

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning and ending

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	C Name of organization IN OUR BACKYARDS, INC.		D Employer identification number 26-3283639
	Doing business as		E Telephone number (917) 464-4515
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	540 PRESIDENT STREET, 3RD FLOOR		G Gross receipts \$ 8,604,811.
	City or town, state or province, country, and ZIP or foreign postal code BROOKLYN, NY 11215		
F Name and address of principal officer: ERIN BARNES SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	

J Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527
K Form of organization: Corporation Trust Association Other
L Year of formation: **2008** **M** State of legal domicile: **NY**
J Website: **WWW.IOBY.ORG** **H(c)** Group exemption number **▶**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: IOBY MOBILIZES NEIGHBORS WHO HAVE GOOD IDEAS TO BECOME POWERFUL CITIZEN LEADERS WHO PLAN, FUND		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	29
	6 Total number of volunteers (estimate if necessary)	6	2545
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 4,690,128.	Current Year 8,446,979.
	9 Program service revenue (Part VIII, line 2g)	70,656.	157,832.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-26,357.	-6,705.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,734,427.	8,598,106.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,473,139.	4,724,729.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,975,545.	2,303,591.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 416,951.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	896,619.	883,420.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,345,303.	7,911,740.	
19 Revenue less expenses. Subtract line 18 from line 12	389,124.	686,366.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,685,637.	End of Year 3,212,579.
	21 Total liabilities (Part X, line 26)	670,449.	511,025.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,015,188.	2,701,554.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	ERIN BARNES, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS	Date 11/16/21	Check if self-employed <input type="checkbox"/>	PTIN P00543209
	Firm's name ▶ PKF O'CONNOR DAVIES, LLP	Firm's EIN ▶ 27-1728945			
	Firm's address ▶ 500 MAMARONECK AVENUE HARRISON, NY 10528-1633	Phone no. 914-381-8900			

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 \$ 6,342,824. including grants of \$ 4,724,729.) (Revenue \$ 157,832.) 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 \$ 587,519. including grants of \$ 0.) (Revenue \$ 0.) 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 \$ 227,134. including grants of \$ 0.) (Revenue \$ 0.) 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 7,157,477.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee reporting, tax shelter transactions, and charitable contributions.

Form 990 (2020)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ 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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
CHRISTINE RICO - (917) 464-4515
540 PRESIDENT STREET, 3RD FLOOR, BROOKLYN, NY 11215

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) ERIN BARNES COFOUNDER & EXECUTIVE DIRECTOR	40.00	X		X				127,889.	0.	45,713.
(2) AUTUMN SMOOT CFO	40.00			X				119,190.	0.	11,594.
(3) KENNETH NADOLSKI CHIEF PHILANTHROPY OFFICER	40.00				X			111,513.	0.	5,680.
(4) BRANDON WHITNEY COFOUNDER & COO, THRU 6/30/20	40.00			X				59,530.	0.	1,058.
(5) JAMIE HAND CHAIR	5.00	X		X				0.	0.	0.
(6) EVELYN BURNETT VICE CHAIR	5.00	X		X				0.	0.	0.
(7) SHIN-PEI TSAY TREASURER	5.00	X		X				0.	0.	0.
(8) JASON SCHWARTZ SECRETARY	5.00	X		X				0.	0.	0.
(9) PROJAL DUTTA DIRECTOR	5.00	X						0.	0.	0.
(10) CASSIE FLYNN DIRECTOR	5.00	X						0.	0.	0.
(11) ADAM FREED DIRECTOR	5.00	X						0.	0.	0.
(12) MICHELLE GARCIA DIRECTOR	5.00	X						0.	0.	0.
(13) MICHELLE HUANG DIRECTOR	5.00	X						0.	0.	0.
(14) CHARLOTTE KAISER DIRECTOR	5.00	X						0.	0.	0.
(15) JUSTIN MOORE DIRECTOR	5.00	X						0.	0.	0.
(16) ERIC NG DIRECTOR	5.00	X						0.	0.	0.
(17) NADIA OWUSU DIRECTOR	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	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	61,384.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	393,461.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,992,134.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		8,446,979.			
Program Service Revenue	2 a	SERVICE FEES	Business Code	900099	157,832.	157,832.	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		157,832.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses	6b				
	6 c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses	7b				
	7 c	Gain or (loss)	7c				
	d	Net gain or (loss)					
8 a	Gross income from fundraising events (not including \$ 61,384. of contributions reported on line 1c). See Part IV, line 18	8a	0.				
8 b	Less: direct expenses	8b	6,705.				
c	Net income or (loss) from fundraising events			-6,705.		-6,705.	
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
9 b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
10 b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions			8,598,106.	157,832.	0.	-6,705.

