

**FOR TAX YEAR 2020**

ANCOP FOUNDATION (USA) INC

Business Development USA Corp  
934 Stuyvesant Avenue  
Union, NJ 07083  
(908) 687-8787

# **Business Development USA Corp**

934 Stuyvesant Avenue  
Union, NJ 07083  
busdevelopmentusa@gmail.com  
Phone: (908)687-8787 | Fax: (908)325-1649

October 03, 2021

ANCOP FOUNDATION (USA) INC  
ANCOP FOUNDATION (USA) INC  
315 W Maple Avenue  
Monrovia, CA 91016

ANCOP FOUNDATION (USA) INC:

Enclosed is the 2020 federal return for a tax-exempt organization, prepared for ANCOP FOUNDATION (USA) INC from the information provided. The return was e-filed with the IRS and was accepted on October 03, 2021.

The federal return reflects neither a refund nor a balance due.

Enclosed is the 2020 California Income Tax return for ANCOP FOUNDATION (USA) INC, prepared from the information provided. The return will be e-filed with the California taxing authority.

The organization's California Income Tax return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (908)687-8787.

Sincerely,

Jesus Arteche  
Business Development USA Corp

	<b>Acknowledgement and General Information for Entities That File Returns Electronically</b>	<b>2020</b>
Name(s) as shown on return <b>ANCOP FOUNDATION (USA) INC</b>		Employer Identification Number <b>**-***3495</b>
<p>Entity address</p> <p><u>315 W Maple Avenue</u></p> <p><u>Monrovia, CA 91016</u></p>		
<p><b>Thank you for participating in IRS e-file.</b></p> <p>1. <input checked="" type="checkbox"/> 2020 <u>990</u> income tax return for <u>Federal</u> was filed electronically. The electronic filing services were provided by <u>Business Development USA Corp</u>.</p> <p>2. <input checked="" type="checkbox"/> <u>990</u> income tax return was accepted on <u>10-03-2021</u> using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature. The submission ID assigned to this return is <u>2087732021276abkrsdf</u>.</p>		
<p><b>PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.</b></p>		

## Return of Organization Exempt From Income Tax

2020

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

- Do not enter social security numbers on this form as it may be made public.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning

, 2020, and ending

, 20

B Check if applicable:

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

C Name of organization **ANCOP FOUNDATION (USA) INC**  
 Doing business as **ANCOP FOUNDATION (USA) INC**  
 Number and street (or P.O. box if mail is not delivered to street address)  
**315 W Maple Avenue**  
 City or town, state or province, country, and ZIP or foreign postal code  
**Monrovia, CA 91016**

D Employer identification number  
**68-0463495**  
 E Telephone number  
**(201) 306-2524**  
 G Gross receipts  
**\$ 1,219,151**

I Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

J Website: ► **N/A**K Form of organization:  Corporation  Trust  Association  Other ►L Year of formation: **2000**M State of legal domicile: **CA**

H(a) Is this a group return for subordinates?  Yes  No

H(b) Are all subordinates included?  Yes  No

If "No," attach a list. See instructions

H(c) Group exemption number ►

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>Provide assistance to the needy and the poor in targeted depressed areas of the world. Undertake scholarship program, community development projects and medical missions.</b>		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	11
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) . . . . .	5	0
	6 Total number of volunteers (estimate if necessary) . . . . .	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . . .	7b	0
		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h) . . . . .	1,141,393	697,627
	9 Program service revenue (Part VIII, line 2g) . . . . .	419	0
Revenue	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	4,673	4,480
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	247,255	517,044
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	1,393,740	1,219,151
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .		0
	14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .		0
	16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		0
	b Total fundraising expenses (Part IX, column (D), line 25) ► <b>69,427</b>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	1,289,778	1,030,677
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	1,289,778	1,030,677
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12 . . . . .	103,962	188,474
		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16) . . . . .	1,391,402	1,564,046
	21 Total liabilities (Part X, line 26) . . . . .	38,527	8,934
	22 Net assets or fund balances. Subtract line 21 from line 20 . . . . .	1,352,875	1,555,112

