Form 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

| | OMB | No. | 1545-187 |
|--|-----|-----|----------|
|--|-----|-----|----------|

For calendar year 2019, or fiscal year beginning _ _ _ _ . 2019, and ending _ _ _ _

Department of the Treasury Internal Revenue Service Name of exempt organization ► Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

EXECUTIVE DIR.

| POI | LY | ANN | IA_ | INC | |
|---------|----|-----|-----|-----|--|
| Alama o | | | | | |

Employer identification number 47-3588638

CASPER CALDAROLA Partil Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| 1 a Form 990 check here | 131. |
|-------------------------|------|
|-------------------------|------|

Partill Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return organization (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also anthorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to anthorize the financial institutions involved in the processing of the electronic funds withdrawal.

| Officer's PIN: check one box only | | 65251 as my signatur |
|--|---|---|
| X I authorize JERRY ROSENBAND, P.C. | to enter my PIN | |
| ERO firm name | | Enter five numbers, but do not enter all zeros |
| on the organization's tax year 2019 electronically filed return. If I have indicated will a state agency(ies) regulating charities as part of the IRS Fed/State program the return's disclosure consent screen. | thin this return that a c , I also authorize the | opy of the return is being filed with aforementioned ERO to enter my PIN or |
| As an officer of the organization, I will enter my PIN as my signature on the organization indicated within this return that a copy of the return is being filed with a state program, I will enter my PIN on the return's discressive consent screen. | zation's tax year 2019 e agency(ies) regulati | electronically filed return. If I have ng charities as part of the IRS Fed/State |
| Officer's signature ▶ | Date ► <u>6/10</u> | /2020 |

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN....

06701261294

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for

Authorized IRS e-file Providers for Business Returns.

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

JERRY_ROSENBAND

ERO's signature

Form 8879-EO (2019)

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

| Automati | c 6-Month Extension of Time. Only sub- | mit oriain | al (no copies needed). | | | | |
|--|---|-----------------------------------|--|---------------------------------------|------------------|--|--|
| All corporat | ions required to file an income tax return other th | nan Form 99 | 00-T (including 1120-C filers), partnershi | ps, REMICs, and | trusts must | | |
| use Form / | 004 to request an extension of time to file income [Name of exempt organization or other filer, see instructions.] | e tax return: | S | Taxpayer identificat | ion number (TIN) | | |
| Type or | | | | | | | |
| POLLYANNA INC 47-3588638 | | | | | | | |
| File by the | Number, street, and room or suite number. If a P.O. box, see i | | 47-3366636 | 3 | | | |
| due date for | 19 EAST 80TH ST 8TH FL. | | | | | | |
| filing your return. See | City, town or post office, state, and ZIP code. For a foreign add | dress, see instri | actions. | | | | |
| instructions. | NEW YORK, NY 10075 | | | | | | |
| Enter the R | eturn Code for the return that this application is f | or (file a se | parate application for each return) | | 01 | | |
| Application | | Return | Application | C 4.5 A.S. | Return | | |
| ls For | • | Code | is For | | Code | | |
| Form 990 o | r Form 990-EZ | 01 | Form 990-T (corporation) | · · · · · · · · · · · · · · · · · · · | 07 | | |
| Form 990-B | BL . | 02 | Form 1041-A | | 08 | | |
| Form 4720 | * | Form 4720 (other than individual) | | 09 | | | |
| Form 990-PF 04 Form 5227 | | | | | | | |
| Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 | | | | | | | |
| Form 990-T | (trust other than above) | 06 | Form 8870 | | 12 | | |
| If the orIf this is check the | ne No. ► 917-991-7183 rganization does not have an office or place of but for a Group Return, enter the organization's four his box ► If it is for part of the group, the ension is for. | r digit Group | De United States, check this box | f this is for the w | hole group, | | |
| | | 31/15 | , 20 20 , to file the exempt organi | zation return | | | |
| | e organization named above. The extension is for | the organia | zation's return for: | Zation return | | | |
| ► <u>}</u> | calendar year 20 <u>19</u> or | | | | | | |
| ▶ [| tax year beginning, 20 | , and endi | ng , 20 | | | | |
| 2 If the | tax year entered in line 1 is for less than 12 mon | - ths, check r | reason: Initial return Fi | nal return | | | |
| | nange in accounting period | | | | | | |
| | application is for Forms 990-BL, 990-PF, 990-T, fundable credits. See instructions | | | 3a\$ | 0. | | |
| b If this tax pa | application is for Forms 990-PF, 990-T, 4720, or syments made. Include any prior year overpayment | 6069, enter nt allowed a | any refundable credits and estimated as a credit | 3 b \$ | 0. | | |
| c Balan EFTP: | ce due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). See | ur payment instruction | with this form, if required, by using | 3 c \$ | 0. | | |
| Caution: If payment in: | you are going to make an electronic funds withdr structions. | awal (direct | t debit) with this Form 8868, see Form 8 | 453-EO and Forr | n 8879-EO for | | |

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

| Α | For th | ne 2019 cal | endar year, or tax | year begin | ning | | , 201 | 19, an | ıd endin | g | | 1 | |
|-------------------|---|---|--|-------------------------------------|--|---------------------------------|--------------------------------|--------------------|--------------------|--------------------|-----------------------------------|-----------------|-----------------------------|
| В | Check i | f applicable: | С | | | | | | | | D Employ | er identific | ation number |
| | Address change POLLYANNA INC 47-3588638 | | | | | | | | | | | 38 | |
| | Name change 19 EAST 80TH ST 8TH FL. | | | | | | | | | | | | |
| | \vdash | itial return | NEW YORK, | | | | | | | | | | |
| | - | | 3 | | | | | | | | | | |
| | H | al return/terminat | 00 | | | | | | | | G Gross re | eceints \$ | 414,131. |
| | H | mended return | E Name and add | one of exiceies | I officer: | | | - | | H(a) Is this | a group retur | | |
| | ∐ Ap | optication pend | - 1 | TOSS OF PRINCIPA | CASI | PER CAL | DAROLA | | | '' | l subordinates " attach a list | | H |
| _ | | | SAME AS C | | Net Giri | and ma \ | 4947(a)(1) |) or T | 527 | If "No, | " allach a list | (see instr | uctions) |
| <u> </u> | | exempt status | | 501(c) (|) ▼ (in: | sert no.) | 4547(a)(1) |) (1 | 341 | | | embar 🏲 | |
| 1 | | | HTTPS://POL | | | 1920 | · | 1 | | | exemption nu | | al domicile: NY |
| K | | of organization | | Trust | Association | Other | | L Yes | r of formal | ion: 201 | .5 INI 5 | tate or leg | ai domicile: [V] |
| Pa | rt I | Summ | ary | risand disease | | inglinent a | ali dina. | | | | | | |
| | 1 | Briefly des | cribe the organiza | ation's miss | ion or most s | ignificant a | ictivities: | SEE | SCHE | DULE_O | | | |
| ō | | | | | | | | | | | | | |
| an | | | | | | | | | | | | | |
| E | | 5-775 | box ► if the | TESTA: | | ed its oppos | tions or d | | od of m | ore than 1 | 25% of its | | |
| Governance | 2 | Mumber o | f voting members | of the gove | rning body (E | art \/L line | 1a) | lishos | ed of in | ore triair i | 2070 01 103 | 3 | 6 |
| | | Number o | f independent voti | no member | s of the gove | rnina body | (Part VI. | line 1 | b) | | | 4 | 0 |
| es | 5 | Total num | ber of individuals | emoloved is | n calendar ve | ar 2019 (P | art V, line | 2a). | | | | 5 | 1 |
| Activities & | 6 | | ber of volunteers | | | | | | | | | 6 | 0 |
| Act | 7a | Total unre | lated business rev | enue from | Part VIII, coli | umn (C), lii | ne 12 | | | | | 7a | 0. |
| | Ь | Net unrela | ited business taxa | ble income | from Form 9 | 90-T, line 3 | 39 | | | | . , | 7b | 0. |
| _ | | | | _ | | - | | | | | Prior Year | | Current Year |
| | 8 | Contributi | ons and grants (P. | art VIII, line | : 1h) | | | 1 | | | 179,6 | | 144,468. |
| - Pu | 9 | Program s | service revenue (P | art VIII, line | e 2g) | 000000 | | | | | 48,2 | 250. | 269,604. |
| Revenue | 10 | Investmen | nt income (Part VI | II, column (| A), lines 3, 4 | , and 7d) | | | | 925 | | | 59. |
| ď | 11 | Other reve | enue (Part VIII, co | lumn (A), li | nes 5, 6d, 8c | , 9c, 10c, a | and 11e) | | | | | | |
| | 12 | | nue – add lines 8 | | | | | | | | 227, | 944. | 414,131. |
| | 13 | | d similar amounts | | | | | | | | | | |
| | 14 | | aid to or for mem | | | | | | | | | | |
| rΛ | 15 | | other compensation | | | | | | | | 6, | 732. | 70,705. |
| Expenses | 16 a | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | | | | | | | | | | |
| per | Ь | b Total fundraising expenses (Part IX, column (D), line 25) ▶ | | | | | | | | | | | |
| ŭ | 17 | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | | | | | | | | 123,126. 29 | | |
| | 18 | 10 1 10 1 10 10 10 10 10 10 10 10 10 10 | | | | | | | | | 129, | | 360,838. |
| | 19 | | less expenses. Su | | | | | | | | | 086. | 53,293. |
| - | 1 | revenue | experises. Ou | | | | | | | | ing of Curre | | End of Year |
| ta o | 20 | Total ass | ets (Part X, line 16 | 5) | | A | | | | | 113, | | 170,324. |
| Assets or | 21 | Total liah | lities (Part X, line | 26) | | | | | | | | 0. | 0. |
| Net | | | s or fund balances | | | | | | | | 113, | 861 | 170,324. |
| _ | _ | | | s. Subtract | ille 21 from | 1116 20 | and a second | 0.0001 | | | 113, | 001.1 | 210,324. |
| | art II | Signa | ture Block | | 18.7 | | | | | - 45 - 5 - 64 - 64 | toto-de- | a and bolio | f at its true, correct, and |
| Und | ler pena iplete. (| alties of perjury Declaration of i | r, I declare that I have ex preparer (other than office | xamined this re cer) is based or | turn, including aci n all information o | companying so I which prepar | hedules and s er has any kn | stateme nowledg | ents, and t je. | o the best of | ту кламівад | e and bene | f, it is true, correct, and |
| _ | | | | - | | | <u></u> | | | | | | |
| ٥. | | Si | gnature of officer | | | | | | | | Date | | <u></u> |
| 51 | gn | l. | | DOI 3 | | | | | | FYF | CUTIVE | מדת | |
| m | ere | | ASPER CALDA pe or print name and lift | | | | | | - | EAE | COLIVE | DIK. | |
| _ | | | | - | Preparer's sing | nature | | T | Date | | Check | X if F | PTIN |
| | | , that type prepared status | | | | | | | | | _ | | |
| | aid | | RY ROSENBANI | | JERRY F | | עא | | | | self-emplo | yeu [] | 200611383 |
| | epar | | | | BAND, P.C | | | | | | | > 241 | 002152 |
| U: | se O | ΠΙ Υ Firm's | | | AIN SUITE | 115 | | | | | | | 982153 |
| _ | | | STAME | | 06902 | | | • | | | Phone no. | 2039 | 679202 |
| M: | w the | IRS discus | s this return with | the prepare | er shown abov | ve? (see in | structions) | 1 | | | 35 Sec. 1 | F 1 2 - 1 - 1 | X Yes No |

Page 2

47-3588638

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete X 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?...... 3 3 X 4 X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III. 5 5 Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, X 6 Part I..... Did the organization receive or hold a conservation easement, including easements to preserve open space, the Χ environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II..... 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Χ complete Schedule D, Part III 8 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 X services? If 'Yes,' complete Schedule D, Part IV...... 9 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...... X 10 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule Χ D, Part VI..... 11 a 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. X 11 b c Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII. 11 c X Χ 11 d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X... 11 e 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... X 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete X 12a Schedule D, Parts XI and XII. b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and X 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 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. X 14_b 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. X 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. X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) X 17 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. X 18 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 X X 20a b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?..... 20b

21

X

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Form 990 (2019) POLLYANNA INC 47-3588638 Page 4 Part IV Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. X 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? If 'Yes,' complete X 23 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. 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?..... 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 24d 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I. 25a X 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 X 25b 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. 26 X Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III X 27 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..... X 28a b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L. Part IV. 28b X c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV..... X 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M...... \overline{X} 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M..... 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part 1..... 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N. Part II..... X 32 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 33 33 X 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..... X 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?..... X 35a 35b 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 X 36 X 37 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 Q..... X 38 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.

| Officer in Octobalic O contains a response of flote to any line in this flat v | | 4 | |
|--|-----|----|---|
| | Yes | No |) |
| 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | ĺ |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | m | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | Į |
| (gambling) winnings to prize winners? | X | | |

