

PKF O'CONNOR DAVIES, LLP  
500 MAMARONECK AVENUE  
HARRISON, NY 10528-1633

IN OUR BACKYARDS, INC.  
540 PRESIDENT STREET, 3RD FLOOR  
BROOKLYN, NY 11215

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**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.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2019** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>IN OUR BACKYARDS, INC.</b>		<b>D</b> Employer identification number <b>26-3283639</b>
	Doing business as		<b>E</b> Telephone number <b>(917) 464-4515</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>540 PRESIDENT STREET, 3RD FLOOR</b>		<b>G</b> Gross receipts \$ <b>4,782,347.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>BROOKLYN, NY 11215</b>		
<b>F</b> Name and address of principal officer: <b>ERIN BARNES</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	

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

**J** Website: ▶ **WWW.IOBY.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **2008** **M** State of legal domicile: **NY**

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>IOBY MOBILIZES NEIGHBORS WHO HAVE GOOD IDEAS TO BECOME POWERFUL CITIZEN LEADERS WHO PLAN, FUND</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>30</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1050</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>5,093,822.</b>	<b>4,690,128.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>78,800.</b>	<b>70,656.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>42,665.</b>	<b>-26,357.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>5,215,287.</b>	<b>4,734,427.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,200,654.</b>	<b>1,473,139.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,863,715.</b>	<b>1,975,545.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>383,503.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>853,570.</b>	<b>896,619.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,917,939.</b>	<b>4,345,303.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>1,297,348.</b>	<b>389,124.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>2,438,485.</b>	<b>End of Year</b> <b>2,685,637.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>812,421.</b>	<b>670,449.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,626,064.</b>	<b>2,015,188.</b>

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>ERIN BARNES, EXECUTIVE DIRECTOR</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GARRETT M. HIGGINS</b>	Preparer's signature <b>GARRETT M. HIGGINS</b>	Date <b>04/09/21</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00543209</b>
	Firm's name ▶ <b>PKF O'CONNOR DAVIES, LLP</b>	Firm's EIN ▶ <b>27-1728945</b>	Phone no. <b>914-381-8900</b>		
Firm's address ▶ <b>500 MAMARONECK AVENUE</b>		<b>HARRISON, NY 10528-1633</b>			

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: IOBY MOBILIZES NEIGHBORS WHO HAVE GOOD IDEAS TO BECOME POWERFUL CITIZEN LEADERS WHO PLAN, FUND AND MAKE POSITIVE CHANGE IN THEIR OWN NEIGHBORHOODS. WE ARE CREATING A FUTURE IN WHICH OUR NEIGHBORHOODS ARE SHAPED BY THE POWERFUL GOOD IDEAS OF OUR OWN NEIGHBORS.

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 2,215,621. including grants of \$ 1,473,139. ) (Revenue \$ 70,656. ) PROJECT SUPPORT

THIS PROGRAM COMPRISES ALL OF THE SERVICES THAT WE PROVIDE FOR PROJECTS USING THE IOBY PLATFORM. IN ADDITION TO THE USE OF OUR WEBSITE AND ITS TOOLS, PROJECT LEADERS BENEFIT FROM OPTIONAL COACHING, TRAINING, AND TECHNICAL ASSISTANCE FROM THE IOBY TEAM IN THE FORM OF WORKSHOPS AND ONE-ON-ONE CONSULTATIONS ON: PROJECT PLANNING AND MANAGEMENT; SOCIAL MEDIA AND ONLINE COMMUNICATIONS; PARTICIPATION IN OUR DIGITAL STORYTELLING PROJECT; AND, MOST IMPORTANTLY, GRASSROOTS FUNDRAISING. THIS PROGRAM ALSO INCLUDES ALL ASPECTS OF THE LIMITED FORM OF FISCAL SPONSORSHIP THAT WE OFFER TO PROJECTS AND MANAGEMENT OF NECESSARY PURCHASING AND/OR FUNDS DISBURSEMENT AFTER PROJECTS ARE FULLY FUNDED,

4b (Code: ) (Expenses \$ 1,074,045. including grants of \$ ) (Revenue \$ ) PROJECT ADVOCACY & SOURCING

THIS PROGRAM COMPRISES ALL OF THE ACTIVITIES AND INITIATIVES WE DESIGN AND MANAGE IN ORDER TO PROVIDE OUTREACH AND SOURCE NEW PROJECTS THAT USE IOBY TO CONNECT WITH POTENTIAL DONORS AND VOLUNTEERS. THIS INCLUDES ALL OUR ON-THE-GROUND ORGANIZERS THAT WE HAVE IN MEMPHIS, DETROIT, CLEVELAND, PITTSBURGH, AND CINCINNATI, AS WELL AS EVENTS AND COMMUNICATIONS TO KEEP DONORS INVOLVED AND UP TO DATE WITH PROJECTS THEY HAVE SUPPORTED. WE ALSO HOST OUTREACH ACTIVITIES TO PROMOTE THE WORK OF OUR PROJECTS TO THE BROADER COMMUNITY OF INTERESTED COMMUNITY ACTIVISTS AND NEIGHBORHOOD LEADERS. WE HAVE BUILT STRONG RELATIONSHIPS WITH HUNDREDS OF LOCAL COMMUNITY GROUPS AND NONPROFITS ACROSS THE

4c (Code: ) (Expenses \$ 316,452. including grants of \$ ) (Revenue \$ ) ONLINE PLATFORM