## Part II Signature Block

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

Sign Here	► <b>Rolando Balanza</b>	Date
	Signature of officer	
	► <b>Rolando Balanza, Chief Financial Officer</b>	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>Jesus Arteche</b>		<b>10-03-2021</b>		<b>XXXXXXXXXX</b>
	Firm's name ► <b>Business Development USA Corp</b>		Firm's EIN ►		
	Firm's address ► <b>934 Stuyvesant Avenue</b>		Phone no.		
	<b>Union NJ 07083</b>				<b>908-687-8787</b>

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2020)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III 

1 Briefly describe the organization's mission:

Provide assistance to the needy and the poor in targeted depressed areas of the world. Undertake scholarship program, community development projects and medical missions.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: \_\_\_\_\_) (Expenses \$ 935,065 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

Educational, economic and livelihood and community development programs for the poorest of the poor in the Philippines through CFC ANCOP Global Foundation, a NGO in the area.

4b (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

Health programs for the poor in the Philippines

4c (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4d Other program services (Describe on Schedule O.)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ► 935,065

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	1 <input checked="" type="checkbox"/>	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions? . . . . .	2 <input checked="" type="checkbox"/>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	3 <input checked="" type="checkbox"/>	
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	4 <input checked="" type="checkbox"/>	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	5 <input checked="" type="checkbox"/>	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	6 <input checked="" type="checkbox"/>	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	7 <input checked="" type="checkbox"/>	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	8 <input checked="" type="checkbox"/>	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	9 <input checked="" type="checkbox"/>	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V . . . . .	10 <input checked="" type="checkbox"/>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	11a <input checked="" type="checkbox"/>	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	11b <input checked="" type="checkbox"/>	
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 . . . . .	11c <input checked="" type="checkbox"/>	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	11d <input checked="" type="checkbox"/>	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	11e <input checked="" type="checkbox"/>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	11f <input checked="" type="checkbox"/>	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	12a <input checked="" type="checkbox"/>	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	12b <input checked="" type="checkbox"/>	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	13 <input checked="" type="checkbox"/>	
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a <input checked="" type="checkbox"/>	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	14b <input checked="" type="checkbox"/>	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .	15 <input checked="" type="checkbox"/>	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .	16 <input checked="" type="checkbox"/>	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions . . . . .	17 <input checked="" type="checkbox"/>	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	18 <input checked="" type="checkbox"/>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	19 <input checked="" type="checkbox"/>	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	20a <input checked="" type="checkbox"/>	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	20b <input checked="" type="checkbox"/>	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	21 <input checked="" type="checkbox"/>	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. . . . .	23	X
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	
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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 Schedule L, Part I . . . . .	25b	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II. . . . .	26	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	27	X
28	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. . . . .	28a	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .	28b	X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . .	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. . . . .	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 . . . . .	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	35a	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35b	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. . . . .	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	X

**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 . . . . . 

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .	1a	0
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	X

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O.</i>	3b	
4a	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	X
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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	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?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	
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?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7e	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	9a	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
10	<b>Section 501(c)(7) organizations.</b> Enter:	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11a	
11	<b>Section 501(c)(12) organizations.</b> Enter:	11b	
a	Gross income from members or shareholders	12a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	12b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	13a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	13b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13c	
a	Is the organization licensed to issue qualified health plans in more than one state?	14a	X
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	14b	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	15	
c	Enter the amount of reserves on hand	16	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?		
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
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.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.		