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

| | 12 | | Yes | No |
|-----|--|-------------|------|--------|
| 2 | a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- | | | 1 |
| | ments, filed for the calendar year ending with or within the year covered by this return 2a 1 | | | |
| | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| 2 | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | V |
| | a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3 a | | X |
| | | 3 b | | - |
| | a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4 a | | Х |
| | b If 'Yes,' enter the name of the foreign country. ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | 1 31 |
| 5 | a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5 a | | Х |
| | b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | | X |
| | c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5 c | | |
| | | - | | |
| | a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6 a | | Х |
| | b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 90111 | | |
| i | a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7 a | | X |
| 1 | b if 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7 b | | |
| - | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file | _ | | |
| | Form 8282? | 7с | | X |
| | d If 'Yes,' indicate the number of Forms 8282 filed during the year | (6) | | X |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7e | | X |
| | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 | /1 | | |
| | as required? | 7 g | | |
| | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7 h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring | Cornell Con | | 100000 |
| | organization have excess business holdings at any time during the year? | 8 | | |
| | Sponsoring organizations maintaining donor advised funds. | | - 13 | |
| | a Did the sponsoring organization make any taxable distributions under section 4966? | 9 a | | 2 |
| | b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9Ь | | |
| | Section 501(c)(7) organizations. Enter: | | | |
| | a Initiation fees and capital contributions included on Part VIII, line 12 | | | 111.05 |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| | Section 501(c)(12) organizations. Enter: | | | 100 |
| | a Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| | a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | of If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| ě | a 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. | | | |
| | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | 10 | | v |
| | a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| | of If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O | 14 b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If 'Yes,' see instructions and file Form 4720, Schedule N. | 15 | | Х |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |
| -10 | If 'Yes,' complete Form 4720, Schedule O. | 10 | | A |

Page 6 47-3588638 Form 990 (2019) POLLYANNA INC Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI...... Section A. Governing Body and Management No 1 a Enter the number of voting members of the governing body at the end of the tax year..... 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent 1 b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee, or key employee?..... 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... X 3 Did the organization make any significant changes to its governing documents 4 X since the prior Form 990 was filed?..... 5 Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 X X 6 6 Did the organization have members or stockholders? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X members of the governing body?..... 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7 b stockholders, or 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 a X a The governing body? \overline{X} b Each committee with authority to act on behalf of the governing body? 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X 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.) Nο Yes Χ 10a Did the organization have local chapters, branches, or affiliates? 10 a b If 'Yes.' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b operations are consistent with the organization's exempt purposes? X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... 12 a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c X Schedule O how this was done...... \overline{X} 13 13 Did the organization have a written whistleblower policy?..... X 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15 a a The organization's CEO, Executive Director, or top management official X b Other officers or key employees of the organization 15 h 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 17 List the states with which a copy of this Form 990 is required to be filed NONE 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. Other (explain on Schedule O) Another's website Upon request Own website 19 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.

NEW YORK NY 10075 917-991-7183

SEE SCHEDULE O

POLLYANNA, INC 19 EAST 80TH ST APT 8TH FL.

State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. | | | | | | | | | | |
|--|--|-----------------------------------|-----------------------|---------|--------------|---------------------------------|--------|--|---|---|
| | (C) | | | | | | | | | |
| (A) Name and title | (B) Average hours per | | dire | ector/ | /truste | | | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from |
| | per week (list any hours for related organiza- tions below dolted line) | individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | the organization and related organizations |
| (1) CASPER CALDAROLA | 40 | | | ĺ | | | | | | |
| EXECUTIVE DIR. | 0 | X | | X | _ | | _ | 48,000. | 0. | 16,157. |
| _(2) RENA_ANDOH DIRECTOR | - - 5 - | Х | | | | | | 0. | 0. | 0. |
| (3) ADDESON LEHV | 5 | | | | | | | | | _ |
| TRUSTEE | 0 | X | _ | _ | L | | _ | 0. | 0. | 0. |
| (4) ERICA PETTIS | 5 | | | | | | İ | _ | | |
| DIRECTOR | 0 | X | _ | | | _ | _ | 0. | 0. | 0. |
| (5) ASHLEY SMYTH | 5 | | | | | | | | _ | _ |
| DIRECTOR | 0 | X | - | _ | - | - | _ | 0. | 0, | 0. |
| _(6) MARJORIE_VAN_DERCOOK | 5 | | | | | | | 0. | 0. | 0. |
| DIRECTOR | 0 | X | - | - | +- | - | | <u> </u> | 0. | 0. |
| | | | | | | | | | | |
| (8) | | İ | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | 1 | | | | | | |
| | | <u> </u> | | | 1 | 1 | | | <u> </u> | E 000 (0010) |

| Part VII Section A. Officers, Directors, Tru | stees, | Key | Em | plo | ye | es, a | ınd | l Highest Con | pensated Emp | loyees | (continued) |
|--|---------------------------------|-----------------------------------|-----------------------|----------------|---------------|--------------------------------|-----------|--|---|---------|--------------------------------------|
| | (B) | | | (C |) | | | | | | |
| (A) Name and title | Average hours per week | box, | unles er an | ss pe d a d | rson breck | than o is both or/truste | an ee) | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | Estimat | (F) led amount other |
| | (list any hours for | Individual trustee or director | Institu | Office | Key e | Highes | Form | (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | the or | sation from ganization related |
| | related organiza - tions | bual tr | lional | 74 | mploy | t com | ~ | | 8 | orga | nizations |
| | below dotted line) | ustce | Institutional trustee | | 66 | Highest compensated employee | | | | | |
| (15) | | | | | | | | | | | |
| (16) | | | | | | | | | | | |
| | | | | | | | | | | | |
| (18) | | | | | | | r) | | | | |
| (19) | | | | | | | | | | 45 | |
| (20) | | | | · | | | | | | | |
| (21) | | | | | | | | | | | |
| (22) | | | | | | | | | | | |
| (23) | | - | | | | | | | | | |
| (24) | | | | | | | | | | 22- | |
| (25) | 1 | - | | | | | | | | | |
| 1 b Subtotal | | | | | | | 4 | 48,000. | | | 16,157. |
| c Total from continuation sheets to Part VII, Sect d Total (add lines 1b and 1c) | ion A | | | | | LESS: | • | 48,000. | | | 16,157. |
| 2 Total number of individuals (including but not limited from the organization 0 | d to those | listed | abo | ve) | who | recei | ved | more than \$100,0 | 00 of reportable con | | |
| nom the organization | | | | | | | | | | | Yes No |
| 3 Did the organization list any former officer, dire on line 1a? If 'Yes,' complete Schedule J for su | ctor, trust ch individ | lee, k lual | еу е | mpl | loye | e, or | hig | hest compensate | d employee | 3 | X |
| 4 For any individual listed on line 1a, is the sum of the organization and related organizations great | | | | | | | | | | | |
| 5 Did any parson listed on line 13 receive or accri | ue compe | nsati | on fi | om | ลกง | | elate | ed organization o | r individual | 4 | X |
| for services rendered to the organization? If 'Ye Section B. Independent Contractors | s, ' compl | lete S | che | dule | Jf | or suc | ch p | person | | 5 | X |
| Complete this table for your five highest compecompensation from the organization. Report compe | nsated in | deper | nden | it co | ontra | actors ir endi | tha | at received more | than \$100,000 of organization's tax ye | ar. | |
| (A) Name and business add | | | | | , | | | : (I | B) of services | | C) ensation |
| | | | | | | | | | | | |
| | | | | | | | | <u> </u> | | | |
| | | | | | | | | | | | |
| 2 Total number of independent contractors (including | but not lir | mited | to th | ose | liste | ed abo | ove) | who received mor | e than | | |
| \$100,000 of compensation from the organizatio | | | | | | | | | | Form | 990 (2019 |
| BAA | | TEEA | 10108 | L 07 | /31/1 | 9 | | | | FORT | 350 (2013 |

| Form | 990 (2019) POLLYANNA INC | | | 47-3588638 | Page 9 |
|---|---|----------------------------------|--|---|--|
| Part | VIII Statement of Revenue Check if Schedule O contains a response or note to any | line in this Part VII | La was | · · · · · · · · · · · · · · · · · · · | |
| | Check if Schedule & Contains a response of fiste to any | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Program Service Revenue and Other Similar Amounts | b Membership dues | 144,468. 150,104. 119,500. | 150,104. 119,500. | | |
| Pro | g Total. Add lines 2a-2f. 3 Investment income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds. 5 Royalties. (i) Real (ii) Personal 6 a Gross rents. b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) | 269,604. | 59. | | |
| Other Revenue | 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses C Gain or (loss) | | | | |
| - | 9a Gross income from gaming activities. See Part IV, line 19 | | | | |
| Miscellaneous Revenue | Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d | | 260,662 | | |

12 Total revenue. See instructions.....

0.

269,663

Part IX | Statement of Functional Expenses

| Sec | tion 501(c)(3) and 501(c)(4) organizations must com | | | | |
|-----|--|------------------------|------------------------------------|-------------------------------------|--------------------------------|
| | Check if Schedule O contains a r | esponse or note to any | line in this Part IX | | ×X |
| | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | į | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 48,000. | 48,000. | 0. | 0. |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | 0. | 0. | 0. | 0. |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | α |
| 9 | Other employee benefits | 16,157. | 16,157. | | |
| 10 | Payroll taxes | 6,548. | 6,548. | | |
| 11 | Fees for services (nonemployees): | 0,010. | 0,010. | | |
| | Management | | | | |
| | Legal | | | | |
| | | 600 | | | |
| | : Accounting | 688. | 688. | | |
| | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| | Investment management fees | | | | |
| 9 | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.SCH. | 217,367. | 217,367. | i | |
| 12 | Advertising and promotion | 9,315. | 9,315. | | |
| 13 | | | 915. | | |
| | | 915. | 915. | | |
| 14 | Information technology | | | - | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 6,500. | 6,500. | | |
| 17 | Travel | 24,761. | 24,761. | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 | Conferences, conventions, and meetings | 7,930. | 7,930. | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 1,128. | 1,128. | | |
| 24 | | | | | |
| 0.5 | GRANT EXPENSES | 14,185. | 14,185. | | |
| | UTILITIES | 2,757. | 2,757. | | |
| | CLIENT RELATIONS | 1,518. | 1,518. | | |
| | MICCELLANDONC | | 1,101. | 1 | |
| | | 1,101. | | | |
| | All other expenses | 1,968. | 1,968. | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 360,838. | 360,838. | 0. | 0. |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720) | | | | |

Form 990 (2019) POLLYANNA INC
Part X Balance Sheet

| | | Check if Schedule O contains a response or note to | any line in this Part X | ,, | | |
|----------------------------|----|--|--|---------------------------------------|----------|---------------------------------------|
| | | | | (A) Beginning of year | i | (B) End of year |
| | 1 | Cash - non-interest-bearing | , | 111,361. | 1 | 109,986. |
| | 2 | Savings and temporary cash investments | | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | | |
| | 4 | Accounts receivable, net | | 2,500. | 4 | 52,350. |
| | 5 | Loans and other receivables from any current or form | er officer, director, | | | |
| | | Loans and other receivables from 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. | | | | |
| | | Loans and other receivables from other disqualified per | | | 5 | |
| | 6 | section 4958(f)(1)), and persons described in section | | | 6 | |
| | - | Notes and loans receivable, net | | | 7 | |
| ın. | 7 | Inventories for sale or use. | | | 8 | |
| et | 8 | Prepaid expenses and deferred charges. | | | 9 | |
| Assets | 9 | No. of the second secon | 1 1 | | | |
| | | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | | | | |
| | b | Less: accumulated depreciation | | | 10 c | |
| | 11 | Investments - publicly traded securities | | | 11 | 7,988. |
| | 12 | Investments - other securities. See Part IV, line 11. | | <u></u> | 12 | |
| | 13 | Investments - program-related, See Part IV, line 11. | | | 13 | |
| | 14 | Intangible assets | | | 14 | · · · · · · · · · · · · · · · · · · · |
| | 15 | Other assets. See Part IV, line 11 | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line | 113,861. | 16 | 170,324. | |
| _ | 17 | Accounts payable and accrued expenses | | | 17 | |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities. | | · · · · · · · · · · · · · · · · · · · | 21 | |
| ies | 21 | Escrow or custodial account liability. Complete Part | | | 21 | 1000000 |
| Labilities | 22 | Loans and other payables to any current or former of key employee, creator or founder, substantial contribe controlled entity or family member of any of these pe | utor, airector, trustee, utor, or 35% | | 22 | |
| " | 23 | Secured mortgages and notes payable to unrelated the | | | 23 | W - |
| | 24 | Unsecured notes and loans payable to unrelated third | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com | | | 25 | <u> </u> |
| | 26 | Total liabilities. Add lines 17 through 25 | | 0. | 26 | 0. |
| S | | Organizations that follow FASB ASC 958, check here | X | | | |
| ğ | | and complete lines 27, 28, 32, and 33. | | | | |
| <u> </u> | 27 | Net assets without donor restrictions | | 31,506. | 27 | 76,993. |
| ä | 28 | Net assets with donor restrictions | | 82 <u>,</u> 355. | 28 | 93,331. |
| Net Assets or Fund Balance | | Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33. | eck here ► | | | |
| 5 | 29 | Capital stock or trust principal, or current funds | | | 29 | |
| S | 30 | Paid-in or capital surplus, or land, building, or equipr | | | 30 | |
| SSG | 31 | Retained earnings, endowment, accumulated income | | | 31 | - |
| t A | 32 | Total net assets or fund balances | | 113,861. | 32 | 170,324. |
| Ž | 33 | Total liabilities and net assets/fund balances | | 113,861. | 33 | 170,324. |