THIS PROGRAM IS THE FUNCTIONAL HEART OF OUR ORGANIZATION AND THE CORE OF OUR UNIQUE MODEL; IT ENABLES MOST OTHER ASPECTS OF OUR WORK. WE DESIGN, BUILD AND MAINTAIN A WEB PLATFORM (IOBY.ORG) FOCUSED ON MEETING THE NEEDS OF THE PROJECT LEADERS WE SERVE AND THE DONORS THAT SUPPORT THEIR WORK. THIS PLATFORM IS CONSTANTLY EVOLVING THROUGH ITERATIONS AND ENHANCED BY FEEDBACK FROM BOTH PROJECT LEADERS AND DONORS.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 3,606,118.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (14), 1b (13), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
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.
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

**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 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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRANDON WHITNEY COFOUNDER & COO	40.00			X			121,136.	0.	8,859.	
(2) AUTUMN SMOOT DIRECTOR OF FINANCE	40.00				X		110,341.	0.	11,522.	
(3) ERIN BARNES COFOUNDER & EXECUTIVE DIRECTOR	40.00	X		X			95,972.	0.	8,907.	
(4) JAMIE HAND CHAIR	5.00	X		X			0.	0.	0.	
(5) EVELYN BURNETT TREASURER	5.00	X		X			0.	0.	0.	
(6) JASON SCHWARTZ SECRETARY	5.00	X		X			0.	0.	0.	
(7) CASSIE FLYNN COFOUNDER & BOARD MEMBER	5.00	X					0.	0.	0.	
(8) LINDSAY CAMPBELL BOARD MEMBER THRU 12/2019	5.00	X					0.	0.	0.	
(9) ADAM FREED BOARD MEMBER	5.00	X					0.	0.	0.	
(10) CHARLOTTE KAISER BOARD MEMBER	5.00	X					0.	0.	0.	
(11) HARRIET TREGONING BOARD MEMBER	5.00	X					0.	0.	0.	
(12) JUSTIN MOORE BOARD MEMBER	5.00	X					0.	0.	0.	
(13) MICHELLE HUANG BOARD MEMBER	5.00	X					0.	0.	0.	
(14) NADIA OWUSU BOARD MEMBER	5.00	X					0.	0.	0.	
(15) ERIC NG BOARD MEMBER	5.00	X					0.	0.	0.	
(16) PROJAL DUTTA BOARD MEMBER	5.00	X					0.	0.	0.	
(17) SHIN-PEI TSAY BOARD MEMBER	5.00	X					0.	0.	0.	





**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	62,144.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	4,627,984.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 14,713.				
	<b>h Total.</b> Add lines 1a-1f			4,690,128.			
Program Service Revenue	<b>2 a</b> SERVICE FEES	Business Code					
		900099	70,656.	70,656.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			70,656.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)						
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other	14,713.			
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	14,713.				
	<b>c</b> Gain or (loss)	<b>7c</b>	0.				
<b>d</b> Net gain or (loss)			0.				
<b>8 a</b> Gross income from fundraising events (not including \$ 62,144. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		6,850.				
		<b>8b</b>	33,207.				
<b>c</b> Net income or (loss) from fundraising events			-26,357.		-26,357.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
		<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
		<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			4,734,427.	70,656.	0.	-26,357.	

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,138,386.	1,138,386.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....	334,753.	334,753.		
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 .....	234,874.	171,458.	25,836.	37,580.
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 .....	1,422,193.	1,038,201.	156,441.	227,551.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,925.	1,405.	212.	308.
9 Other employee benefits .....	182,559.	133,269.	20,082.	29,208.
10 Payroll taxes .....	133,994.	97,816.	14,739.	21,439.
11 Fees for services (nonemployees):				
a Management .....	18,368.	17,082.	1,286.	
b Legal .....	100.	93.	7.	
c Accounting .....	28,445.	26,454.	1,991.	
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 Sch. O.)	134,867.	121,993.	12,302.	572.
12 Advertising and promotion .....	23,066.	20,067.	2,768.	231.
13 Office expenses .....	34,853.	27,221.	3,907.	3,725.
14 Information technology .....	134,054.	119,816.	7,654.	6,584.
15 Royalties .....				
16 Occupancy .....	121,648.	90,020.	13,381.	18,247.
17 Travel .....	63,656.	57,290.		6,366.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	7,389.	6,650.		739.
20 Interest .....	67,643.	58,850.	8,117.	676.
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	170,911.	124,765.	18,800.	27,346.
23 Insurance .....	3,131.		3,131.	
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 <b>PENALTIES</b>	62,031.		62,031.	
b <b>RECRUITING AND STAFF DE</b>	17,769.	12,971.	1,955.	2,843.
c <b>OTHER DIRECT EXPENSE</b>	4,870.	4,236.	584.	50.
d <b>STAFF DEVELOPMENT/TRAIN</b>	3,818.	3,322.	458.	38.
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>4,345,303.</b>	<b>3,606,118.</b>	<b>355,682.</b>	<b>383,503.</b>
<b>26 Joint costs.</b> 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)

**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	854,566.	<b>1</b>	984,144.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	1,343,572.	<b>3</b>	1,521,500.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	9,480.	<b>9</b>	35,022.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 640,915.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 502,584.	224,227.	<b>10c</b> 138,331.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	6,640.	<b>15</b>	6,640.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	2,438,485.	<b>16</b>	2,685,637.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	267,732.	<b>17</b>	228,149.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	467,000.	<b>23</b>	442,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	77,689.	<b>24</b>	300.
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	812,421.	<b>26</b>	670,449.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	-1,535,082.	<b>27</b>	-1,583,672.
	<b>28</b> Net assets with donor restrictions .....	3,161,146.	<b>28</b>	3,598,860.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	1,626,064.	<b>32</b>	2,015,188.
<b>33</b> Total liabilities and net assets/fund balances .....	2,438,485.	<b>33</b>	2,685,637.	