**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 in 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**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. . . . .	1a 11	
	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 in line 1a, above, who are independent. . . . .	1b 11	
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, or 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	x
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
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? . . . . .	8a x	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .	9	x

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	10a x	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b x	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13. . . . .	12a x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b x	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. . . . .	12c x	
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 . . . . .	15a x	
b	Other officers or key employees of the organization . . . . .	15b x	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	x
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? . . . . .	16b	

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed ► <u>California, New Jersey, Texas</u>
18	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.
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain on Schedule O)
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.
20	State the name, address, and telephone number of the person who possesses the organization's books and records ► <u>Rolando Balanza (201) 306-2524, 315 W Maple Avenue, Monrovia, CA 91016</u>

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former officer or director	Key employee highest compensated employee	Officer Institutional trustee Individual trustee			
(1) <u>Rolando Balanza</u> Chief Financial Officer and Treasurer	40.00	X	X		21,050	0	0
(2) <u>Jose Reandelar</u> President	10.00	X	X		9,540	0	0
(3) <u>Sam Jutba</u> Trustee	10.00	X			0	0	0
(4) <u>Hernando Carandang</u> Trustee	10.00		X		0	0	0
(5) <u>Rodel Santiago</u> Trustee	10.00	X			0	0	0
(6) <u>Judy Allarey</u> Trustee	10.00	X			0	0	0
(7) <u>Ronnie Calungcagin</u> Trustee	10.00	X			0	0	0
(8) <u>Noli Calingo</u> Trustee	10.00		X		0	0	0
(9) <u>Chodie Cayanan</u> Trustee	10.00	X			0	0	0
(10) <u>Rodolfo Jeturian</u> Chairman of the Board	10.00	X	X		0	0	0
(11) <u>Victor Iladoc</u> Secretary	10.00		X		0	0	0
(12)							
(13)							
(14)							

**Part VII****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former highest compensated employee	Key employee Officer Institutional trustee Individual trustee or director			
(15)						
(16)						
(17)						
(18)						
(19)						
(20)						
(21)						
(22)						
(23)						
(24)						
(25)						
<b>1b Subtotal</b>						
<b>c Total from continuation sheets to Part VII, Section A</b>						
<b>d Total (add lines 1b and 1c)</b>				<b>30,590</b>	<b>0</b>	<b>0</b>
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►						0
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual					<b>3</b>	<b>x</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual					<b>4</b>	<b>x</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person					<b>5</b>	<b>x</b>

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►		

**Part VIII****Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . . . . b Membership dues . . . . . c Fundraising events . . . . . d Related organizations . . . . . e Government grants (contributions) . . . f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f . . . . . h Total. Add lines 1a-1f . . . . . ►	1a 1b 1c 1d 1e 1f 697,627 1g \$				
Program Service Revenue	2a OTHER INCOME b c d e f All other program service revenue . . . . . g Total. Add lines 2a-2f . . . . . ►	Business Code 900099				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ► 4 Income from investment of tax-exempt bond proceeds . . . ► 5 Royalties . . . . . ► 6a Gross rents . . . . . b Less: rental expenses . . . c Rental income or (loss) . . . d Net rental income or (loss) . . . . . ► 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses . . . c Gain or (loss) . . . d Net gain or (loss) . . . . . ► 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . b Less: direct expenses . . . . . c Net income or (loss) from fundraising events . . . . . ► 9a Gross income from gaming activities, See Part IV, line 19 . . . . . b Less: direct expenses . . . . . c Net income or (loss) from gaming activities . . . . . ► 10a Gross sales of inventory, less returns and allowances . . . . . b Less: cost of goods sold . . . . . c Net income or (loss) from sales of inventory . . . . . ►	(i) Real 6a 6b 6c (i) Securities 7a 7b 7c 8a 517,044 8b 9a 9b 10a 10b	4,480	4,480		
Miscellaneous Revenue	11a b c d All other revenue . . . . . e Total. Add lines 11a-11d . . . . . ► 12 Total revenue. See instructions . . . . . ►	Business Code	1,219,151	4,480	0	517,044