| form 990 (2019) POLLYANNA INC | 47-330 | 0030 | | 1 aye | |
|--|---|---------|--------|--------|------------|
| Part XI Reconciliation of Net Assets | | | | | |
| Check if Schedule O contains a response or note to any line in this Part XI | | | | 4944.7 | |
| 1 Total revenue (must equal Part VIII, column (A), line 12). | | | 414 | , 131 | |
| 2 Total expenses (must equal Part IX, column (A), line 25) | 2 | | 360 |),838 | |
| 3 Revenue less expenses. Subtract line 2 from line 1 | 3 | | 53 | 3,293 | |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | .0:0 4 | | 113 | 8,861 | |
| 5 Net unrealized gains (losses) on investments | | | 3 | 3,170 |) . |
| 6 Donated services and use of facilities | | | | | |
| 7 Investment expenses | | | | | _ |
| 8 Prior period adjustments | 8 | | | | |
| 9 Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0 | <u>) .</u> |
| 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | 10 | | 17/ | 1 22/ | 1 |
| column (B)). | 200000000000000000000000000000000000000 | | 1/(|), 324 | - |
| Part XII Financial Statements and Reporting | | | | r | \neg |
| Check if Schedule O contains a response or note to any line in this Part XII. | ******** | | | | ┙ |
| | | | _ Y | es No | 0_ |
| 1 Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | |
| If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | | | | |
| 2 a Were the organization's financial statements compiled or reviewed by an independent accountant? | | 101.E | 2a | X _ | |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled o separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis | | па | | | |
| b Were the organization's financial statements audited by an independent accountant? | | 12222 | 2 b | | <u>K</u> |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant? | | × × × × | 2 c | | X_ |
| If the organization changed either its oversight process or selection process during the tax year, exp on Schedule O. | | | | | |
| 3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133? | | 101101 | 3 a | | <u>X</u> |
| b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits | uired audit | | 3 b | | |
| BAA TEEA0112L 01/21/20 | | F | Form 9 | 90 (20 | 19) |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

| Name o | Name of the organization Employer identification number | | | | | | | |
|--------|--|---|--|---|------------------------|---|---|---|
| | POLLYANNA INC 47-3588638 | | | | | | | |
| Part | Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. | | | | | | | |
| The o | rga | nization is not a private found | ation because it is: (F | or lines 1 through 12, | check or | nly one t | oox.) | |
| 1 | | A church, convention of churche | es, or association of chi | urches described in sec | tion 170(l |)(1)(A)(i) |). | |
| 2 | П | A school described in section 13 | 70(b)(1)(A)(ii). (Attach S | Schedule E (Form 990 or | 990-EZ) | .) | | |
| 3 | Н | A hospital or a cooperative ho | | | | |)(iii). | |
| 4 | H | A medical research organizat | | | | | | Enter the hospital's |
| • | | name, city, and state: | | | | | | • |
| 5 | | An organization operated for section 170(b)(1)(A)(iv). (Cor | the benefit of a collect | ge or university owned | | | | lescribed in |
| 6 | | A federal, state, or local gove | | ntal unit described in s | ection 1 | 70(b)(1)(| (A)(v). | |
| 7 | | An organization that normally re in section 170(b)(1)(A)(vi). | eceives a substantial pa Complete Part II.) | art of its support from a | governme | ental unit | or from the general po | ablic described |
| 8 | | A community trust described | in section 170(b)(1)(A | A)(vi). (Complete Part | II.) | | | |
| 9 | | An agricultural research organize or university or a non-land-gran university: | nt college of agriculture | tion 170(b)(1)(A)(ix) oper (see instructions). Enter | r the nam | e, city, a | n with a land-grant col and state of the college | ege or |
| 10 | X | An organization that normally re | eceives: (1) more than : | 33-1/3% of its support f | rom contr | ibutions. | membership fees, and | gross receipts |
| | | from activities related to its e investment income and unrel June 30, 1975. See section 5 | xempt functions—sub lated business taxable | ject to certain exception income (less section) | ons, and | (2) no n | nore than 33-1/3% of | its support from gross |
| 11 | | An organization organized an | nd operated exclusivel | ly to test for public saf | ety. See | section | 509(a)(4). | |
| 12 | | An organization organized an or more publicly supported or lines 12a through 12d that de | rganizations described | d in section 509(a)(1) : | or sectio | n 509(a) | (2). See section 509 (| a)(3). Check the box in |
| а | | Type I. A supporting organization organization(s) the power to recomplete Part IV, Sections A | on operated, supervised gularly appoint or elect | i, or controlled by its su a majority of the directo | pported o | rganizati tees of th | on(s), typically by giving supporting organiza | g the supported ion. You must |
| b | | Type II. A supporting organiz management of the supporting must complete Part IV, Secti | alian supervised or co | ontrolled in connection the same persons that o | with its | support manage | ed organization(s), by the supported organiza | having control or ation(s). You |
| С | | Type III functionally integrated. organization(s) (see instruction | | | | | | |
| d | | Type III non-functionally integr | rated. A supporting organization generally | anization operated in co must satisfy a distribu | nnection ition real | with its s | upported organization(| s) that is not |
| е | | instructions). You must comp Check this box if the organization | ation received a writte | en determination from | the IRS | that it is | a Type I, Type II, Ty | pe III functionally |
| f | Ęı | integrated, or Type III non-funter the number of supported of | organizations | | п. | eren er | | |
| g | Pr | ovide the following information | | | | | | |
| - | i) N | ame of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | in your g | s the tion listed overning nent? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | Yes | No | | |
| | | ώ. | | | | | | |
| (A)_ | | 10 | | | | ! | | |
| (B) | | <u> </u> | | | | | | |
| (C) | | | | | | | · | |
| (D) | | | | | | | | |
| (E) | | · | | | | | _ | |
| Total | | | | | 8 | 8 | | |

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

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

| Sec | tion A. Public Support | | | | | | |
|--------------|---|--|--|----------------------------------|---------------------|---------------------|---------------|
| Cale begi | ndar year (or fiscal year nning in) > | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |
| Sec | tion B. Total Support | | | | 2. | | |
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | - | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activ | ities, etc. (see ins | structions) | | | 12 | |
| 13 | First five years. If the Form 990 is organization, check this box and | | | | | | |
| Sec | tion C. Computation of Pu | blic Support P | ercentage | | | | |
| | Public support percentage for 20 | | | | | | |
| 15 | Public support percentage from | 2018 Schedule A, | Part II, line 14 | | | | % |
| 16a | 33-1/3% support test—2019. If the and stop here. The organization | he organization di qualifies as a put | id not check the b olicly supported o | ox on line 13, an rganization | d line 14 is 33-1/3 | 3% or more, check | this box |
| b | 33-1/3% support test—2018. If the and stop here. The organization | e organization did qualifies as a pu | d not check a box blicly supported o | on line 13 or 16a | a, and line 15 is 3 | 3-1/3% or more, cl | heck this box |
| 17a | 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts' | meets the 'facts-a | and-circumstance | s' test icheck this | box and stop her | e Explain in Part | VI how |
| b | 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and | meets the 'facts-a | and-circumstances | s' test. check this | box and stop her | re, Explain in Part | Vi how the |
| 18 | Private foundation. If the organi | zation did not che | ck a box on line | 13, 16a, 16b, 17a | , or 17b, check th | is box and see ins | tructions |

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 | | | | | 11.000 | 40 T 1 1 |
|--------|--|---------------------------|--|---|---|---|--------------------|
| Calend | ar year (or fiscal year beginning in) > | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include | | | | 227,944. | 144,468. | 372,412. |
| 2 | any 'unusual grants.'). Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's | | | | 221, 744. | 144,400. | 0. |
| 3 | tax-exempt purpose | | | | | 269,604. | 269,604. |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | - | | | | | 0. |
| 6 | Total. Add lines 1 through 5 | 0. | 0. | 0. | 227,944. | 414,072. | 642,016. |
| | Amounts included on lines 1, 2, and 3 received from disqualified persons | 0. | 0. | 0. | 0. | 0. | 0. |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 | | | | | F2 172 | E2 172 |
| | for the year | 0. | 0. | 0. | 0. | 52,172. | 52,172. |
| С | Add lines 7a and 7b. | 0. | 0. | 0. | 0. | 52,172. | 52,172. |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | 589,844. |
| | tion B. Total Support | | 41.0015 | 4 > 0017 | (4) 2010 | (e) 2019 | (f) Total |
| Caler | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | 414,072. | 642,016. |
| 9 | Amounts from line 6 | 0. | 0. | 0. | 227,944. | 414,072. | 042,010. |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. | | | | | 59. | 59. |
| | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | <u>0.</u> 59. |
| - | Add lines 10a and 10b | 0. | 0. | 0. | 0. | 59. | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | ! | | | | | 0. |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | 0 |
| 13 | Total support. (Add lines 9, | 0. | 0. | 0. | 227,944. | 414,131. | 642,075. |
| 14 | organization, check this box and | stop nere | ************************************** | nd, third, fourth, o | or lifth tax year as | a section 501(c)(| 5) ► X |
| Sec | ction C. Computation of Pu | blic Support F | rercentage | 12 | | 15 | |
| 15 | Public support percentage for 2 | 019 (line 8, colum | n (t), divided by li | ine 13, column (f |)) | 16 | 90 |
| | Public support percentage from | | | | | | |
| Se | ction D. Computation of Inv | vestment Inco | me Percentag | <u> </u> | | 40.00 | |
| 17 | | for 2019 (line 10c | , column (f), divid | ed by line 13, col | lumn (f)) | 17 | 96 |
| 18 | Investment income percentage | from 2018 Schedu | ıle A, Part III, line | 17,,, | | | |
| | a 33-1/3% support tests—2019. If is not more than 33-1/3%, chec | k inis box and sid | i p nere. The organ | iization quannes | as a publicly supp | office of guineanor | |
| ١ | 33-1/3% support tests—2018. If line 18 is not more than 33-1/39 | the organization of | did not check a bo | ox on line 14 or li ne organization di | ne 19a, and line l ualifies as a publi | o is more than 33 cly supported orga | nization |
| 20 | Private foundation. If the organ | ization did not ch | eck a box on line | 14, 19a, or 19b, | check this box an | d see instructions | ······ > |

Part IV Supporting Organizations

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

| Castian | Λ | ΛII | Supporting Organizations | - |
|---------|----|-----|--------------------------|---|
| Section | А. | AII | Supporting Organizations | 5 |

| | | | Yes | No |
|-----|---|-----|-----|---------|
| 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. | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section | | | |
| | 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | | |
| За | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below. | За | | |
| 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. | 3b | | |
| С | 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. | Зс | | |
| 4a | Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below. | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| С | 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. | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) 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). | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | Irrimse |
| C | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI. | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ). | 8 | E-1 | |
| 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 . | 9a | | |
| t | 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. | 9b | | |
| C | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI. | 9с | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below. | 10a | | |
| t | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | 10b | | |

| Pai | t IV Supporting Organizations (continued) | | | |
|-----|---|--------|-------|------------|
| | the fallowing persons? | | Yes | No |
| | Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the | 11a | | |
| | governing body of a supported organization? | | | |
| | b A family member of a person described in (a) above? | 11b | | |
| | c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI. | 110 | | |
| Sec | tion B. Type I Supporting Organizations | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | res | NO |
| | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | | |
| Se | ction C. Type II Supporting Organizations | | 122 | 1.00 |
| | | | Yes | No |
| | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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 | | |
| Se | ction D. All Type III Supporting Organizations | | T.: | T |
| | | | 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 the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), 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 supported organizations played in this regard. | 3 | | |
| Se | ction E. Type III Functionally Integrated Supporting Organizations | | | |
| | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| | | | | |
| | 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. | f4 | 47 | |
| | c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | instru | CUONS | <i>)</i> . |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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 | 1 | |
| | b Did the activities described in (a) 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 21 | 3 | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| Ì | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> . | 38 | a | |
| | b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard. | 31 | b | |

| Par | Type III Non-Functionally Integrated 509(a)(3) Supporting Orga | nizatio | ons | |
|-----|--|----------------|--|------------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization | on Nov | /. 20, 1970 (explain in complete Sections A | Part VI). See through E. |
| Sec | tion 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 | | |
| Sec | tion 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): | | | |
| а | Average monthly value of securities | 1a | | |
| ŀ | Average monthly cash balances | 1b | | |
| C | Fair market value of other non-exempt-use assets | 1c | <u> </u> | |
| | Total (add lines 1a, 1b, and 1c) | 1d | | |
| 6 | 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 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | <u> </u> |
| 6 | Multiply line 5 by .035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | V. 19 | |
| Sec | tion C — Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 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 | | 4 |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functionally interest instructions. | egrated | Type III supporting o | rganization |

| Par | | pporting Organiza | tions (continuea) | |
|-----|--|--------------------------------|--|---|
| | tion D — Distributions | Min-1 | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exempt purpose | poses | 10 - 10 Kg - 17 - 1 | |
| | Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of sur | pported organizations | | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | e | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the organization Part VI). See instructions. | on is responsive (provide | details | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | · |
| _ | tion E — Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| | Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | |
| а | From 2014 | | | |
| t | From 2015 | | | |
| C | From 2016 | | | |
| C | From 2017 | | | |
| _ | From 2018 | | | |
| 80 | f Total of lines 3a through e | | | |
| - | Applied to underdistributions of prior years | | 3 | |
| | Applied to 2019 distributable amount | | | |
| | i Carryover from 2014 not applied (see instructions) | | | |
| | j Remainder, Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | | | | |
| - | Applied to underdistributions of prior years | | | |
| | Applied to 2019 distributable amount | | | |
| | Remainder, Subtract lines 4a and 4b from 4. | | | |
| 5 | - 1 0010 (| | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3 ₁ and 4c. | | | KIND OF THE REAL PROPERTY. |
| 8 | | | | 128 |
| _ | Excess from 2015 | | | |
| _ | Excess from 2016 | | | |
| _ | Excess from 2017 | | | |
| | d Excess from 2018 | | | |
| _ | e Excess from 2019 | | | |
| 200 | C EXCESS HUILI ZUID | | are the second s | |