**Part 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	4,734,427.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,345,303.
3	Revenue less expenses. Subtract line 2 from line 1	3	389,124.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,626,064.
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	
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	2,015,188.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  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? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 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 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.
- 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? .....
- 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 .....

	Yes	No
1		
2a		X
b	X	
c	X	
3a		X
3b		

Form 990 (2019)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization **IN OUR BACKYARDS, INC.** Employer identification number **26-3283639**

**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		
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2780738.	3179800.	2205239.	5093822.	4627984.	17887583.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	2780738.	3179800.	2205239.	5093822.	4627984.	17887583.
<b>5</b> 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) .....						3795212.
<b>6 Public support.</b> Subtract line 5 from line 4.						14092371.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	2780738.	3179800.	2205239.	5093822.	4627984.	17887583.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....			3,245.	45.		3,290.
<b>11 Total support.</b> Add lines 7 through 10						17890873.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	78.77 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	76.99 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, 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 test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<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>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.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<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>c</b> Add lines 10a and 10b .....						
<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.)						

**14 First five 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 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2018.** 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 **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and 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.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> 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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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? <i>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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2019</b>	<b>(iii) Distributable Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

**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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

**MISCELLANEOUS INCOME**

2017 AMOUNT: \$ 3,245.

2018 AMOUNT: \$ 45.

Multiple horizontal lines for providing additional information.

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

IN OUR BACKYARDS, INC.

Employer identification number

26-3283639

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 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 organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ... \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  <b>IN OUR BACKYARDS, INC.</b>	Employer identification number  <b>26-3283639</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>350,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>399,998.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>160,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>IN OUR BACKYARDS, INC.</b>	Employer identification number  <b>26-3283639</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 128,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 195,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>IN OUR BACKYARDS, INC.</b>	Employer identification number  <b>26-3283639</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization  <b>IN OUR BACKYARDS, INC.</b>	Employer identification number  <b>26-3283639</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization** IN OUR BACKYARDS, INC. **Employer identification number** 26-3283639

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		56,401.	38,794.	17,607.
e Other		584,514.	463,790.	120,724.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				138,331.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	4,767,634.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	33,207.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		33,207.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	4,734,427.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	4,734,427.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	4,378,510.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	33,207.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		33,207.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	4,345,303.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	4,345,303.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO 2016.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

SPECIAL EVENT EXPENSES REPORTED ON PART VIII, LINE 8B 33,207.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

**Part XIII** Supplemental Information *(continued)*

SPECIAL EVENT EXPENSES REPORTED ON PART VIII, LINE 8B 33,207.

Multiple horizontal lines for supplemental information.





**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		<b>SUMMER PARTY</b> (event type)	(event type)	<b>NONE</b> (total number)	
Revenue	<b>1</b> Gross receipts .....	68,994.			68,994.
	<b>2</b> Less: Contributions .....	62,144.			62,144.
	<b>3</b> Gross income (line 1 minus line 2) .....	6,850.			6,850.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	206.			206.
	<b>6</b> Rent/facility costs .....	6,000.			6,000.
	<b>7</b> Food and beverages .....	6,696.			6,696.
	<b>8</b> Entertainment .....	1,186.			1,186.
	<b>9</b> Other direct expenses .....	19,119.			19,119.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				33,207.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-26,357.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
	<b>2</b> Cash prizes .....				
Direct Expenses	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_



**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **IN OUR BACKYARDS, INC.** Employer identification number **26-3283639**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ABIDE154, INC. PO BOX 2644 LINDALE, TX 75771	45-4132023	501(C)(3)	10,000.	0.			PROJECT DISBURSEMENT: 'BAREFACED'...INSPIRED BY C.S.LEWIS' 'TILL WE HAVE FACES'
ALLIED MEDIA PROJECTS 4126 THIRD STREET DETROIT, MI 48201	01-0559608	501(C)(3)	6,536.	0.			PROJECT DISBURSEMENT: AFROFUTURE YOUTH, HEALING BY CHOICE! FUNDRAISING CAMPAIGN
ARMA CITY LIBRARY 508 E WASHINGTON ST ARMA, KS 66712	26-1787482	CITY OF ARMA	9,211.	0.			PROJECT DISBURSEMENT: FEED ARMA
BETHANY HOUSE ACADEMY PO BOX 99782 PITTSBURGH, PA 15233	20-1424418	501(C)(3)	13,733.	0.			PROJECT DISBURSEMENT: BETHANY HOUSE ACADEMY - SOARING TO NEW HEIGHTS
BHUTANESE COMMUNITY ASSOCIATION OF PITTSBURGH - 3000 BROWNSVILLE RD - PITTSBURGH, PA 15227	30-0742370	501(C)(3)	10,002.	0.			PROJECT DISBURSEMENT: BHUTANESE YOUTH: CROSSING CULTURES, CREATING CONNECTIONS
BLOOMFIELD-GARFIELD CORPORATION 5149 PENN AVE PITTSBURGH, PA 15224	25-1290469	501(C)(3)	5,984.	0.			PROJECT DISBURSEMENT: BLOOMFIELD-GARFIELD CORPORATION ANNUAL FUNDRAISER, SAVE A PUBLIC