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<b><i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i></b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
4 Benefits paid to or for members . . . . .				
5 Compensation of current officers, directors, trustees, and key employees . . . . .				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7 Other salaries and wages . . . . .				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
9 Other employee benefits . . . . .				
10 Payroll taxes . . . . .				
11 Fees for services (nonemployees):				
a Management . . . . .				
b Legal . . . . .				
c Accounting . . . . .				
d Lobbying . . . . .				
e Professional fundraising services. See Part IV, line 17 . . . . .				
f Investment management fees . . . . .				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	66,200	51,275	14,925	
12 Advertising and promotion . . . . .	150			150
13 Office expenses . . . . .	1,645	823	822	
14 Information technology . . . . .	43,385	24,318	709	18,358
15 Royalties . . . . .				
16 Occupancy . . . . .	3,000			3,000
17 Travel . . . . .	1,303		1,303	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .	1,101	200	901	
20 Interest . . . . .				
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .				
23 Insurance . . . . .	6,772		5,418	1,354
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 Grants and subrecipients . . . . .	847,349	847,349		
b Donations . . . . .	200		200	
c Telephone . . . . .	760		760	
d Postage . . . . .	1,390		735	655
e All other expenses . . . . .	57,422	11,100	412	45,910
25 Total functional expenses. Add lines 1 through 24e. . . . .	1,030,677	935,065	26,185	69,427
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 ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X****Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X . . . . . 

		(A) Beginning of year	(B) End of year
Assets	1 Cash - non-interest-bearing . . . . .	1,235,265	569,204
	2 Savings and temporary cash investments . . . . .	137,543	991,839
	3 Pledges and grants receivable, net . . . . .	3	
	4 Accounts receivable, net . . . . .	16,461	1,229
	5 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 section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	6	
	7 Notes and loans receivable, net . . . . .	7	
	8 Inventories for sale or use . . . . .	8	
	9 Prepaid expenses and deferred charges . . . . .	2,133	1,774
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	21,539
	b Less: accumulated depreciation . . . . .	10b	21,539
	11 Investments - publicly traded securities . . . . .	10c	
	12 Investments - other securities. See Part IV, line 11 . . . . .	11	
	13 Investments - program-related. See Part IV, line 11 . . . . .	12	
	14 Intangible assets . . . . .	13	
	15 Other assets. See Part IV, line 11 . . . . .	14	
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	15	1,391,402
Liabilities	17 Accounts payable and accrued expenses . . . . .	16	1,564,046
	18 Grants payable . . . . .	38,527	8,934
	19 Deferred revenue . . . . .	17	
	20 Tax-exempt bond liabilities . . . . .	18	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	19	
	22 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 . . . . .	20	
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	21	
	24 Unsecured notes and loans payable to unrelated third parties . . . . .	22	
	25 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 . . . . .	23	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	24	
Net Assets or Fund Balances	<b>Organizations that follow FASB ASC 958, check here ► <input checked="" type="checkbox"/></b> and complete lines 27, 28, 32, and 33.	25	
	27 Net assets without donor restrictions . . . . .	38,527	8,934
	28 Net assets with donor restrictions . . . . .	501,583	529,402
	<b>Organizations that do not follow FASB ASC 958, check here ► <input type="checkbox"/></b> and complete lines 29 through 33.	26	
	29 Capital stock or trust principal, or current funds . . . . .	27	
	30 Paid-in or capital surplus, or land, building, or equipment fund . . . . .	28	1,025,710
	31 Retained earnings, endowment, accumulated income, or other funds . . . . .	29	
	32 Total net assets or fund balances . . . . .	30	1,352,875
	33 Total liabilities and net assets/fund balances . . . . .	31	1,555,112
		32	1,391,402
		33	1,564,046

**Part XI****Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI . . . . .		<input type="checkbox"/>
1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1 <b>1,219,151</b>
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2 <b>1,030,677</b>
3	Revenue less expenses. Subtract line 2 from line 1 . . . . .	3 <b>188,474</b>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	4 <b>1,352,875</b>
5	Net unrealized gains (losses) on investments . . . . .	5
6	Donated services and use of facilities . . . . .	6
7	Investment expenses . . . . .	7
8	Prior period adjustments . . . . .	8 <b>13,763</b>
9	Other changes in net assets or fund balances (explain on Schedule O) . . . . .	9 <b>0</b>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	10 <b>1,555,112</b>