BAA

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

Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

2019

| POLLYANNA II | INC 47-35886 | 38 | | | | | | |
|--|---|---|--|--|--|--|--|--|
| Organization type | | | | | | | | |
| Filers of: | Section: | | | | | | | |
| Form 990 or 990-E | EZ X 501(c)(3) (enter number) organization | | | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | | | |
| Form 990-PF | 527 political organization | | | | | | | |
| | 501(c)(3) exempt private foundation | | | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | | |
| | 501(c)(3) taxable private foundation | | | | | | | |
| Check if your organic Note: Only a section | nization is covered by the General Rule or a Special Rule. Ition 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. | See instructions. | | | | | | |
| General Rule | | | | | | | | |
| X For an or or proper | organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or recty) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total con | nore (in money tributions. | | | | | | |
| Special Rules | | | | | | | | |
| under se received | organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support tes 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 ed from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1, Complete Parts I and II, | 16b, and that | | | | | | |
| durina tl | organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, ses, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. | ly one contributor, or educational | | | | | | |
| during the \$1,000. Charitab | organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from all the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions to the little box is checked, enter here the total contributions that were received during the year for an exclusive, purpose. Don't complete any of the parts unless the General Rule applies to this organization inved nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. | aled more than usively religious, because | | | | | | |
| 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | | | | | | | | |

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

Name of organization

Employer identification number

47-3588638 POLLYANNA INC Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d)
Type of contribution (b) Name, address, and ZIP + 4 (a) No. (c) Total contributions Person X TIMOTHY AND MICHELE BARAKETT FOUND **Payroll** 11,172. Noncash 767 FIFTH AVE (Complete Part II for NEW YORK, NY 10153 noncash contributions.) (d) Type of contribution (c) Total contributions (a) No. Name, address, and ZIP + 4 Person X STAVROS NIARCHOS FOUNDATION **Payroll** 46,000 645 MADISON AVE Noncash (Complete Part II for NEW YORK, NY 10022 noncash contributions.) (b) Name, address, and ZIP + 4 (d)
Type of contribution (c) Total (a) No. contributions Person 3___ DAN STERN **Payroll** 19 EAST 80TH ST 10,000. Noncash (Complete Part II for noncash contributions.) NEW YORK, NY 10075 (b) Name, address, and ZIP + 4 (d)
Type of contribution (c) Total (a) No. contributions Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) No. (b) Name, address, and ZIP + 4 (c) Total (d) Type of contribution contributions Person **Payroli** Noncash (Complete Part II for noncash contributions.) (c) Total (d) Type of contribution (b) (a) No. Name, address, and ZIP + 4 contributions Person **Payroll** Noncash

(Complete Part II for noncash contributions.)

POLLYANNA INC

Employer identification number

47-3588638

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if additional sp | pace is needed. | |
|---------------------------|---|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | N/A | | |
| | | \$ | |
| (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 |
| | | | |
| | | \$ | |
| (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 |
| | | | |
| | | \$ | |
| BAA | Sche | edule B (Form 990, 990-E2 | Z. or 990-PF) (2019) |

Name of organization POLLYANNA INC Employer identification number 47-3588638

| Part III | Exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional | ne year from any one contrib empleting Part III, enter the total (Enter this information once. Se space is needed. | utor. Complet I of <i>exclusive</i> | e columns (a) through (e) and ly religious, charitable, etc., s.) | |
|---------------------------|---|---|---|---|--|
| (a) No. from Part I | (b) (c) Purpose of gift Use of gift | | | (d) Description of how gift is held | |
| | N/A | | | | |
| | | (0) | | | |
| | Transferee's name, addres | (e) Transler of gift s, and ZIP + 4 | Rela | tionship of transferor to transferee | |
| | | | | | |
| (a) | (h) | (c) | | (d) | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | |
| | | | | | |
| | | (e) Transfer of gift | | | |
| | Transferee's name, addres | s, and ZIP + 4 | Relationship of transferor to transferee | | |
| | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | |
| | Transferee's name, addres | (e) Transfer of gift ss, and ZIP + 4 | Rela | tionship of transferor to transferee | |
| | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | |
| | | | | | |
| | Transferee's name, addres | (e) Transfer of gift ss, and ZIP + 4 | Rela | itionship of transferor to transferee | |
| | | | | | |
| | | | | | |

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

POLLYANNA INC

Employer identification number 47-3588638

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

POLLYANNA ADVANCES SYSTEMIC CHANGE BY DEVELOPING STRONGER COMMUNITIES.

OUR STRATEGY: POLLYANNA WORKS WITH ACADEMIC AND OTHER INSTITUTIONS TO ACHIEVE THEIR DIVERSITY, EQUITY AND INCLUSION GOALS. THROUGH ITS UNIQUE CONFERENCE MODELS,
DISCUSSION PLATFORMS, AND RACIAL LITERACY CURRICULA, POLLYANNA INCREASES CULTURAL COMPETENCE.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

POLLYANNA ADVANCES SYSTEMIC CHANGE BY DEVELOPING STRONGER COMMUNITIES.

OUR STRATEGY: POLLYANNA WORKS WITH ACADEMIC AND OTHER INSTITUTIONS TO ACHIEVE THEIR DIVERSITY, EQUITY AND INCLUSION GOALS. THROUGH ITS UNIQUE CONFERENCE MODELS, DISCUSSION PLATFORMS, AND RACIAL LITERACY CURRICULA, POLLYANNA INCREASES CULTURAL COMPETENCE.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

| | | (A) | (B) | (C) | (D) |
|-------------|----------|----------|-------------|------------|---------|
| | | | PROGRAM | MANAGEMENT | FUND- |
| | | TOTAL | SERVICES | & GENERAL | RAISING |
| CONSULTANTS | | 217,367. | 217,367. | | |
| | TOTAL \$ | 217,367. | \$ 217,367. | \$ 0. | \$ 0. |

NEW YORK FILING INSTRUCTIONS

POLLYANNA INC

47-3588638

FORM TO FILE:

FORM CHAR500 - ANNUAL FINANCIAL REPORT FOR CHARITABLE ORGANIZATIONS

SIGNATURE:

SIGN AND DATE FORM CHAR500, PAGE 1. TWO DISTINCT OFFICIALS OF THE ORGANIZATION MUST SIGN.

PAYMENT:

THERE IS A BALANCE DUE OF \$75 WHICH IS PAYABLE BY NOVEMBER 16, 2020. ATTACH A CHECK OR MONEY ORDER FOR THE FULL AMOUNT PAYABLE TO "DEPARTMENT OF LAW", AND WRITE THE NEW YORK STATE REGISTRATION NUMBER, THE TAX PERIOD TO WHICH IT APPLIES AND "FORM CHAR500" ON THE PAYMENT.

WHEN TO FILE:

ON OR BEFORE NOVEMBER 16, 2020.

WHERE TO FILE:

NYS OFFICE OF THE ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Open to Public Inspection

| W.Charttesiv 13.com | | | |
|--|---|--|---|
| General Information | | ((dd/mm) 12/31 | 1/2019 |
| Fiscal Year Beginning (mm/dd | /yyyy) 01/01 /2019 and Ending | (mm/dd/yyyy) 12/3 | Employer Identification Number (EIN): |
| eck if Applicable: | Name of Organization: | | 47-3588638 |
| Address Change | | | 14, 330000 |
| | POLLYANNA INC | | |
| Name Change | | | NY Registration Number: |
| Initial Filing | Mailing Address: | | |
| | 19 EAST 80TH ST 8TH FL | J | Telephone |
| Final Filing | City / State / Zip: | | |
| Amended Filing | NEW YORK, NY 10075 | | Email: |
| | Website | | ~~ |
| Reg ID Pending | HTTPS://POLLYANNAINC.ORG/ | / | D. Latina Catagory in the |
| eck your organization's | only EPTL only X DUAL (7A & EPTL) | EXEMPT* Chariti | m your Registration Category in the less Registry at www.CharitiesNYS.com |
| gistration category: | only EPTL only X DUAL (/A & EPTL) | Chariti | es Registry at www.ona.com |
| | | | |
| Certification | detail tradition and | lation of law that may be | e subject to penalties. The certification |
| ee instructions for certification r | equirements. Improper certification is a vio | ilation of law that may of | |
| quires Iwo signatures. | | | |
| w | perjury that we reviewed this report, includi | ng all attachments, and | to the best of our knowledge and belief, |
| they are true, corre | perjury that we reviewed this report, includi ect and complete in accordance with the la | ws of the State of New 1 | TOTA applicable to this Topoliti |
| | | | CUTIVE DIR. |
| | CASPER C | | Dale |
| Barrier and Authorized Officer: | | Title | |
| President or Authorized Officer: | Signature Printed Name | Title | |
| President or Authorized Officer: | | Tille | 0.4 |
| President or Authorized Officer: Chief Financial Officer or Treasurer: | Signature Printed Name | Title | Date |
| Chief Financial Officer or Treasurer: | Signature Printed Name Signature Printed Name | Title | * |
| Chief Financial Officer or Treasurer: | Signature Printed Name Signature Printed Name | Title | * |
| Chief Financial Officer or Treasurer: Annual Reporting Exen | Signature Printed Name Signature Printed Name nption | Title | er one category (7A or EPTL only filers) o |
| Chief Financial Officer or Treasurer: Annual Reporting Exen heck the exemption(s) that apports of the categories (DUAL filers) that | Signature Printed Name Signature Printed Name nption Dity to your filing. If your organization is claim apply to your registration, complete only apply to your registration, complete only apply to your registration. | ming an exemption under parts 1, 2, and 3, and supports 1, 2, and 3, and supports 1, 2, and 3, and supports 2, and 3, and | er one category (7A or EPTL only filers) o |
| Chief Financial Officer or Treasurer: Annual Reporting Exen theck the exemption(s) that appropriate (DUAL filers) that chedules, or additional attachm | Signature Printed Name Signature Printed Name nption Dily to your filling. If your organization is claim at apply to your registration, complete only nents are required. If you cannot claim an example and pay applicable fee | ming an exemption under parts 1, 2, and 3, and si exemption or are a DUAL | er one category (7A or EPTL only filers) o ubmit the certified Char500. No fee, filer that claims only one exemption, |
| Chief Financial Officer or Treasurer: Annual Reporting Exen heck the exemption(s) that app oth categories (DUAL filers) the chedules, or additional attachm ou must file applicable schedul | Signature Printed Name Signature Printed Name nption Dily to your filling. If your organization is claim at apply to your registration, complete only nents are required. If you cannot claim an eles and attachments and pay applicable fee | ming an exemption under parts 1, 2, and 3, and si exemption or are a DUAL ss. | er one category (7A or EPTL only filers) of the certified Char500. No fee, filer that claims only one exemption, exergment agencies, etc. did not exceed |
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| Chief Financial Officer or Treasurer: 8. Annual Reporting Exent Check the exemption(s) that approach categories (DUAL filers) that categories (DUAL filers) | Signature Printed Name Printed Name nption Diy to your filing. If your organization is claim at apply to your registration, complete only nents are required. If you cannot claim an eles and attachments and pay applicable fee tal contributions from NY State including redid not engage a professional fund raiser (PFF coss receipts did not exceed \$25,000 and the ments Ments Aa. Did your organization use co-venturer for fund raising | ming an exemption under parts 1, 2, and 3, and sexemption or are a DUAL is. esidents, foundations, go are fund raising counselmarket value of assets did a professional fund raising activity in NY State? | er one category (7A or EPTL only filers) oubmit the certified Char500. No fee, filer that claims only one exemption, evernment agencies, etc. did not exceed (FRC) to solicit contributions during not exceed \$25,000 at any time ser, fund raising counsel or commercial If yes, complete Schedule 4a. If yes, complete Schedule 4b. |
| Chief Financial Officer or Treasurer: 3. Annual Reporting Exen Check the exemption(s) that approach categories (DUAL filers) that categories (DUAL filers) | Signature Signature Printed Name Inption Dily to your filing. If your organization is claim at apply to your registration, complete only nents are required. If you cannot claim an eles and attachments and pay applicable fee tal contributions from NY State including redid not engage a professional fund raiser (PFF oss receipts did not exceed \$25,000 and the ments Ments X No 4a. Did your organization use co-venturer for fund raising the contributions from the ments X No 4b. Did the organization received the contribution of the contributions from the ments of the contributions from the contribution of the contrib | ming an exemption under parts 1, 2, and 3, and supports 1, 2, and 3, and supports 2, and 3, and supports 3, and supports 3, and supports 4, and supports 4, and supports 4, and supports 5, and supports 5, and supports 6, an | er one category (7A or EPTL only filers) of cubmit the certified Char500. No fee, filer that claims only one exemption, evernment agencies, etc. did not exceed (FRC) to solicit contributions during not exceed \$25,000 at any time ser, fund raising counsel or commercial If yes, complete Schedule 4a. If yes, complete Schedule 4b. Make a single check or money order payable to: |
| Chief Financial Officer or Treasurer: 3. Annual Reporting Exem Check the exemption(s) that approach categories (DUAL filers) that categories (DUAL filers) that categories (DUAL filers) that approach categories (DUAL filers) that categories (DUAL filers) that approach must file applicable schedul 3a. 7A filing exemption: To \$25,000 and the organization the fiscal year. 3b. EPTL filing exemption: Graduring the fiscal year. 4. Schedules and Attaching See the following page for a checklist of schedules and attachments to complete your filing. 5. Fee See the checklist on the next page to catculate your | Signature Signature Printed Name Inption Dily to your filing. If your organization is claim at apply to your registration, complete only nents are required. If you cannot claim an eles and attachments and pay applicable fee tal contributions from NY State including redid not engage a professional fund raiser (PFF oss receipts did not exceed \$25,000 and the ments Ments X No 4a. Did your organization use co-venturer for fund raising the contributions from the ments X No 4b. Did the organization received the contribution of the contributions from the ments of the contributions from the contribution of the contrib | ming an exemption under parts 1, 2, and 3, and supports 1, 2, and 3, and supports 2, and 3, and supports 3, and supports 3, and supports 4, and supports 4, and supports 4, and supports 5, and supports 5, and supports 6, an | er one category (7A or EPTL only filers) oubmit the certified Char500. No fee, filer that claims only one exemption, evernment agencies, etc. did not exceed (FRC) to solicit contributions during not exceed \$25,000 at any time ser, fund raising counsel or commercial If yes, complete Schedule 4a. If yes, complete Schedule 4b. |

CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

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

CHAR500

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.

- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.

- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

| Annual Filing Checklist | - Your organization is registered as DUAL and you make | |
|--|---|---|
| Checklist of Schedules an | d Attachments | |
| Check the schedules you must subr | mit with your CHAR500 as described in Part 4: | ising Counsel (FRC), Commercial |
| If you answered "yes" in Part | 4a, submit Scriedule 4d. 1 1905 | |
| If you answered "yes" in Part | 4b, submit Schedule 4b: Government Grants | |
| Check the financial attachments ye | ou must submit with your CHAR500: | |
| X IRS Form 990, 990-EZ, or | 990-PF, and 990-T if applicable Schedules, including Schedule B (Schedule of Contributors). Sched available for public review. | ule B of public charities is exempt from |
| X All additional IRS Form 990 disclosure and will not be | Schedules, including Schedule B (Schedule 5) available for public review. | led \$25,000 and/or our assets exceeded \$25,000 in |
| Our organization was eligithe filing year. We have in | available for public review. ble for and filed an IRS 990-N e-postcard. Our revenue exceed a least of the state purposes only. cluded an IRS Form 990-EZ for state purposes only. r, submit the applicable independent Certified Public Accountant's R | eview or Audit Report: |
| 74 only or DUAL file | r, submit the applicable independent | 000 |
| Devices Penort if you receiv | ed total revenue and support greater than \$250,000 and up to \$100.00 | ,,,,,, |
| Audit Report if you receive | red total revenue and support greater than \$750,000 | 5250,000 |
| No Review Report or Audit | Report is required because total revenue and support is less than \$ | |
| We are a DUAL filer and | checked box 3a, no Review Report or Audit Report is required | - A FORT DUAL OF EXEMPT? |
| Calculate Your Fee | | organizations are assigned a Registration Category upon registration with the NY Charities Bureau: |
| For 7A and DUAL filers, calc | ulate the 7A fee: | 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A") |
| \$0, if you checked the 7 | 'A exemption in Part 3a | EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities Law ("EPTL") because in NY. |
| x \$25, if you did not chec | k the 7A exemption in Part 3a | for chantable purposes in NY. DUAL filers are registered under both 7A and EPTL. |
| For EPTL and DUAL filers, cal | culate the EPTL fee: | EXEMPT filers have registered with the NY Charities Bureau |
| | PTL exemption in Part 3b | and meet conditions in Schedule 1995. Exemption for Charitable Organizations. These organization are not required to file annual financial reports but may do so voluntarily. |
| \$25, if the NET WORTH | H is \$50,000 or more but less than \$250,000 | Confirm your Registration Category and learn more about NY law at www.CharitlesNYS.com |
| \$50, if the NET WORT | TH is \$250,000 or more but less than \$1,000,000 | |
| C coso 4 the NET WOR | RTH is \$1,000,000 or more but less than \$10,000,000 | IRS Form 990 Part I, line 22 |
| \$750, if the NET WOF | RTH is \$10,000,000 or more but less than \$50,000,000 | IRS Form 990 EZ Part I line 2: IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)). |
| <u> </u> | | - 17-1 - |

Send Your Filing

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

\$1500, if the NET WORTH is \$50,000,000 or more

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

Need Assistance?

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

CHAR500 Annual Filing for Charitable Organizations (Updated January 2020) NYVA9812L 01/10/20 1032

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return. ►Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Department of the Treasury Internal Revenue Service

| sion request must be sent to the IRS in paper formats irs.gov/e-file-providers/e-file-for-charities-and-non-pro | (see instruction fits. | | | |
|---|--|--|-------------------------|--|
| omatic 6-Month Extension of Time. Only su | bmit originai | (No copies floods by | , REMICs, and to | rusts must |
| omatic 6-Month Extension of Time. Only subspace of the control of | ne tax returns. | I (including 1125-5 metay) | Taxpayer identification | number (TIN) |
| Name of exempt a same | | | 47-3588638 | |
| POLLYANNA INC Number, street, and room or suite number. If a P.O. box, so | ee instructions. | | | |
| your 19 EAST 80TH ST 8TH FL. | address, see instruc | tions. | | |
| n. See City, town or post-on- NEW YORK, NY 10075 er the Return Code for the return that this application | · (- /6)0 0 501 | parate application for each return) | | 01 |
| er the Return Code for the return that this application | Return | Application | | Return Code |
| plication | Code | Is For | | 07 |
| or | 01 | Form 990-T (corporation) | | 08 |
| m 990 or Form 990-EZ | 02 | Form 1041-A | | 09 |
| rm 990-BL | 03 | Form 4720 (other than individual) | | 10 |
| rm 4720 (individual) | 04 | Form 5227 | | 11 |
| rm 990-PF | 05 | Form 6069 | | 12 |
| orm 990-T (section 401(a) or 408(a) trust) orm 990-T (trust other than above) | 06 | Form 8870 | | |
| Telephone No. ► 917-991-7183 If the organization does not have an office or place If this is for a Group Return, enter the organization' check this box ► | oup, check this | box | | of all members |
| the extension is ior. | ы 11/15 | . 20 20 , to file the exempt orga | anization return | |
| I request an automatic 6-month extension of time unfor the organization named above. The extension | is for the orga | nization's return ioi. | | |
| ► X calendar year 20 19 or ► 1 tax year beginning, 20 2 If the tax year entered in line 1 is for less than 1 | , and er 2 months, chec | nding , 20 ck reason: Initial return | Final return | |
| a little too MAST PRINCED BY BUTCH TO | | | | |
| 2 If the tax year entered in the | | | | |
| Change in accounting period | | " testaling tay less any | 3a\$ | 0 |
| 3 a If this application is for Forms 990-BL, 990-PF, | 990-T, 4720, or | 6069, enter the tentative tax, less any | 3a \$ | |
| 3a If this application is for Forms 990-BL, 990-PF, nonrefundable credits. See instructions | 990-T, 4720, or 720, or 6069, e rpayment allow | nter any refundable credits and estimate as a credit | 3b\$ | 0 |
| 3 a If this application is for Forms 990-BL, 990-PF, | 990-T, 4720, or 720, or 6069, e rpayment allow | nter any refundable credits and estimate as a credit | 3b\$ | 0 . 0 Form 8879-EO for n 8868 (Rev. 1-202 |

(Rev. January 2020)

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

2. Pared selected security numbers on this form as it may be made public.

Open to Public

OMB No. 1545-0047

| (Hev. Jaithary 2020) | | Under section but(c), 527, 61 | | s it may be made pub | ic. | Ins | pection |
|---|---|---|--|--------------------------|--|-----------------|--------------------------|
| Department of the Tre- Internal Revenue Serv | asury | ► Go to www.irs.gov | | | ition. | | |
| Internal Revenue Serv | colondar | year, or tax year beginning | , 201 | 9, and ending | D Employer identification number | | |
| | year, or tax y | | | 88638_ | | | |
| B Check if applicab | 1-4 | OLLYANNA INC | | E Telephone | number | | |
| Address cha | 110 | FAST 80TH ST | BTH FL. | | | | |
| Name chan | ini 📉 | EW YORK, NY 10075 | | | | | |
| Initial return | - 1 | | | | G Gross rec | eipts \$ | 414,131. |
| Final return/to | | | | H(a) | s this a group return | for subordinate | Yes X No |
| Application | | Name and address of principal office | CASPER CALDAROLA | H(b) | Are all subordinates in the state of the sta | cluded? | Yes No |
| Application | S | AME AS C ABOVE | | | if "No," attach a list. (| see msuucuu | 13) |
| 1 Tax-exempt | status. } | (501(c)(3) 501(c) (|) < (insert no.) 4947(a)(1) | 0 0 327 | Group exemption num | nber - | |
| J Website: | <u>► HTT</u> | PS://POLLYANNAINC. | ORG/ | L Year of formation: | | ate of legal do | micite: NY |
| 3 | | X Corporation Trust Asse | ociation Other | L Year of formation. | 2013 | | |
| Part I Su | ımmarv | | | and actionii | E O | | |
| 1 Briefl | v describe | the organization's mission of | or most significant activities. | SEE SCHEDUL | E_U | | |
| | | | | | | | |
| | | | | | | | |
| Governance Chec 3 Num | | | scontinued its operations or (| disposed of more | than 25% of its | net assets. | 6 |
| 2 Chec | k this box | if the organization during members of the government | n hody (Part VI, line 1a) | | | 4 | <u>ŏ</u> |
| 3 Num | ber of vot | ing members of the governing ependent voting members of | the governing body (Part VI, | line 1b) | | 5 | 1 |
| 4 Num 5 Tota 6 Tota 7a Tota | per of inu | ependent voting members of of individuals employed in ca | lendar year 2019 (Part V, line | e 2a) | | 6 | 0 |
| 5 Tota | Loumber : | of individuals employed in ca of volunteers (estimate if ned | essary) | | | 7a | 0. |
| 7a Tota | unrelate | of volunteers (estimate if ned d business revenue from Par | t VIII, column (C), line 12. | | | 7b | 0. |
| b Net | unrelated | d business revenue from Par business taxable income from | m Form 990-1, line 33 | | Prior Year | | Current Year |
| | | 31 | 925 | | 179, | | 144,468. |
| 8 Con | tributions | and grants (Part VIII, line 1h |) | | 48, | 250. | 269,604. 59. |
| 🧵 9 Prog | 9 Program service revenue (Part VIII, III 29) | | | | | | |
| ₹ 10 Inve | Investment income (Part VIII, column (A), lines 5, 4, and 75, 10c, and 11e) | | | | | 0.4.4 | 414,131. |
| | | | | | 227, | 944. | 441/4 |
| | | | | | | | |
| | | | | | | 732. | 70,705. |
| 1 | | - Line amployed I | Sanatile (Fall IX. Coloniii) (17) | | 0, | 134. | |
| ဖွ 15 Sai | aries, our | er compensation, employee to fundraising fees (Part IX, col | lumn (A), line 11e) | | | | |
| b Tot | ofessional | fundraising lees (at the solut | mp (D) line 25) ► | | | | 200 133 |
| ළි b Tot | | sing expenses (Part IX, colur ses (Part IX, column (A), line | | | | 126. | 290,133. |
| 17 Oth | her expen | ses (Part IX, column (A), line ses, Add lines 13-17 (must ed | suplicant IX column (A), line | 25) | | 858. | 360,838. |
| 18 To | tal expens | ses. Add lines 13-17 (must et is expenses. Subtract line 18 | from line 12 | | | 086. | 53,293. |
| | | | | | Beginning of Curr | ent Year | End of Year 170, 324. |
| 58 | | (Part X, line 16) | | | 113 | 861. | 170,324. |
| ₹ <u>₹</u> 20 To | | - /D_=LV hoo /h) | | | | 0. | 170,324. |
| Not Assets of Trud Balances 20 Lo | ital liabiliti | or fund balances. Subtract lin | 21 from line 20 | | 113 | ,861. | 170,324. |
| 22 Ne | et assets o | or fund balances. Subtract in | e 21 Hont Mile Comme | | | | . Ill |
| Part II | Signatu | ire Block | - including accompanying schedules | and statements, and to I | he best of my knowle | dge and belief | it is true, correct, and |
| Under penalties | of perjury, I | tre Block declare that I have examined this return parer (other than officer) is based on a | ill information of which preparer has ar | y knowledge | | | |
| complete. Decis | aration or pre | | | | Date | | |
| | Sign | alure of officer | | | EXECUTIVI | פדת ק | |
| Sign | | SPER CALDAROLA | | | EXECUTIVE | Z DIK. | |
| Here | Type | or print name and title | | 1504 | Check | Check X if PTIN | |
| | | e preparer's name | Preparer's signature | Date | self-em | - 1, | 200611383 |
| | | Y ROSENBAND | JERRY ROSENBAND | | senten | project 1 | <u> </u> |
| Paid | | ► TERRY ROSENB | AND, P.C. | | | FIN ► 341 | 982153 |
| Preparet | Firm's n | | IN SUITE 115 | | | 2030 | 679202 |
| Use Only | y Firm's a | | | | Phone | | X Yes No |
| | | STAMFORD, CT s this return with the preparer | r shown above? (see instruct | ions) | | | Form 990 (2019 |
| May the IF | RS discuss | this return with the property | the separate instructions. | TE | EA0101L 01/21/20 | | 1 01111 000 (000 |