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **65.**

**3** Enter total number of other organizations listed in the line 1 table **2.**

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

Schedule I (Form 990) (2019)

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROOKLYN QUEENS LAND TRUST 30 3RD AVE APT 842 BROOKLYN, NY 11217	61-1441052	501(C)(3)	7,343.	0.			PROJECT DISBURSEMENT: BROOKLYN QUEENS LAND TRUST
BROOKLYN URBAN GARDEN CHARTER SCHOOL - 500 19TH STREET - BROOKLYN, NY 11215	45-3453383	501(C)(3)	8,210.	0.			PROJECT DISBURSEMENT: BUGS PTA/SCHOOL DIRECT APPEAL
BY LEAPS AND BOUNDS 17325 EUCLID AVENUE CLEVELAND, OH 44112	46-1180903	501(C)(3)	34,728.	0.			PROJECT DISBURSEMENT: COPS AND KIDS BRIDGING THE GAP, THE GREAT COMMUNICATORS, ACTIVE
CASA SAN JOSE 2116 BROADWAY AVE PITTSBURGH, PA 15216	46-4729004	501(C)(3)	10,575.	0.			PROJECT DISBURSEMENT: IMMIGRANT FAMILY LEGAL FUND
C-CLEAR EMPOWERMENT 701 RICHFORD ST DUQUESNE, PA 15110	27-1042847	501(C)(3)	6,939.	0.			PROJECT DISBURSEMENT: AMPAIGNC-CLEAR BUILDING RESTORATION PROJECT
CENTER FOR TRANSFORMING COMMUNITIES - 258 N MERTON ST. - MEMPHIS, TN 38112	62-1769933	501(C)(3)	7,453.	0.			PROJECT DISBURSEMENT: SOUTH MEMPHIS FUTURE & FUNK COMMUNITY GARDEN
CENTRAL BROOKLYN ECONOMIC DEVELOPMENT CORPORATION - 444 THOMAS BOYLAND STREET, 3RD FL, RM 301 - BROOKLYN, NY 11212	11-2981085	501(C)(3)	5,542.	0.			PROJECT DISBURSEMENT: DOOR-TO-DOOR RECYCLING PILOT, FITNESS CHALLENGE FOR A HEALTHY
CHEYENNE COUNTY HOSPITAL 1000 POLE CREEK CROSSING SIDNEY, NE 69162	47-0408242	501(C)(3)	8,500.	0.			PROJECT DISBURSEMENT: CHEYENNE COUNTY HOSPITAL
CHILDREN FIRST CEO KANSAS INC. PO BOX 2385 WICHITA, KS 67201	48-1235279	501(C)(3)	9,226.	0.			PROJECT DISBURSEMENT: BLOW UP HUNGER

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY PARKS FOUNDATION 830 FIFTH AVENUE NEW YORK, NY 10021	13-3561657	501(C)(3)	6,159.	0.			PROJECT DISBURSEMENT: BRUST PARK BEAUTIFICATION AND SIGNAGE
CLEVELAND FESTIVAL OF ART & TECHNOLOGY DBA INGENUITY - 1900 SUPERIOR AVENUE, SUITE 104 - CLEVELAND, OH 44114	20-2031718	501(C)(3)	9,854.	0.			PROJECT DISBURSEMENT: ZEN SOUNDSCAPES AT INGENUITYFEST
CLEVELAND POLICE FOUNDATION 2301 PAYNE AVE, STE. 201 CLEVELAND, OH 44114	83-0509855	501(C)(3)	6,854.	0.			PROJECT DISBURSEMENT: OFFICER DEREK OWENS MEMORIAL PARK
COMMUNITY FOR PITTSBURGH ULTIMATE 100 43RD ST STE 210 PITTSBURGH, PA 15201	25-1790998	501(C)(3)	8,723.	0.			PROJECT DISBURSEMENT: PITTSBURGH ULTIMATE
CREATE A HEALTHIER NIAGARA FALLS COLLABORATIVE, INC. - PO BOX 193 - NIAGARA FALLS, NY 14304	47-1151617	501(C)(3)	17,833.	0.			PROJECT DISBURSEMENT: HIGHLAND CLUBHOUSE, PROJECT GREEN SPACE
DRAGONFLY CAPACITY DEVELOPMENT 1502 HARBERT AVE MEMPHIS, TN 38104	83-1659460	501(C)(3)	20,587.	0.			PROJECT DISBURSEMENT: PLAY WHERE YOU STAY
EARTH DAY NEW YORK INCORPORATED 35 EAST 38TH STREET NEW YORK, NY 10016	13-3558789	501(C)(3)	10,024.	0.			PROJECT DISBURSEMENT: EARTH DAY 50TH ANNIVERSARY COUNTDOWN ART INSTALLATION
EAST ALLEGHENY COMMUNITY COUNCIL INC - 415 E OHIO STREET, SUITE 225 - PITTSBURGH, PA 15212	25-1325425	501(C)(3)	38,198.	0.			PROJECT DISBURSEMENT: PUMPKINFEST: A CHILDREN'S HARVEST FESTIVAL, KEEP ON BUILDING COMMUNITY GARDEN
EASTERN CONNECTICUT COMMUNITY GARDENS ASSOCIATION - 121 PEQUOT AVE - NEW LONDON, CT 06320	36-4679475	501(C)(3)	5,895.	0.			PROJECT DISBURSEMENT: BUILDING COMMUNITY IN A GARDEN