**Part XII****Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII . . . . . 

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	2a <b>x</b>	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant? . . . . .	2b <b>x</b>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	
3a	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? . . . . .	3a <b>x</b>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . . .	3b	

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

**2020**

► Attach to Form 990 or Form 990-EZ.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public  
Inspection**

Name of the organization

**ANCOP FOUNDATION (USA) INC**

Employer identification number

68-0463495

**Part I 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.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 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)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  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.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 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.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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.)

**Section A. Public Support****Calendar year (or fiscal year beginning in) ▶**

	<b>(a) 2016</b>	<b>(b) 2017</b>	<b>(c) 2018</b>	<b>(d) 2019</b>	<b>(e) 2020</b>	<b>(f) Total</b>
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	<b>465,012</b>	<b>496,364</b>	<b>571,703</b>	<b>725,247</b>	<b>763,566</b>	<b>3,021,892</b>
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513. . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	<b>465,012</b>	<b>496,364</b>	<b>571,703</b>	<b>725,247</b>	<b>763,566</b>	<b>3,021,892</b>
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						<b>3,021,892</b>

**Section B. Total Support****Calendar year (or fiscal year beginning in) ▶**

	<b>(a) 2016</b>	<b>(b) 2017</b>	<b>(c) 2018</b>	<b>(d) 2019</b>	<b>(e) 2020</b>	<b>(f) Total</b>
<b>9</b> Amounts from line 6 . . . . .	<b>465,012</b>	<b>496,364</b>	<b>571,703</b>	<b>725,247</b>	<b>763,566</b>	<b>3,021,892</b>
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .	<b>2,843</b>	<b>1,224</b>	<b>1,419</b>	<b>5,092</b>		<b>10,578</b>
<b>c</b> Add lines 10a and 10b . . . . .	<b>2,843</b>	<b>1,224</b>	<b>1,419</b>	<b>5,092</b>		<b>10,578</b>
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	<b>467,855</b>	<b>497,588</b>	<b>573,122</b>	<b>730,339</b>	<b>763,566</b>	<b>3,032,470</b>

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ►

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	<b>99.65 %</b>
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	<b>99.44 %</b>

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	<b>0.00 %</b>
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	<b>1.00 %</b>

<b>19a 33 1/3% support tests - 2020.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input checked="" type="checkbox"/>
<b>b 33 1/3% support tests - 2019.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ► <input type="checkbox"/>

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**ANCOP FOUNDATION (USA) INC****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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020****Open to Public  
Inspection**

Employer identification number

**68-0463495****01. Governing body decisions (Part VI, line 7b)**

The Board of Trustees meet every quarter and minutes are prepared to document each meeting, including resolutions discussed, approved or disapproved.

**02. Committee meeting documentation (Part VI, line 8b)**

All committee meetings are documented and included in the minutes of Board of Trustees meetings

**03. Form 990 governing body review (Part VI, line 11)**

Copy of 990 is reviewed by the Board of Trustees, signed by at least 2 officers before filing.

**04. Conflict of interest policy compliance (Part VI, line 12c)**

The Organization has a conflict of interest policy and is monitored each time a new Trustee or officer is elected and/or appointed.

**05. CEO, executive director, top management comp (Part VI, line 15a)**

CEO and other officers are not compensated based on prevailing market data, partly because they are still considered volunteers.

**06. Other officer or key employee compensation (Part VI, line 15b)**

Other officers or key employee compensation are determined by the Board of Trustees

**07. Form 990 availability to public (Part VI, line 18)**

Form 990 is available upon request.