| | | | | 47-35886 | 38 Page 2 |
|--------------------|--|----------------------------|----------------------------|---|-------------------|
| | OLLYANNA INC ent of Program Serv | ice Accomplishmen | ts | | |
| Stateme | Schedule O contains a re | sponse or note to any line | e in this Part III | <u></u> <u></u> | X |
| Briefly describe | the organization's mission | n; | | | |
| SEE SCHEDU | | | | | |
| 255 2011 | | | | | |
| | | | | | |
| | | | | and an the prior | |
| Did the organizat | tion undertake any significa | nt program services during | the year which were not it | isted on the phor | Yes X No |
| Form 990 or 990 | 0-EZ? | | | |] |
| If "Yes," describe | e these new services on Scl | hedule O. | . It have a senduate as | ov program services? | Yes X No |
| Did the organiza | ation cease conducting, o | r make significant change | es in now it conducts, at | ny program services? | , |
| If "Yes," describe | e these changes on Schedu | ile O. | each of its three largest | nronram services, as measi | ured by expenses. |
| | ganization's program serv (3) and 501(c)(4) organiza fany, for each program se | | ort the amount of grants | t program services, as meass and allocations to others, th | e total expenses, |
| | | 360,838. including | unrants of S |) (Revenue \$ | 414,131.) |
| la (Code: | (Expenses \$ | 360,838. Including | OCRAM SERVICE A | CCOMPLISHMENTS FOR | EACH OF ITS |
| | | | | | |
| | PROGRAM SERVICE | | AT. LITERACY CUR | RICULUM PROFESSION | AL |
| PROGRAMS | INCTODE COME EVEN | OSS-CONSTITUENT | DEI ASSESMENTS | AND CONSULTING WI | TH ACADEMIC |
| DEAFTORME | INSTITUTIONS. | (000 COMP 1110 P. 1. | | | |
| AND OTHER | TNPITIOITONS. | | | | |
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| | | | | | |
| |) (Expenses \$ | includin | g grants of \$ |) (Revenue \$_ | |
| b (Code: |) (Expenses 4 | | | | |
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| e (Codo |) (Expenses \$ | includi | ng grants of \$ |) (Revenue \$ | |
| 4 c (Code: |) (Expenses Ψ | | | | |
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| | | | | | |
| 4.104 | om convices (Describe on | Schedule (0.) | | | |
| | am services (Describe on | including grants of | \$ |) (Revenue \$ |) |
| (Expenses | | 360,838 | | | |
| 4 e Total progra | m service expenses | 300,636 | | | Form 990 (20 |

| _ | POLIVANNA INC | | |
|------|---|-----------|-----------------|
| rm 5 | 90 (2019) POLLYANNA INC V Checklist of Required Schedules | Yes | No |
| arı | the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete | X | |
| 1 | the organization described in section 501(E)(3) of 4547(E)(1) (Satisfactory (see instructions)? | X | |
| - 4 | s the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates of the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates of the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates of the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates of the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates of the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates of the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates of the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates of the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates of the organization engage in direct or indirect political campaign activities on behalf of or in opposition or op | | X |
| 3 | 3 did the organization engage in direct or indirect political campaign activities on benalf of all opposition to all opposition of the organization engage in direct or indirect political campaign activities on benalf of all opposition to all opposition or public office? If 'Yes,' complete Schedule C, Part I. Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election or effect during the tax year? If 'Yes,' complete Schedule C, Part II. In effect during the tax year? If 'Yes,' 501(c)(5) organization that receives membership dues. | | <u>x</u> |
| 4 | n effect during the tax year? If 'Yes,' complete Schedule C, Part II. 5 pr 501(c)(5) or 501(c)(6) organization that receives membership dues. | | X |
| 5 | n effect during the tax year? If 'Yes,' complete Schedule C, Part II. s the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, s the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, s the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, state of the organization of t | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, to provide advice on the distribution or investment of amounts in such funds or accounts? | - | X |
| 7 | Part I | | X |
| | environment, historic tallu aleas, or mistoric status aleas, or mistoric tallu aleas, or mistori | | X |
| 8 | complete Schedule B, Fart X, line 21, for escrow or custodial account liability, serve as a custodian | , | x |
| | for amounts not listed in Part X, or plantal | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 1. The organization of the complete of the compl | | 1 |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, | 92 | |
| | or X as applicable. | 1 a | X |
| | Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total | 1 b | X |
| | - Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 1c | X |
| | d Dud the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported | 11 d | Х |
| | in Part X, line 10: 17 763, destruction in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11e | X |
| | f Did the organization's separate or consolidated inflations under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X | 11 f | X |
| 12 | the organization shall represent the product that the product the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete | 12a | X |
| ,- | Schedule U, Parts At and Attack and I see the toy year? If 'Yes' and | 12b | X |
| | if the organization answered 'No' to line 12a, then completing Schedule B, 1 are the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | X |
| 13 | Is the organization a school described in section 175(5)(176.5). Is the organization maintain an office, employees, or agents outside of the United States? | 14a | |
| 1 | the second revenues or expenses of more trial \$10,000 from growing investments valued | 14b | , |
| | business, investment, and program serves Schedule F, Parts I and IV. | 15 | |
| 1 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or its dry foreign organization? If 'Yes,' complete Schedule F, Parts II and IV. | 16 | |
| 1 | foreign organization? If 'Yes,' complete Schedule F, Parts II and IV. 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. Or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV. | | |
| 1 | Did the organization report a total of more than \$15,000 of expenses for professional relations. | 17 | |
| | B Did the organization report more than \$15,000 total of fundraising event gross interned and sa? If 'Yes,' complete Schedule G, Part II. | 18_ | |
| | 9 Did the organization report more than \$15,000 of gross income from gaming activities our art viti, into some from gaming activities our art viting activities our activiti | 19 20a | |
| | Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H. | 20a | |
| | b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| | 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 | n 990 (2 |

| | 47-JJ80030 | | | |
|-------|---|------------|-------|--------------|
| orm 9 | 990 (2019) POLLYANNA INC IV Checklist of Required Schedules (continued) | | Yes | No |
| | to the detaile on Part IX | | | |
| 2 | bid the organization report more than \$5,000 ld Parts and | 22 | | X |
| 3 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization o | 23 | | Х |
| 4 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of Did the organization have a tax-exempt bond issue with an outstanding principal amount of the organization have a tax-exempt because the organization of the organization have a tax-exempt because the organization of the organization have a tax-exempt because the organization of the organization have a tax-exempt because the organization of the organization have a tax-exempt because the organization of the organization have a tax-exempt because the organization of the | 24a | | X |
| | Did the organization have a tax-exempt such after December 31, 2002? If 'Yes,' answer lines 245 through 2 the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 245 through 2 the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 245 through 2 th | 24b | | |
| | The state of the s | | | |
| | 2011 the executation maintain an escrow account other than a retunding escrow at any time damy | 24c | | |
| | any tax-exempt borness as an 'on behalf of issuer for bonds outstanding at any time during the year? | 240 | | - |
| 5 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an occasion series of the organization of the organizat | 25a | - | X |
| Ŀ | Is the organization aware that it engaged in an excess bearening transaction with a dispersion of 990-EZ? If 'Yes,' complete | 25t | | х |
| | Schedule L, Part I | | | |
| 26 | Schedule L, Part I. 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 former officer, director, trustee, key employee, creator or former of former of ficer, director, trustee, key | 26 | - | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key Did the organization of the second of the second or other provider of any of the second or other provider of any of the second or other provider of any of the second or other provider of any of the second or other provider of any of the second or other provider of any of the second or other provider of any of the second or other provider of any of the second or other provider of any of the second or other provider of any of the second or other provider of any of the second or other provider or oth | 27 | | _ X |
| | persons? If Yes, complete Schedule L, Part IV | | | |
| 28 | Instituctions, for approache that's | 28 | a | 2 |
| | a A current or former officer, director, trustee, key employee, creator or founder, or substantial services as A current or former officer, director, trustee, key employee, creator or founder, or substantial services as A current or former officer, director, trustee, key employee, creator or founder, or substantial services as A current or former officer, director, trustee, key employee, creator or founder, or substantial services as A current or former officer, director, trustee, key employee, creator or founder, or substantial services as A current or former officer, director, trustee, key employee, creator or founder, or substantial services as A current or found | | _ | |
| | 'Yes,' complete Schedule L, Part IV | | | Ι, |
| | a CEST controlled entity of one or more individuals and/or organizations described in times 20d of 2007. | . 28 | | |
| 20 | The state of the s | | + | |
| 3 | 23.1 the accompanion receive contributions of art, historical treasures, or other similar assets, or | . 31 | | |
| 2 | the Regidate terminate or dissolve and cease operations. | | - | _ |
| 3 | 2 Did the organization sell, exchange, dispose of, or transfer more than 25% or its field assets: " 765, or transfer more than 25% or its field assets: " 76 | . 3 | 2 | |
| 3 | 2 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections | . 3 | 3 | \dashv |
| | 301.7701-2 and 301.77 | . 3 | 4 | |
| - | and rail v, the transition within the meaning of section 512(b)(13)? | | 35a | |
| 3 | b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | [| 35b | |
| | entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule N, Val. V, where the entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule N, val. V, where the entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule N, val. V, where the entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule N, val. V, where the entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule N, val. V, where the entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule N, val. V, where the entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule N, val. V, where the entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule N, val. V, where the entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule N, val. V, where the entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule N, val. V, where the entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule N, val. V, where the entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule N, val. V, where the entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule N, val. V, which is the entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule N, val. V, which is the entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule N, val. V, which is the entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule N, val. V, which is the entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule N, val. V, which is the entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule N, val. V, which is the entity within the entity within the entity within the entity within the entity within the entity within the entity within the entity within the entity within the entity within the entity within the entity within the entity within the entity within the entity withi | : | 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 organization? If 'Yes,' complete Schedule R, Part V, line 2 organization and that is | | 37 | |
| | organization? If 'Yes,' complete Schedule R, Part V, line 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. treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI. lines 11b and 19? | - | 38 | х |
| | 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 | • • • • | | |
| | Note: All Form 990 filers are required to complete outside of the second | | | Vac 1 |
| _ | Check if Schedule O contains a response or note to any | 7.0 | 2000 | Yes |
| | 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1 <u>2</u> | UFL E | |
| | h Enter the number of Forms W-2G included in time 14. Extending | | | |
| | b Enter the number of Forms W-2G included in line 1a. Enter 6 states of the payments to vendors and reportable gaming c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | 1 c | X |
| | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | Form | 990 |