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTERN MARKET PARTNERSHIP 2934 RUSSELL STREET DETROIT, MI 48207	32-0030432	501(C)(3)	10,689.	0.			PROJECT DISBURSEMENT: TRUE DESSERTS, THE URBANESQUE MARKETPLACE - THE HIBISCUS HONEYBEE
FIRE ADAPTED BAILEY 306 SPRING DR PINE, CO 80470	82-5016268	501(C)(3)	51,752.	0.			PROJECT DISBURSEMENT: BAILEY WILDFIRES - CAN WE GET OUT ALIVE?
FJC 520 8TH AVENUE, 20TH FLOOR NEW YORK, NY 10018	13-3848582	501(C)(3)	17,617.	0.			PROJECT DISBURSEMENT: COLLEGE BRIDGE CAFE: HELP TO CREATE BETTER FUTURES IN THE BRONX!
FRACTURED ATLAS, INC 228 PARK AVENUE SOUTH NEW YORK, NY 10003	11-3451703	501(C)(3)	7,453.	0.			PROJECT DISBURSEMENT: HARLEM DANCE CLUB PRESENTS: MOTHERSHIP TWO
FURAHA FOREVER PRODUCTIONS 4211 WOBURN AVE CLEVELAND, OH 44109	04-3807729	501(C)(3)	11,680.	0.			PROJECT DISBURSEMENT: PAINTING IN THE PARK FAMILY FUN DAY, MY ART. MY PASSION. MY PURPOSE.
HIGHLAND CLUBHOUSE INC. 615 MAIN ST UNIT 2281 NIAGARA FALLS, NY 14302	83-4430104	501(C)(3)	13,238.	0.			PROJECT DISBURSEMENT: HIGHLAND CLUBHOUSE
HIS PLACE CONTACT CENTER 1911 RHINE STREET PITTSBURGH, PA 15212	25-1287723	501(C)(3)	20,126.	0.			PROJECT DISBURSEMENT: BELIEVE & ACHIEVE 2019
HISPANIC POLICE OFFICERS' ASSOCIATION - 3227 W 25TH STREET - CLEVELAND, OH 44109	34-1798967	501(C)(3)	10,000.	0.			PROJECT DISBURSEMENT: HISPANIC POLICE OFFICERS' ASSOCIATION
HORSES WITH HOPE, INC. 1054 VAL STREET BETHEL PARK, PA 15102	38-3867921	501(C)(3)	10,243.	0.			PROJECT DISBURSEMENT: HORSES WITH HOPE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA CASA GUADALUPANA 4329 CENTRAL STREET DETROIT, MI 48210	32-0442491	501(C)(3)	10,528.	0.			PROJECT DISBURSEMENT: LA CASA GUADALUPANA
LITTLE LUMPY'S CENTER 6815 EUCLID AVENUE CLEVELAND, OH 44103	82-3655896	501(C)(3)	8,648.	0.			PROJECT DISBURSEMENT: THE XS & OS OF RACE/ISM: THE AFRICAN AMERICAN EXPERIENCE, GREAT LAKES
LOS PLENEROS DE LA 21 1680 LEXINGTON AVENUE, ROOM 209 NEW YORK, NY 10029	13-3353110	501(C)(3)	20,867.	0.			PROJECT DISBURSEMENT: PLENA CANGREJERA
MEADOWSCAPING FOR BIODIVERSITY 174 MOODY STREET, #244 WALTHAM, MA 02453		C CORP.	5,794.	0.			PROJECT DISBURSEMENT: FUNDING FOR MEADOWSCAPING FOR BIODIVERSITY
MORNING STAR BAPTIST CHURCH COMMUNITY SERVICES, INC. - 307 SHAW AVENUE - CLAIRTON, PA 15025	25-1814237	501(C)(3)	9,743.	0.			PROJECT DISBURSEMENT: CLAIRTON CARES YOUTH COLLABORATIVE SPACE
NORTHSIDE LEADERSHIP CONFERENCE, INC. - 1319 ALLEGHENY AVE., 2ND FLOOR - PITTSBURGH, PA 15233	25-1689304	501(C)(3)	11,347.	0.			PROJECT DISBURSEMENT: NORTH SIDE YOUTH MOUNTAIN BIKE CLUB, RP DAY - OUR DAY IN RIVERVIEW PARK
OHIO CITY BICYCLE CO-OP 1840 COLUMBUS ROAD CLEVELAND, OH 44113	51-0453375	501(C)(3)	8,091.	0.			PROJECT DISBURSEMENT: HELP MORE OCBC VOLUNTEERS BECOME PRO BIKE MECHANICS!
ORGANIC CONNECTS, INC. 17910 CHAGRIN BLVD. SHAKER HTS, OH 44122	83-2021538	501(C)(3)	21,727.	0.			PROJECT DISBURSEMENT: GARDEN VALLEY NEIGHBORHOOD CENTER (GVNC) SUPPORT PROJECT,
PROJECT BACKBOARD 53 CHRISTAMON STREET IRVINE, CA 92620	47-5245280	501(C)(3)	20,054.	0.			PROJECT DISBURSEMENT: RESTORE THE ICONIC NINA CHANEL ABNEY BASKETBALL COURT ON THE SOUTH BLUFF