Name of the organization

ANCOP FOUNDATION (USA) INC

Employer identification number

68-0463495**08. Governing documents, etc, available to public (Part VI, line 19)**

Other government documents are available to the public upon request.

**09. Explanation of other changes in net assets or fund balances (Part XI, line 9)**

\$500 difference between beginning net asset balance per books versus audit

**10. List of other fees for services expenses (Part IX, line 11g)**

Payments made to Legal Counsel and Accountant

**11. List of other expenses (Part IX, line 24e)**

Miscellaneous and other small expenses



**Part II Organizations with gross receipts of more than \$50,000 and private foundations  
regardless of amount of gross receipts - complete Part II or furnish substitute information.**

68-0463495

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions . . . . .	• 1	763,565	00
	2 Interest . . . . .	• 2	2,550	00
	3 Dividends . . . . .	• 3		00
	4 Gross rents . . . . .	• 4		00
	5 Gross royalties . . . . .	• 5		00
	6 Gross amount received from sale of assets (See Instructions) . . . . .	• 6		00
	7 Other income. Attach schedule . . . . .	• 7	533,725	00
	8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 . . . . .	• 8	1,299,840	00
	9 Contributions, gifts, grants, and similar amounts paid. Attach schedule . . . . .	• 9		00
	10 Disbursements to or for members . . . . .	• 10		00
	11 Compensation of officers, directors, and trustees. Attach schedule . . . . .	• 11		00
	12 Other salaries and wages . . . . .	• 12		00
	13 Interest . . . . .	• 13		00
	14 Taxes . . . . .	• 14		00
	15 Rents . . . . .	• 15		00
	16 Depreciation and depletion (See instructions) . . . . .	• 16		00
	17 Other expenses and disbursements. Attach schedule . . . . .	• 17	996,006	00
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 . . . . .	• 18	996,006	00

**Schedule L Balance Sheet**

		Beginning of taxable year			End of taxable year
Assets		(a)	(b)	(c)	(d)
1 Cash . . . . .				•	
2 Net accounts receivable . . . . .				•	
3 Net notes receivable . . . . .				•	
4 Inventories . . . . .				•	
5 Federal and state government obligations . . . . .				•	
6 Investments in other bonds . . . . .				•	
7 Investments in stock . . . . .				•	
8 Mortgage loans . . . . .				•	
9 Other investments. Attach schedule . . . . .				•	
10 a Depreciable assets . . . . .					
b Less accumulated depreciation . . . . .					
11 Land . . . . .				•	
12 Other assets. Attach schedule . . . . .				•	
13 Total assets . . . . .					
Liabilities and net worth					
14 Accounts payable . . . . .				•	
15 Contributions, gifts, or grants payable . . . . .				•	
16 Bonds and notes payable . . . . .				•	
17 Mortgages payable . . . . .				•	
18 Other liabilities. Attach schedule . . . . .					
19 Capital stock or principal fund . . . . .				•	
20 Paid-in or capital surplus. Attach reconciliation . . . . .				•	
21 Retained earnings or income fund . . . . .				•	
22 Total liabilities and net worth . . . . .					

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000

1 Net income per books . . . . .	•	7 Income recorded on books this year not included in this return. Attach schedule . . . . .	
2 Federal income tax . . . . .	•	8 Deductions in this return not charged against book income this year. Attach schedule . . . . .	
3 Excess of capital losses over capital gains . . . . .	•	9 Total. Add line 7 and line 8 . . . . .	
4 Income not recorded on books this year. Attach schedule . . . . .	•	10 Net income per return. Subtract line 9 from line 6 . . . . .	
5 Expenses recorded on books this year not deducted in this return. Attach schedule . . . . .	•		
6 Total. Add line 1 through line 5 . . . . .			

2020

## and Amortization

3885

Attach to Form 100 or Form 100W.