Form 990 (2019) POLLYANNA INC
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | Yes | No |
|--|-----------|----------|--------------|
| 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- | | | |
| ments, filed for the calendar year ending with or within the year covered by this return. | 1 | X | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | ^ | |
| Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2- | 1 | X |
| 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | - | <u> </u> |
| b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. | 3 6 6 6 6 | | |
| 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х |
| h If 'Yes' enter the name of the foreign country▶ | | | |
| See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | 5 a | | X |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5b | | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5c | | 1 |
| c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?. | | - | + |
| 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | on 6 a | | X |
| b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | 1 9 | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and | 7a | | X |
| services provided to the payor? | | - | + |
| b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | | <u>'</u> | + |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | Х |
| d If 'Yes,' indicate the number of Forms 8282 filed during the year | 76 | | X |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 71 | - | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | + |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 79 | 9 | - |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a | 71 | h | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring | | l les | 000-0 |
| organization have excess business holdings at any time during the year? | 8 | - | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | 12 8 |
| a Did the sponsoring organization make any taxable distributions under section 4966? | 9 | _ | - |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 91 | b | |
| 10 Section 501(c)(7) organizations. Enter: | II. | | 4 |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b | | | |
| 11 Section 501(c)(12) organizations. Enter: | | | |
| a Gross income from members or shareholders | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 10 | | 9 () |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b | 12 | a | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | 14 | | |
| a Is the organization licensed to issue qualified health plans in more than one state? | 13 | a | |
| Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| h 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 | | i i i | |
| c Enter the amount of reserves on hand | 14 | 3 | X |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14 | | - |
| b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O | | - | + |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 15 | 5 | X |
| excess parachute payment(s) during the year? | | | |
| If 'Yes,' see instructions and file Form 4720, Schedule N. | 10 | 5 | X |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | | 1 150 | |
| If 'Yes,' complete Form 4720, Schedule O. | Fo | rm 99 | 0 (2019) |

| | 330 (2013) FOLLIANNA INC | | | | | |
|--|---|---------|----------|----------|--|--|
| Pari | Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b bet a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. | ges o | n | | | |
| Seci | tion A. Governing Body and Management | | | | | |
| | | | Yes | No | | |
| 1 a | Enter the number of voting members of the governing body at the end of the tax year 1a 6 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. | | | | | |
| | Enter the number of voting members included on line 1a, above, who are independent 1b | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | X | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X | | |
| 4 | Did the organization make any significant changes to its governing documents | | | | | |
| | since the prior Form 990 was filed? | 4 | | <u>X</u> | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X | | |
| 6 | Did the organization have members or stockholders? | 6 | | X | | |
| 7 a | 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? | 7 a | | Х | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7 b | | Х | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | |
| а | The governing body? | 8a | X | | | |
| | Each committee with authority to act on behalf of the governing body? | 8 b | | X | | |
| | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O. | 9 | | Х | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | veni | ie Co | ode.) | | |
| | | | Yes | No | | |
| 10 a | Did the organization have local chapters, branches, or affiliates? | 10 a | | X | | |
| t | of 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10 b | | | | |
| 11 a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? | 11 a | | X | | |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O | | | | | | |
| 12 a | Did the organization have a written conflict of interest policy? If 'No,' go to line 13 | 12a | X | | | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12 b | Х | | | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. | 12 c | Х | <u> </u> | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | X | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | X | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | |
| a | The organization's CEO, Executive Director, or top management official | 15 a | | X | | |
| | Other officers or key employees of the organization | 15 b | | X | | |
| | If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | |
| 16 a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | 1 | | |
| | taxable entity during the year? If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its | 16 a | | X | | |
| ľ | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16 b | | | | |
| Sec | tion C. Disclosure | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► NONE | | <u> </u> | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5 available for public inspection, Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O) | 01(c)(| (3)s or | nly) | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements avail the public during the tax year. SEE SCHEDULE O | able to | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records ► POLLYANNA, INC 19 EAST 80TH ST APT 8TH FL. NEW YORK NY 10075 917-991-7183 | | | | | |
| | | | | | | |

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

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

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

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

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

| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. | | | | | | | | | | |
|--|--|-------------|-----------------------|----------------|---|---|--------|-------------------------------------|-----------------|--|
| (A) Name and little | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | (D) Reportable | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from | | | | |
| W | per week (list any hours for related organiza- tions below dotted line) | or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Farmer | the organization (W-2/1099-MISC) | (W-2/1099-MISC) | the organization and related organizations |
| (1) CASPER CALDAROLA EXECUTIVE DIR. | $-\frac{40}{0}$ | X | | Х | | | i | 48,000. | 0. | 16,157. |
| (2) RENA ANDOH | 5 | X | | - | | | | 0. | 0. | 0. |
| DIRECTOR (3) ADDESON LEHV TRUSTEE | 0 - 5 0 | X | | | | | | 0. | 0. | 0. |
| (4) ERICA PETTIS DIRECTOR | 5 0 | X | | | | | | 0. | 0. | 0. |
| (5) ASHLEY SMYTH DIRECTOR | - 5 - | Х | | | | | | 0. | 0. | <u></u> 0. |
| (6) MARJORIE VAN DERCOOK DIRECTOR | 5 0 | X | | | | | | 0. | 0. | 0. |
| <u></u> | | | | | | | | | | |
| _(8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | _ |
| (13) | | | | | 11 | | | | | |
| (14) | | | | | | - | | | | |
| | | | 1 | | | | 1 | | | Form 990 (2019) |

| Form 990 (2019) POLLYANNA INC | | | | | | | | | 47-3588638 | | Page 8 |
|---|---------------------|-----------------------------------|-----------------------|--|---|---------------------------------|--|--|---|-------------------|-----------|
| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | |
| (B) (C) | | | | | | | | | | | |
| 785 | | ours box, unless person is t | | | lhan (| | (D) | (E) | (F |) | |
| (A) Name and title | Average hours | | | | box, unless person is both an officer and a director/trustee) | | | Reportable compensation from | Reportable | Estimated | amount |
| Hamb and the | per week | | | | | | | the organization (W-2/1099-MISC) | compensation from retaled organizations | of ot compensa | her |
| | (list any hours | Individual or director | nsi i | 3 | Key employee | 夏夏 | 9 | (W-2/1099-MISC) | (W-2/1099-MISC) | the organ | nization |
| | for related | rections | Line I | Ġ. | Stab | est c | 던 | | | organiz | |
| | organiza • Irons | N P |] [] | | laye | [월 | | | | | |
| | below dotted | Individual trustee or director | Institutional trustee | | 0 | l ens | | | ' | | |
| | іпе) | " | ਨਿੱ | , | | Highest compensated employee | | | | | |
| | | - | | - | - | \vdash | | | | | |
| (15) | | | | | | | | | | | |
| MAC | | ┼─ | | _ | ╢ | | | - | | | |
| (16) | | - | | | | | | | | | |
| (17) | - | 1 | | | \vdash | - | \vdash | | | | |
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| (18) | | + | | | +- | | | | | | |
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| (19) | | 1- | | | | 1 | 1 | | | | |
| (19) | = | 1 | | | | | | | | | |
| (20) | | 1- | | | 1 | 1 | \vdash | | | | |
| (20) | | | | | | | | | | | |
| (21) | | +- | ⇈ | | 1 | 1 | | | | | |
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| (22) | | 1 | | | | t | | | | | |
| (22) | | 1 | | ļ | | | | | | | |
| (23) | | | | | | | \Box | × | | | |
| 22 | | | | | | | | | | | |
| (24) | Talwasta | | | | | | | | | | |
| | | | | | | | | | | | |
| (25) | 20.00 | . | | | | | 1 | | | | |
| | | | | <u> </u> | | | | | | | |
| 1 b Subtotal | | | | | | | | 48,000. | | | 6,157. |
| c Total from continuation sheets to Part VII, Sect | | | | | | | | 0. | | | 0. |
| d Total (add lines 1b and 1c) | (1-11) | . 4.00 | | 0 = 5.5 | 4 + 4) | | | 48,000. | 0. | | 6,157. |
| 2 Total number of individuals (including but not limited | d to those | listed | abo | ove) | who | rece | ived | I more than \$100,0 | 00 of reportable com | pensation | |
| from the organization 0 | | | | | | | | | | 13 | too Ma |
| | | | | | | | | | | | res No |
| 3 Did the organization list any former officer, dire | ctor, trust | ee, k | еу е | emp | loye | e, or | hig | hest compensate | d employee | 3 | X |
| on line 1a? If 'Yes,' complete Schedule J for su | | | | | | | | | | | |
| 4 For any individual listed on line 1a, is the sum of | of reporta | ble co | omp | ens | atio | n and | l oth | her compensation | from | | |
| the organization and related organizations great such individual | er than \$ | 1,001 | ,,,,,, | ' H | 765 | , cor | прк | ste Schedule 3 10 | | 4 | X |
| E. Did any spread listed on line 12 receive or accr | io compe | neati | on f | rom | anı | z unn | elat | ed organization o | r individual | (C) | |
| for services rendered to the organization? If 'Ye | s,' comp | ete S | che | dule | e Ji | or su | ch į | person | | 5 | X |
| Section B. Independent Contractors | | | | | | | | | | | |
| Complete this table for your five highest compe compensation from the organization. Report compe | nsated in | depe | nder | nt co ndar | ontra r ves | actor: er end | s th lina | at received more with or within the o | than \$100,000 of organization's tax vea | ar. | |
| | i isation io | T LITE | | i içaçai | 900 | | ıg | | 3) | (C) | |
| (A) Name and business ad | dress | | | | | | | Description | of services | Compen | sation |
| | | | | | | | | <u> </u> | | | |
| | | | | | | | | | | | |
| | | | | | | | | 1,0 | | | |
| | | | | | | | | | | | |
| | | | | | | | | 1 | | | |
| 2 Total number of independent contractors (including | but not lii | nited | to th | nose | liste | ed ab | ove) |) who received mor | e than | | |
| \$100,000 of compensation from the organization | | | | | | | | | | | |
| , | | | 40100 | 31 6 | 7/21/4 | 10 | | | | Form 9 | 90 (2019) |

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) (C) (D) (A) Total revenue Related or Unrelated Revenue excluded from tax exempt business function revenue under sections 512-514 revenue 1 a Contributions, Gifts, Grants 1 a Federated campaigns...... and Other Similar Amounts b Membership dues..... 1 b 1 c c Fundraising events 1 d d Related organizations..... e Government grants (contributions).... 1 e f All other contributions, gifts, grants, and 1f similar amounts not included above... 144,468 g Noncash contributions included in 1 g 4,817 lines 1a-1f..... h Total. Add lines 1a-1f..... 144,468 **Business Code** Program Service Revenue 150,104 150,104 2a CONFERENCES 119,500 119,500 b CONSULTING f All other program service revenue . . . g Total. Add lines 2a-2f..... 269,604. Investment income (including dividends, interest, and other similar amounts)..... 59 59. Income from investment of tax-exempt bond proceeds. Royalties. 5 (i) Real (ii) Personal 6 a Gross rents.... 6a 6b b Less: rental expenses c Rental income or (loss) |6c d Net rental income or (loss)......... (ii) Other (i) Securities 7 a Gross amount from sales of assets 7a other than inventory
b Less: cost or other basis 7b and sales expenses 7c c Gain or (loss)...... d Net gain or (loss) 8 a Gross income from fundraising events Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a Other b Less: direct expenses...... 86 c Net income or (loss) from fundraising events...... 9 a Gross income from gaming activities. 9a See Part IV, line 19...... 9 b b Less: direct expenses...... c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less..... returns and allowances li0a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous Revenue d All other revenue e Total. Add lines 11a-11d.....

Total revenue. See instructions.....

414,131

269,663

0

0

Part IX | Statement of Functional Expenses

| Sect | on 501(c)(3) and 501(c)(4) organizations must comp | olete all columns. All othe | er organizations must co | mplete column (A) | 191 |
|---------------|--|-----------------------------|------------------------------|-------------------------------------|--------------------------------|
| | Check if Schedule O contains a re | sponse or note to any | line in this Part IX | | X |
| Do r 6b, 1 | oot include amounts reported on lines rb, 8b, 9b, and 10b of Part VIII. | Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | , | | | |
| 3 | organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 48,000. | 48,000. | 0. | 0. |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 16,157. | 16,157. | | |
| 10 | | 6,548. | 6,548. | | |
| 11 | 1 | | | 1 | |
| | Management | | | | |
| | Legal | | | | |
| | : Accounting. | 688. | 688. | | |
| | Lobbying | | | | |
| 0 | Professional fundraising services. See Part IV, line 17 | | | | |
| | Investment management fees | | | | |
| 9 | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.SCH. | 217,367. | 217,367. | | |
| 12 | Advertising and promotion | 9,315. | 9,315. | | |
| 13 | | 915. | 915. | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 6,500. | 6,500. | | |
| 17 | Travel | 24,761. | 24,761. | | |
| 18 | Payments of travel or entertainment | 20,102 | E I | | |
| | expenses for any federal, state, or local public officials. | | | | |
| 19 | Conferences, conventions, and meetings | 7,930. | 7,930. | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | | 1,128. | 1,128. | | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| | a GRANT_EXPENSES | 14,185. | 14,185. | | |
| | b UTILITIES | 2,757. | 2,757. | | |
| | CLIENT RELATIONS | 1,518. | 1,518. | | |
| | d MISCELLANEOUS | 1,101. | 1,101. | | |
| | e All other expenses | 1,968. | 1,968. | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 360,838. | 360,838. | 0. | 0. |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720) | | | | |

Page 11 47-3588638 Form 990 (2019) POLLYANNA INC Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X..... (A) Beginning of year End of year 111,361 1 109,986. Cash — non-interest-bearing 2 2 3 Pledges and grants receivable, net 3 4 52,350. 2,500 Δ Accounts receivable, net Loans and other receivables from 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..... 5 6 Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), and persons described in section 4958(c)(3)(B)..... 7 Notes and loans receivable, net 8 Inventories for sale or use. Assets 9 Prepaid expenses and deferred charges...... 10a Land, buildings, and equipment: cost or other basis. 10a Complete Part VI of Schedule D...... 10 c 10b 11 7,988. 11 12 Investments – other securities. See Part IV, line 11..... 12 13 Investments - program-related. See Part IV, line 11............... 13 14 14 15 Other assets. See Part IV, line 11. 15 16 170,324. Total assets. Add lines 1 through 15 (must equal line 33)...... 113,861 16 17 Accounts payable and accrued expenses. 17 18 Grants payable..... 18 Deferred revenue..... 19 19 20 Tax-exempt bond liabilities..... 20 Escrow or custodial account liability. Complete Part IV of Schedule D...... 21 jabilitie Loans and other 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..... 22 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties..... 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 26 0. 0. Total liabilities. Add lines 17 through 25...... Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.