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PS 20 PARENT TEACHERS ASSOCIATION INC. - 225 ADELPHI STREET - BROOKLYN, NY 11205	46-3048383	501(C)(3)	16,485.	0.			PROJECT DISBURSEMENT: SUPPORT THE BROOKLYN PS 20 GREEN ARTS PROGRAM!
REGIONAL PLAN ASSOCIATION 1 WHITEHALL STREET NEW YORK, NY 10004	13-1624154	501(C)(3)	21,476.	0.			PROJECT DISBURSEMENT: HELP US TURN THE FOURTH REGIONAL PLAN
RENOVARE MUSIC 3676 TRAYNHAM ROAD SHAKER HEIGHTS, OH 44122	83-3810783	501(C)(3)	8,210.	0.			PROJECT DISBURSEMENT: CONCERTS FOR CLEVELAND
SADHANA SERVICE PROJECT C/O GIVE BACK YOGA FOUNDATION - 900 BASELINE ROAD - BOULDER, CO 80302	20-8666751	501(C)(3)	10,718.	0.			PROJECT DISBURSEMENT: SADHANA SERVICE PROJECT
SEA ISLE PARK NEIGHBORHOOD ASSOCIATION - P.O. BOX 171301 - MEMPHIS, TN 38187	90-0635323	501(C)(3)	26,743.	0.			PROJECT DISBURSEMENT: SEA ISLE PARK DISC GOLF COURSE, SEA ISLE DOG PARK WATER FOUNTAIN
SLB RADIO PRODUCTIONS, INC. P.O. BOX 100092 PITTSBURGH, PA 15233	25-1859072	501(C)(3)	17,506.	0.			PROJECT DISBURSEMENT: YOUTH EXPRESS TEEN MEDIA FLEX STUDIO
SUMMER HILL CITIZENS COMMITTEE 330 GRANT ST PITTSBURGH, PA 15219	75-3165262	501(C)(3)	6,542.	0.			PROJECT DISBURSEMENT: SUMMER HILL BEAUTIFICATION
SUMMER IN THE CITY 1655 CLARK ST DETROIT, MI 48209	90-0177148	501(C)(3)	19,583.	0.			PROJECT DISBURSEMENT: IT'S ALWAYS SUMMER IN DETROIT, BACKPACKTACULAR 2019!
THE ALLEGHENY GOATSCAPE 447 MARSHALL AVENUE PITTSBURGH, PA 15214	81-5149351	501(C)(3)	5,011.	0.			PROJECT DISBURSEMENT: WINTER CARE FOR THE ALLEGHENY GOATSCAPE HERD

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BRONX IS BLOOMING 1020 GRAND CONCOURSE, APT. 11E BRONX, NY 10451	46-3141885	501(C)(3)	17,206.	0.			PROJECT DISBURSEMENT: THE BRONX IS BLOOMING COMMUNITY ENGAGEMENT PROGRAM (2018-19)
THE FIRST UNITARIAN UNIVERSALIST CHURCH OF ESSEX COUNTY - 35 CLEVELAND ST - ORANGE, NJ 07050	81-1044217	501(C)(3)	20,248.	0.			PROJECT DISBURSEMENT: BUILDING SOLIDARITY 2019
THE GARDEN CLUB OF WINDHAM PO BOX 773 WILLIMANTIC, CT 06226	65-1187171	501(C)(3)	27,202.	0.			PROJECT DISBURSEMENT: 325 TREES - REMOVE AND REPLACE
THE HORTICULTURAL SOCIETY OF NEW YORK - 148 W 37TH ST #13 - NEW YORK, NY 10018	13-0854930	501(C)(3)	9,746.	0.			PROJECT DISBURSEMENT: 2019 FATHER FAGAN FLOWER FUND
THE HOSPITALITY HUB 82 N. SECOND STREET MEMPHIS, TN 38103	26-4417530	501(C)(3)	19,981.	0.			PROJECT DISBURSEMENT: THE HOSPITALITY HUB DAY PLAZA
THE HUTCHINSON COMMUNITY FOUNDATION - 1 N. MAIN, SUITE 501 - HUTCHINSON, KS 67504	48-1076910	501(C)(3)	6,176.	0.			PROJECT DISBURSEMENT: THE HUTCHINSON COMMUNITY FOUNDATION
THE SINGING WINDS C/O PS 230 THE DORIS L. COHEN SCHOOL - 1 ALBEMARLE RD - BROOKLYN, NY 11217	46-3801592	CITY OF NEW YORK	10,451.	0.			PROJECT DISBURSEMENT: THE SINGING WINDS: STORYTELLING FROM AROUND THE WORLD
THE STILL REMEMBERED PROJECT P.O. BOX 13 BETHEL PARK, PA 15102	81-2489260	501(C)(3)	10,116.	0.			PROJECT DISBURSEMENT: STILL REMEMBERED PROJECT
THRIVE ALLEN COUNTY 9 S JEFFERSON ST IOLA, KS 66749	32-0198379	501(C)(3)	20,000.	0.			PROJECT DISBURSEMENT: LA HARPE-THE HEART OF ALLEN COUNTY

