S
					S	TATEMENT 2	STATEM	ENT	3
(1) RENTALS				205,829.		40,122.	17	76,58	<u>80.</u>
(2)	_								
(3)							<u> </u>		
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)     STATEMENT 4	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	<b>8</b> . Allocab (column 6 x t 3(a) a	otal of colu	
(1) 2,169,371.	2	845,621.		76.24%		156,924.	16	55,23	14.
(2)	-			%					
(3)				%					
(4)				%					
	STAT	EMENT 1				nter here and on page 1, Part I, line 7, column (A)	Enter here an Part I, line 7,		
Totals				<b>▶</b>		156,924.	16	55,23	14.
Total dividends-received deductions inc	luded in column	18							0.
							Forn	n <b>990-T</b> (	(2019)

Schedule F - Interest,	Annuities, Royal					ations	(see ins	struction	ns)
		Exem	pt Controlled C	rganızatı	ons				
Name of controlled organization	[ identif		t unrelated income (see instructions)	4. To	tal of specified ments made	includ	t of column 4 t ed in the contr ation's gross i	rolling	6. Deductions directly connected with income in column 5
(1)						<del>                                     </del>			<del></del>
<u>(1)</u> <u>(2)</u>						+-			
				<del>                                     </del>		+-			<del>-</del>
(3)						╁──			
(4) Nonexempt Controlled Organ			_ <del></del>	<u> </u>		<u> </u>			
7 Taxable Income	8. Net unrelated incor	ma (leas) O T	otal of specified pay		10. Part of colu	O that		11 0	
/ Taxable income	(see instruction		made	ments	in the control	ling organ is income	ization's		eductions directly connected h income in column 10
	<del>                                     </del>								<del></del>
(2)								-	
(3)									
(4)									· <del></del>
	_ <del></del>				A del make	E on	4 10		dd columns 6 and 11
					Add colui Enter here and line 8,		1, Part I,		here and on page 1, Part I, line 8, column (B)
Totals				•			0.		0.
Schedule G - Investme	ent Income of a	Section 501(c	(7), (9), or	17) Or	anization				
	tructions)			_ `	-				
1. Des	scription of income		2 Amount o	f income	3. Deduction directly connected (attach scheme)	ected	4 Set- (attach s	asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)					<u></u>	<u>-</u> -			(12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(2)									<del>-</del>
(3)		<del></del>	<del> </del>						
(4)				_					
(4)	- <del></del>		Enter here and	on page 1					Enter here and on page 1
			Part I, line 9, c						Part I, line 9, column (B)
Tatala				0.					ο.
Totals Schedule I - Exploited	Exempt Activity	Income Oth	er Than Ad		a Income				
(see instr					.go				
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net incor from unrelate business (c minus colun gain, compu througi	d trade or olumn 2 nn 3) If a te cols 5	5. Gross inc from activity is not unrela business inco	that ited	6. Exp attribut colui	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
/1\				-				_	
(1)	<del> </del>	<del>-</del>							
(2)	<del>                                     </del>						<u> </u>	_	
(3)									
	Enter here and on	Enter here and on							Enter here and
	page 1, Part I,	page 1, Part I,	i i						on page 1,
_	line 10, col (A)	line 10, col (B)							Part II, line 25
Totals	0.		0.		<u>.</u>			_	0.
Schedule J - Advertisi	•								
Partil   Income From	Periodicals Rep	orted on a Co	onsolidated 	Basis					
1 Name of periodical	2 Gross advertising income	3. Direct advertising co	or (loss) (o	rtising gain col 2 minus gain, comput through 7			6 Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)									
(2)									
(3)							-	_	
(4)									
Totals (carry to Part II, line (5))	<b>•</b>	0.	0.						0.
i otalo (ouris to i dit il, illio (d))		<u> </u>	<u> </u>		<u> </u>		L		Form <b>990-T</b> (201)

923731 01-27-20

Form 990-T (2019) ORGANIZATIONS INC

Partill Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)		,				
Totals from Part I	<b>)</b> 0.	0.				0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	▶ 0.	0.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions

1 Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	<del></del>	<b>•</b>	0.

Form 990-T (2019)

FORM 990-T	SCHEDULE E - UNRELATED D AVERAGE ADJUSTED		INCOME	STATEMENT 1
DESCRIPTION OF D	EBT-FINANCED PROPERTY		ACTIVITY NUMBER	7
RENTALS			1	AMOUNT
	BASIS OF PROPERTY FIRST BASIS OF PROPERTY LAST			2,886,669. 2,804,573.
AVERAGE ADJUSTED	BASIS OF PROPERTY FOR T	HE YEAR		2,845,621.
TOTAL TO FORM 99	0-T, SCHEDULE E, COLUMN SCHEDULE E - DEPRECIA	<u> </u>	ON.	STATEMENT 2
	SCHEDOBE E - DEFRECTA	TION DEDUCTION		STATEMENT Z
DEGGDIDATON		ACTIVITY NUMBER	AMOUNT	TOTAL
DESCRIPTION				-
	- SUBTOTAL -		40,122.	40,122.
DEPRECIATION	- SUBTOTAL - 0-T, SCHEDULE E, COLUMN	1	40,122.	40,122.
DEPRECIATION TOTAL OF FORM 99		1 3(A)	40,122.	
DEPRECIATION  TOTAL OF FORM 99 .  FORM 990-T	0-Т, SCHEDULE E, COLUMN	1 3(A)	40,122.	40,122.
DEPRECIATION  TOTAL OF FORM 99  FORM 990-T  DESCRIPTION  SALARIES PAYROLL TAXES PAYROLL BENEFITS INSURANCE INTEREST EXPENSE MISCELLANEOUS EX POSTAGE REPAIRS AND MAIN SUPPLIES TELEPHONE TAXES	0-T, SCHEDULE E, COLUMN  SCHEDULE E - OTHER	1 3(A) DEDUCTIONS ACTIVITY NUMBER		40,122.  STATEMENT 3  TOTAL
FORM 990-T  DESCRIPTION  SALARIES PAYROLL TAXES PAYROLL BENEFITS INSURANCE INTEREST EXPENSE MISCELLANEOUS EX POSTAGE REPAIRS AND MAIN SUPPLIES TELEPHONE TAXES UTILITIES	0-T, SCHEDULE E, COLUMN  SCHEDULE E - OTHER  PENSE  TENANCE	1 3(A)  R DEDUCTIONS  ACTIVITY NUMBER	AMOUNT  41,532. 4,065. 6,439. 6,469. 30,908. 64,972. 45. 3,551. 3,149. 655. 10,087.	40,122. STATEMENT 3

FORM 990-T AVERAGE ACQUIS ALLOCABLE TO DEB	TION DEBT ON OR T-FINANCED PROPER	RTY	STATEMENT 4
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
BEGINNING \$2,193,045; ENDING \$2,145 - SUBTO		2,169,371.	2,169,371.
TOTAL OF FORM 990-T, SCHEDULE E, CO	LUMN 4		2,169,371.