MANAGEMENT / GENERAL -

Corporation name

ANCOP FOUNDATION (USA) INC

California corporation number

2321126

## Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California . . . . .	1	\$25,000
2 Total cost of IRC Section 179 property placed in service . . . . .	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation . . . . .	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- . . . . .	5	25 , 000

(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6			
7 Listed property (elected IRC Section 179 cost) . . . . .	7		
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 . . . . .	8		
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .	9		
10 Carryover of disallowed deduction from prior taxable years . . . . .	10		
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. . . . .	11	25 , 000	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11. . . . .	12		
13 Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12 . . . . .	13		

## Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&amp;TC Section 24356

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depre- ciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) . . . . .	15						

## Part III Summary

16 Total: If the corporation is electing:

IRC Section 179 expense, add the amount on line 12 and line 15, column (g) <b>or</b> Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) <b>or</b> Depreciation (if no election is made), enter the amount from line 15, column (g) . . . . .	16
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 . . . . .	17
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary) . . . . .	18

## Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr.)	(f) Period or percentage	(g) Amortization for this year
19						
20 Total. Add the amounts in column (g) . . . . .	20					
21 Total amortization claimed for federal purposes from federal Form 4562, line 44 . . . . .	21					
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12 . . . . .	22					

2020

## and Amortization

3885

Attach to Form 100 or Form 100W. PROGRAM SERVICES - 1

Corporation name

ANCOP FOUNDATION (USA) INC

California corporation number

2321126

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3 Threshold cost of IRC Section 179 property before reduction in limitation . . . . .	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- . . . . .	5	25 , 000

(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6			
7 Listed property (elected IRC Section 179 cost) . . . . .	7		
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 . . . . .	8		
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .	9		
10 Carryover of disallowed deduction from prior taxable years . . . . .	10		
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. . . . .	11	25 , 000	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11. . . . .	12		
13 Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12 . . . . .	13		

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14							
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) . . . . .	15						

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16 Total: If the corporation is electing:

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## Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr.)	(f) Period or percentage	(g) Amortization for this year
19						
20 Total. Add the amounts in column (g) . . . . .	20					
21 Total amortization claimed for federal purposes from federal Form 4562, line 44 . . . . .	21					
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12 . . . . .	22					

TAXABLE YEAR **2020** **California e-file Return Authorization for Exempt Organizations**

FORM

**8453-EO**

Exempt Organization name  
**ANCOP FOUNDATION (USA) INC**

Identifying number  
**68-0463495**

**Part I Electronic Return Information** (whole dollars only)

1 Total gross receipts (Form 199, line 4) . . . . .	1	1,299,840
2 Total gross income (Form 199, line 8) . . . . .	2	1,299,840
3 Total expenses and disbursements (Form 199, line 9) . . . . .	3	996,006

**Part II Settle Your Account Electronically for Taxable Year 2020**

4  Electronic funds withdrawal      4a Amount \_\_\_\_\_      4b Withdrawal date (mm/dd/yyyy) \_\_\_\_\_

**Part III Banking Information** (Have you verified the exempt organization's banking information?)

5 Routing number \_\_\_\_\_      6 Account number \_\_\_\_\_      7 Type of account:  Checking       Savings

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2020 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

**Sign  
Here**



Signature of officer

10-02-2021



CHIEF FINANCIAL OFFICER

Date

Title

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**ERO  
Must  
Sign**

ERO's signature	► JESUS ARTECHE	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN XXXXXXXXXX
Firm's name (or yours if self-employed) and address	► BUSINESS DEVELOPMENT USA CORP 934 STUYVESANT AVENUE UNION, NJ	Firm's FEIN 26-3028513	ZIP code 07083		

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**Paid  
Preparer  
Must  
Sign**

Paid preparer's signature	►	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Firm's name (or yours if self-employed) and address	►	Firm's FEIN	ZIP code	

<b>CAOVFLOW</b>	<b>State Supporting Statements</b>	<b>2020</b> Page 1												
Name(s) as shown on return		SSN/FEIN												
ANCOP FOUNDATION (USA) INC		68-0463495												
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Client Copy