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWN OF CHAZY P.O. BOX 219 CHAZY, NY 12921	14-6002121	TOWN OF CHAZY	9,684.	0.			PROJECT DISBURSEMENT: WEST CHAZY REC PARK REVITALIZATION COMMITTEE
U.S. TRANCE LLC 24 TAAFFE PLACE BROOKLYN, NY 11205	57-1139145	LLC	10,145.	0.			PROJECT DISBURSEMENT: PARKS, POOLS AND THE PEOPLE
UMI FEEDS 4160 LOGAN DR. #2401 LOGANVILLE, GA 30052	81-2727479	501(C)(3)	5,791.	0.			PROJECT DISBURSEMENT: AGLANTA COLLECTIVE HOLIDAY FOOD AND FARM FUNDRAISER
UNIQUE PROJECTS, INC. 246 WEST 38TH STREET, 8TH FLOOR NEW YORK, NY 10018	13-3085289	501(C)(3)	6,464.	0.			PROJECT DISBURSEMENT: NATURAL WOMAN
UPTOWN GRAND CENTRAL CORP. 1974 MADISON AVENUE NEW YORK, NY 10035	81-1133229	501(C)(3)	22,047.	0.			PROJECT DISBURSEMENT: ADVOCACY IN ACTION 2019: UPTOWN GRAND CENTRAL
WOLF RIVER CONSERVANCY, INC. PO BOX 11031 MEMPHIS, TN 38111	62-1245975	501(C)(3)	20,000.	0.			PROJECT DISBURSEMENT: PADDLE ON THE GREENWAY
YMCA OF GREATER PITTSBURGH, ALLEGHENY BRANCH - 420 FORT DUQUESNE BOULEVARD - PITTSBURGH, PA 15222	25-0969497	501(C)(3)	20,476.	0.			PROJECT DISBURSEMENT: YOUTH SUMMER CAMP AT ALLEGHENY Y

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CROWDFUNDED DONATIONS FOR LOCAL CIVIC PROJECTS	52	334,753.	0.		

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

AS PART OF THE APPLICATION FOR OUR CONSTITUENTS TO USE OUR PLATFORM, THEY MUST PROVIDE A LINE ITEM BUDGET DETAILING ALL THE EXPENSES COMPRISING THEIR PROJECT'S BUDGET AND EXPLAIN IN A NARRATIVE HOW THEIR PROJECT WILL BE IMPLEMENTED IN LIGHT OF THOSE EXPENSES. BEFORE DISBURSING THE FUNDS RAISED THROUGH OUR ONLINE PLATFORM, WE CONFIRM ANY CHANGES TO THIS BUDGET DURING THE ELABORATION OF A SIGNED CONTRACT WITH THE INDIVIDUALS OR GROUPS IMPLEMENTING THE PROJECTS. MANDATORY SUBMISSION OF RECEIPTS TO ACCOUNT FOR SPENDING AND OVERSIGHT BY OUR STAFF, AS WELL AS PHOTO/VIDEO DOCUMENTATION,

**Part IV** Supplemental Information

THE SUBMISSION OF A FINAL REPORT AND A BRIEF INTERVIEW UPON COMPLETION OF THE PROJECT ARE SOME OF OUR OVERSIGHT MECHANISMS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BLOOMFIELD-GARFIELD CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT DISBURSEMENT:

BLOOMFIELD-GARFIELD CORPORATION ANNUAL FUNDRAISER, SAVE A PUBLIC PARK FROM DISAPPEARING!

NAME OF ORGANIZATION OR GOVERNMENT: BY LEAPS AND BOUNDS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT DISBURSEMENT: COPS AND KIDS

BRIDGING THE GAP, THE GREAT COMMUNICATORS, ACTIVE SUPERVISION, JUST ANOTHER DAY AT THE PARK, SENIORS SEEING HISTORY, THE SKIN YOU'RE IN

NAME OF ORGANIZATION OR GOVERNMENT:

CENTRAL BROOKLYN ECONOMIC DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT DISBURSEMENT: DOOR-TO-DOOR

RECYCLING PILOT, FITNESS CHALLENGE FOR A HEALTHY BROWNSVILLE, SUPPORTING LITTLE B.R.O'S SUMMER CAMP

NAME OF ORGANIZATION OR GOVERNMENT: EAST ALLEGHENY COMMUNITY COUNCIL INC

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT DISBURSEMENT: PUMPKINFEST:

A CHILDREN'S HARVEST FESTIVAL, KEEP ON BUILDING COMMUNITY GARDEN AT ALLEGHENY COMMONS

NAME OF ORGANIZATION OR GOVERNMENT: EASTERN MARKET PARTNERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT DISBURSEMENT: TRUE DESSERTS,

THE URBANESQUE MARKETPLACE - THE HIBISCUS HONEYBEE HABITAT, FLAVORFUL

**Part IV** Supplemental Information

CREATIONS - GOURMET BAKED GOODS WITH A BURST OF CREATIVITY!

NAME OF ORGANIZATION OR GOVERNMENT: FURAHA FOREVER PRODUCTIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT DISBURSEMENT: PAINTING IN THE PARK FAMILY FUN DAY, MY ART. MY PASSION. MY PURPOSE. CONFERENCE

NAME OF ORGANIZATION OR GOVERNMENT: LITTLE LUMPY'S CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT DISBURSEMENT: THE XS & OS OF RACE/ISM: THE AFRICAN AMERICAN EXPERIENCE, GREAT LAKES AFRICAN AMERICAN CONFERENCE & YOUTH POETRY SLAM

NAME OF ORGANIZATION OR GOVERNMENT: ORGANIC CONNECTS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT DISBURSEMENT: GARDEN VALLEY NEIGHBORHOOD CENTER (GVNC) SUPPORT PROJECT, NEO NU HYDROMATIC AQUATHON, CAMP JOURNEY URBAN FARM PROJECT

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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

**2019**

Open to Public  
Inspection

Name of the organization

IN OUR BACKYARDS, INC.