| | 1, (| 300000 | | | 90 |
|-----|---|--------|------|------|--------|
| Pai | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4 | 14.1 | 31. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 338. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 293. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | | 361. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | .70. |
| 6 | Donated services and use of facilities | 6 | 1000 | | |
| 7 | Investment expenses | 7 | | 1111 | -4.5 |
| 8 | Prior period adjustments | 8 | -3 | | -0.70 |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 1. | 70.3 | 324. |
| Pai | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | Check if Ochecule O Contains a response of note to any line in this rait XII | | 1000 | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | res | NO |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | | | |
| 2 8 | a Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | Х | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis | d on a | | | |
| | | | | | х |
| | b Were the organization's financial statements audited by an independent accountant? | | 2 b | | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both: 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? | | 2 c | | Х |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | | |
| 3 a | a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | 3 a | | Х |
| Ŀ | b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audi | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3 b | | |
| ВАА | TEEA0112L 01/21/20 | | Form | 990 | (2019) |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2019

Open to Public Inspection

Employer identification number

47-3588638 POLLYANNA INC Reason for Public Charity Status (All organizations must complete this part.) See instructions. 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 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations..... g Provide the following information about the supported organization(s). (iii) Type of organization (described on lines 1-10 (v) Amount of monetary (i) Name of supported organization (iv) Is the organization listed in your governing document? (vi) Amount of other support (see instructions) support (see instructions) above (see instructions)) Yes No (A) (B) (C) (D) (E) Total

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

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

| Sec | tion A. Public Support | | | | | | |
|--------------|---|--|--|---|--|--|--------------|
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| Sec | tion B. Total Support | | | | | | |
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activ | ities, etc. (see in | structions). | | | | |
| 13 | First five years. If the Form 990 is organization, check this box and | | | | | | > |
| Sec | tion C. Computation of Pu | | | | | | |
| | Public support percentage for 20 | | | | | | % |
| 15 | Public support percentage from | 2018 Schedule A | , Part II, line 14 | | | 15 | % |
| 16a | 33-1/3% support test—2019. If t and stop here. The organization | he organization d qualifies as a pu | lid not check the b blicly supported or | ox on line 13, an | d line 14 is 33-1/3 | 3% or more, check | this box |
| b | 33-1/3% support test—2018. If the and stop here. The organization | ne organization di qualifies as a pu | d not check a box iblicly supported o | on line 13 or 16a | a, and line 15 is 3 | 3-1/3% or more, ch | eck this box |
| 17a | 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts' | est—2019. If the o meets the 'facts- s-and-circumstand | rganization did no and-circumstances ces' test. The orga | t check a box on s' test, check this nization qualifies | line 13, 16a, or 1 box and stop her as a publicly sup | 6b, and line 14 is 1 re. Explain in Part \ ported organization | 0% /I how |
| b | 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an | meets the 'facts-: | and-circumstances | s' test, check this | box and stop bei | re. Explain in Part \ | /I how the |
| 18 | Private foundation. If the organi | zation did not che | eck a box on line 1 | 13, 16a, 16b, 17a | , or 17b, check th | is box and see insti | ructions 🟲 |

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.)

| Sect | ion A. Public Support | | | | | | |
|--------|--|---|--|---|---------------------|----------------------|-----------|
| Calend | ar year (or fiscal year beginning in) 🟲 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') | | | | 227,944. | 144,468. | 372,412. |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | 0. |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513. | | | | | 269,604. | 269,604. |
| | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| | Total. Add lines 1 through 5 | 0. | 0. | 0. | 227,944. | 414,072. | 642,016. |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | 0. | 0. | 0. | 0. | 0. | 0. |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | 52,172. |
| _ | Add lines 7a and 7b | 0. | 0. | 0. | 0. | 52,172. 52,172. | 52,172. |
| | Public support. (Subtract line | 0. | 0. | 0. | 0. | 52,112. | 32,112. |
| | 7c from line 6.)tion B. Total Support | | | | | | 589,844. |
| | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | dar year (or fiscal year beginning in) Amounts from line 6 | 0. | 0. | 0. | 227,944. | 414,072. | 642,016. |
| - | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. | 0. | 0.1 | 0.1 | 221, 544. | 59. | 59. |
| | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | 0. |
| _ | Add lines 10a and 10b | 0. | 0. | 0. | 0. | 59. | 59. |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | 0. |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | 0. |
| | Total support. (Add lines 9, 10c, 11, and 12.) | 0. | 0. | 0. | 227,944. | 414,131. | 642,075. |
| | First five years. If the Form 990 organization, check this box and | stop here | | d, third, fourth, o | r fifth tax year as | a section 501(c)(3) | ► X |
| Sec | tion C. Computation of Pul | olic Support P | ercentage | | | <u> </u> | |
| 15 | Public support percentage for 20 | | | | | | 96 |
| 16 | Public support percentage from 2 | | | | | 16 | 8 |
| Sec | tion D. Computation of Inv | | The second secon | - Contract of the Contract of | | | |
| 17 | Investment income percentage for | | | | | | 8 |
| 18 | Investment income percentage for | | | | | | 96 |
| | 33-1/3% support tests—2019. If this not more than 33-1/3%, check 33-1/3% support tests—2018. If the support tests—2018. | this box and stop | here. The organi | ization qualifies a | is a publicly supp | orted organization | 💆 🔲 |
| D | line 18 is not more than 33-1/3% | ne organization α , check this box a | id not check a boo and stop here. The | e organization qu | alifies as a public | ly supported organiz | zation |
| 20 | W | | | | | | |

Schedule A (Form 990 or 990-EZ) 2019

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

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

| Pa | rt IV | Supporting Organizations (continued) | | | |
|-----|----------------------------|--|--------|--------|----|
| | | | | Yes | No |
| | | ne organization accepted a gift or contribution from any of the following persons? | | | |
| i | a A pers gover | son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the ning body of a supported organization? | 11a | | |
| | b A farr | nily member of a person described in (a) above? | 11b | | |
| | c A 35% | 6 controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI. | 11c | j | |
| Sec | tion E | 3. Type I Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | or election of the direct | e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in // how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove fors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year. | 1 | | |
| 2 | that o | ne organization operate for the benefit of any supported organization other than the supported organization(s) perated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization. | 2 | | |
| Sec | ction (| C. Type II Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | of ear | a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| Sec | ction I | D. All Type III Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | organ year, | ne organization provide to each of its supported organizations, by the last day of the fifth month of the lization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the lization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | organ | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported sization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | voice all tin | ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard. | 3 | | |
| Se | ction (| E. Type III Functionally Integrated Supporting Organizations | | | · |
| | Chock | k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| | | To asset | | | |
| | | he organization satisfied the Activities Test. Complete line 2 below. | | | |
| | Η | he organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| | c T | he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in | nstruc | tions) | |
| 2 | Activi | ties Test. Answer (a) and (b) below. | | Yes | No |
| | suppo orgai respo | substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported inizations and explain how these activities directly furthered their exempt purposes, how the organization was possive to those supported organizations, and how the organization determined that these activities constituted that activities. | 2a | | |
| | b Did th the o the o | ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the nization's involvement. | 2b | | |
| 3 | Parer | nt of Supported Organizations. Answer (a) and (b) below. | | | |
| | a Did th each | ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i> | 3a | | |
| | b Did th | be organization exercise a substantial degree of direction over the policies, programs, and activities of each of its organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard. | 3b | | |

| Sche | dule A (Form 990 or 990-EZ) 2019 POLLYANNA INC | | 47-35 | 88638 | Page (|
|------|--|--------------------|--|--------------------------|--------|
| Pai | t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga | anizati | ons | | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization | t on No ns must | v. 20, 1970 (explain in complete Sections A | Part VI). See through E. | : |
| Sec | tion A – Adjusted Net Income | | (A) Prior Year | (B) Curre | |
| 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 | | | ř |
| 7 | Other expenses (see instructions) | 7 | | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | | |
| Sec | tion B - Minimum Asset Amount | | (A) Prior Year | (B) Curre (optio | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | | |
| ; | Average monthly value of securities | 1a | | | |
| | Average monthly cash balances | 1b | | | |
| | Fair market value of other non-exempt-use assets | 1c | | | |
| - | 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 1-1/2% 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 .035. | 6 | | O. | |
| 7 | Recoveries of prior-year distributions | 7 | | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | |
| Sec | tion C — Distributable Amount | | | Current | Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | | |
| 2 | Enter 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 emergency | 6 | | | |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

BAA

Schedule A (Form 990 or 990-EZ) 2019

| Schedule A (Form 990 or 990-EZ) 2019 POLLYANNA INC | Companies Ossanies | 47-358 | 8638 Page 7 | | | | | | |
|---|--|--|---|--|--|--|--|--|--|
| Part V Type III Non-Functionally Integrated 509(a)(3 | s) Supporting Organiza | uons (continueu) | Current Year | | | | | | |
| Section D - Distributions | | | Ourient real | | | | | | |
| Amounts paid to supported organizations to accomplish exem | | | | | | | | | |
| 2 Amounts paid to perform activity that directly furthers exempt purpoin excess of income from activity | | , | | | | | | | |
| 3 Administrative expenses paid to accomplish exempt purposes | of supported organizations | | 1011900 | | | | | | |
| 4 Amounts paid to acquire exempt-use assets | | | | | | | | | |
| 5 Qualified set-aside amounts (prior IRS approval required) | | | | | | | | | |
| 6 Other distributions (describe in Part VI). See instructions. | Other distributions (describe in Part VI). See instructions. | | | | | | | | |
| 7 Total annual distributions. Add lines 1 through 6. | | | | | | | | | |
| 8 Distributions to attentive supported organizations to which the organin Part VI). See instructions. | | | | | | | | | |
| 9 Distributable amount for 2019 from Section C, line 6 | | | | | | | | | |
| 10 Line 8 amount divided by line 9 amount | | | | | | | | | |
| Section E — Distribution Allocations (see instructions | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 | | | | | | |
| 1 Distributable amount for 2019 from Section C, line 6 | | | | | | | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions. | | | | | | | | | |
| 3 Excess distributions carryover, if any, to 2019 | | | | | | | | | |
| a From 2014 | | | | | | | | | |
| b From 2015 | | | | | | | | | |
| c From 2016 | | | | | | | | | |
| d From 2017 | | | | | | | | | |
| e From 2018 | | | | | | | | | |
| f Total of lines 3a through e | | | | | | | | | |
| g Applied to underdistributions of prior years | | | | | | | | | |
| h Applied to 2019 distributable amount | | | | | | | | | |
| i Carryover from 2014 not applied (see instructions) | | | | | | | | | |
| J Remainder, Subtract lines 3g, 3h, and 3i from 3f. | | | | | | | | | |
| 4 Distributions for 2019 from Section D, line 7: | | | | | | | | | |
| a Applied to underdistributions of prior years | | | | | | | | | |
| b Applied to 2019 distributable amount | | | | | | | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | | | | | | | |
| 5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and from line 1. For result greater than zero, explain in Part VI. S instructions. | | | | | | | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | | | | | | | | |
| 8 Breakdown of line 7: | | | | | | | | | |
| a Excess from 2015 | W | | | | | | | | |

BAA Schedule A (Form 990 or 990-EZ) 2019

b Excess from 2016....
c Excess from 2017.....
d Excess from 2018....
e Excess from 2019.....

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization POLLYANNA INC

Employer identification number 47-3588638

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

POLLYANNA ADVANCES SYSTEMIC CHANGE BY DEVELOPING STRONGER COMMUNITIES.

OUR STRATEGY: POLLYANNA WORKS WITH ACADEMIC AND OTHER INSTITUTIONS TO ACHIEVE THEIR DIVERSITY, EQUITY AND INCLUSION GOALS. THROUGH ITS UNIQUE CONFERENCE MODELS, DISCUSSION PLATFORMS, AND RACIAL LITERACY CURRICULA, POLLYANNA INCREASES CULTURAL COMPETENCE.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

POLLYANNA ADVANCES SYSTEMIC CHANGE BY DEVELOPING STRONGER COMMUNITIES.

OUR STRATEGY: POLLYANNA WORKS WITH ACADEMIC AND OTHER INSTITUTIONS TO ACHIEVE THEIR DIVERSITY, EQUITY AND INCLUSION GOALS. THROUGH ITS UNIQUE CONFERENCE MODELS, DISCUSSION PLATFORMS, AND RACIAL LITERACY CURRICULA, POLLYANNA INCREASES CULTURAL COMPETENCE.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

| | | (A) | (B) PROGRAM | (C) MANAGEMENT | (D) FUND- |
|-------------|----------|----------------------|-------------------------|-------------------|--------------|
| | _ | TOTAL | SERVICES | & GENERAL | RAISING |
| CONSULTANTS | TOTAL \$ | 217,367. 217,367. | 217,367. \$ 217,367. | \$ 0. | \$ 0. |