Employer identification number

26-3283639

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND MAKE POSITIVE CHANGE IN THEIR OWN NEIGHBORHOODS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AS WELL AS SUBSEQUENT REPORTING. IN 2019, 423 PROJECTS WERE COMPLETED  
WITH THIS PROJECT SUPPORT.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

COUNTRY, SUPPORTED THOUSANDS OF RESIDENTS SHAPING THEIR IDEAS INTO  
PROJECTS, AND DIRECTED MORE THAN \$1.8MM FROM 11,160 DONORS TO THESE  
PROJECTS.

FORM 990, PART VI, SECTION A, LINE 3:

THE ORGANIZATION USES AN OUTSIDE MANAGEMENT COMPANY, JUSTWORKS EMPLOYEMENT  
GROUP, A PROFESSIONAL EMPLOYER ORGANIZATION ("PEO") AS A CO-EMPLOYER. THE  
PEO WAS PAID \$18,368 IN 2019 FOR THEIR SERVICES. THE TWO OFFICERS LISTED IN  
PART VII, ERIN BARNES AND BRANDON WHITNEY ARE PAID BY THE PEO. THEIR  
CALENDAR YEAR 2019 COMPENSATION IS REPORTED IN PART VII, SECTION A.

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

IN OUR BACKYARDS, INC. HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING  
FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE  
INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN  
PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL  
REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO THE BOARD MEMBERS OF THE  
ORGANIZATION FOR ANY COMMENTS. ANY COMMENTS ARE THEN GROUPED, SUMMARIZED

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization IN OUR BACKYARDS, INC.	Employer identification number 26-3283639
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AND PROVIDED TO THE OUTSIDE ACCOUNTANTS. EACH ISSUE IS DOCUMENTED AND  
ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS HAS A FIDUCIARY RESPONSIBILITY FOR IOBY, SHOULD  
ENSURE LEGAL AND ETHICAL INTEGRITY, AND SHOULD ALWAYS WORK IN THE  
ORGANIZATION'S BEST INTERESTS. A DISCLOSURE STATEMENT IS REQUIRED ANNUALLY.  
STAFF ARE TO REPORT POTENTIAL CONFLICTS TO THE CEO. BOARD MEMBERS ARE TO  
REPORT POTENTIAL CONFLICTS TO THE CHAIR. A BOARD MEMBER WITH A CONFLICT OF  
INTEREST IS REQUIRED TO ANNOUNCE IT AND RECUSE HIMSELF OR HERSELF FROM THE  
RELEVANT DECISION-MAKING PROCESS. A WRITTEN RECORD IS KEPT IN THE OFFICIAL  
MEETING MINUTES.

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

IN ORDER TO ESTABLISH THE COMPENSATION OF THE CEO AND COO, IOBY USED A  
REVIEW OF FORM 990S FROM SIMILAR ORGANIZATIONS, AS WELL AS COMPENSATION  
SURVEYS AND STUDIES. THE BOARD CARRIED OUT THIS PROCESS IN 2015 FOR BOTH  
POSITIONS AND COMPENSATION WAS SET AND APPROVED BY THE BOARD, AS DOCUMENTED  
IN THE OFFICIAL MINUTES. ANNUAL REVIEW OF THE CEO AND COO IS THE  
RESPONSIBILITY OF THE GOVERNANCE COMMITTEE OF THE BOARD AND COMPENSATION IS  
REVIEWED ANNUALLY AT THIS TIME; THE REVIEW IS REPORTED TO THE BOARD. THE  
CHANGES ARE DOCUMENTED IN THE BUDGET REVIEW AND APPROVAL PROCESS.

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

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS  
REQUIRED UNDER SECTION 6104 OF INTERNAL REVENUE CODE. IT IS POSTED ON THE  
ORGANIZATION'S OWN WEBSITE ([HTTP://IOBY.ORG/ABOUT/TRANSPARENCY](http://IOBY.ORG/ABOUT/TRANSPARENCY)), NEW YORK  
STATE ATTORNEY GENERAL WEBSITE, GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF



Name of the organization IN OUR BACKYARDS, INC.	Employer identification number 26-3283639
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WEBSITES. IN ADDITION, FORM 1023, THE CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST AT 540 PRESIDENT STREET, 3RD FLOOR, BROOKLYN, NY 11215 OR BY CALLING THE ORGANIZATION DIRECTLY AT (917) 464-4515.

FORM 990, PART XII, LINE 2C:  
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS DID NOT CHANGE FROM THE PRIOR YEAR.

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**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](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>IN OUR BACKYARDS, INC.</b>	Taxpayer identification number (TIN) <b>26-3283639</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>540 PRESIDENT STREET, 3RD FLOOR</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BROOKLYN, NY 11215</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**BRANDON WHITNEY**

- The books are in the care of ▶ **540 PRESIDENT STREET, 3RD FLOOR - BROOKLYN, NY 11215**  
Telephone No. ▶ **(917) 464-4515** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2019** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2020)

**MAIL TO: DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0045**