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	2,787,652.	2,787,652.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,937,077.	1,937,077.		
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	364,976.	266,433.	40,147.	58,396.
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	1,642,270.	1,198,857.	180,650.	262,763.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,053.	14,638.	2,206.	3,209.
9 Other employee benefits	149,038.	108,799.	16,395.	23,844.
10 Payroll taxes	127,254.	92,896.	13,998.	20,360.
11 Fees for services (nonemployees):				
a Management	15,506.	14,421.	1,085.	
b Legal				
c Accounting	31,751.	29,528.	2,223.	
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.)	303,045.	271,507.	29,817.	1,721.
12 Advertising and promotion	8,623.	7,502.	1,035.	86.
13 Office expenses	35,532.	28,639.	3,088.	3,805.
14 Information technology	187,205.	172,433.	10,549.	4,223.
15 Royalties				
16 Occupancy	95,525.	70,688.	10,508.	14,329.
17 Travel	7,726.	6,953.		773.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	556.	500.		56.
20 Interest	41,058.	35,720.	4,927.	411.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	113,408.	82,788.	12,475.	18,145.
23 Insurance	3,734.		3,734.	
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 RECRUITING AND STAFF DE	29,554.	21,574.	3,251.	4,729.
b STAFF DEVELOPMENT/TRAIN	8,424.	7,330.	1,010.	84.
c OTHER DIRECT EXPENSE	1,773.	1,542.	214.	17.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	7,911,740.	7,157,477.	337,312.	416,951.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	984,144.	1	2,373,896.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1,521,500.	3	553,510.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	35,022.	9	68,497.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 826,029.		
	b	Less: accumulated depreciation	10b 615,993.	10c	210,036.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	6,640.	15	6,640.
16	Total assets. Add lines 1 through 15 (must equal line 33)	2,685,637.	16	3,212,579.	
Liabilities	17	Accounts payable and accrued expenses	228,149.	17	194,025.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	442,000.	23	317,000.
	24	Unsecured notes and loans payable to unrelated third parties	300.	24	0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	670,449.	26	511,025.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	-1,583,672.	27	-932,528.
	28	Net assets with donor restrictions	3,598,860.	28	3,634,082.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	2,015,188.	32	2,701,554.	
33	Total liabilities and net assets/fund balances	2,685,637.	33	3,212,579.	

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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	8,598,106.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,911,740.
3	Revenue less expenses. Subtract line 2 from line 1	3	686,366.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,015,188.
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	2,701,554.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

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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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3179800.	2205239.	5093822.	4690128.	8446979.	23615968.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3179800.	2205239.	5093822.	4690128.	8446979.	23615968.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4781140.
6 Public support. Subtract line 5 from line 4.						18834828.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	3179800.	2205239.	5093822.	4690128.	8446979.	23615968.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		3,245.	45.			3,290.
11 Total support. Add lines 7 through 10						23619258.
12 Gross receipts from related activities, etc. (see instructions)					12	228,488.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	79.74 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	78.77 %

16a **33 1/3% support test - 2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

17a **10% -facts-and-circumstances test - 2020.** 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 **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b **10% -facts-and-circumstances test - 2019.** 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 **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, 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>		
2 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
1 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
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

2020

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

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
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>800,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>400,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>380,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<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.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

IN OUR BACKYARDS, INC.

26-3283639

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	_____	\$ 221,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____	\$ 210,000.	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.)
	_____	\$ _____	Person <input 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.)
	_____	\$ _____	Person <input 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

Employer identification number

IN OUR BACKYARDS, INC.

26-3283639

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 IN OUR BACKYARDS, INC.	Employer identification number 26-3283639
-------------------------------------------------------	-----------------------------------------------------

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.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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...?, 6 Did the organization inform all grantees...?

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

Form with multiple sections: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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.

Form with sections: 1a If the organization elected, as permitted under FASB ASC 958, not to report..., 1b If the organization elected, as permitted under FASB ASC 958, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

Schedule D (Form 990) 2020

032051 12-01-20

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? | 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		72,871.	47,774.	25,097.
e Other		753,158.	568,219.	184,939.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				210,036.

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)		
Total. (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)		
Total. (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)	
Total. (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)	
Total. (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.

1	Total revenue, gains, and other support per audited financial statements	1	8,591,350.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	6,705.
e	Add lines 2a through 2d	2e	6,705.
3	Subtract line 2e from line 1	3	8,584,645.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	13,461.
c	Add lines 4a and 4b	4c	13,461.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	8,598,106.

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.

1	Total expenses and losses per audited financial statements	1	7,904,984.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	6,705.
e	Add lines 2a through 2d	2e	6,705.
3	Subtract line 2e from line 1	3	7,898,279.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	13,461.
c	Add lines 4a and 4b	4c	13,461.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	7,911,740.

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 2017.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED ON PART VIII, LINE 8B 6,705.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

RECLASS OF PAYROLL TAX CREDIT TO PART VIII, LINE 1E 13,461.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED ON PART VIII, LINE 8B 6,705.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECLASS OF PAYROLL TAX CREDIT TO PART VIII, LINE 1E 13,461.

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
		VIRTUAL SUMMER PARTY (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	61,384.		61,384.
	2	Less: Contributions	61,384.		61,384.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	3,000.		3,000.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	3,705.		3,705.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			6,705.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-6,705.

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	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	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
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	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: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility

13a		%
13b		%

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2020
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.

1 (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
ACTION RESEARCH COLLABORATIVE, INC. - 2454 HUGHES AVE 3C - BROOK, NY 10458	82-5252889	501 (C) (3)	24,490.	0.			TO PROVIDE FUNDING FOR HELP NYC DRIVERS LAUNCH A PLATFORM COOPERATIVE
AFRICA HOUSE INTERNATIONAL 1695 EAST 81ST STREET CLEVELAND, OH 44103-3488	14-1984689	501 (C) (3)	5,573.	0.			TO PROVIDE FUNDING FOR LOVINGKINDNESS 2020
ALASKA ARTS CONFLUENCE 207 THOMPSON SQUARE MOUNTAIN VIEW, CA 94043	20-4036592	501 (C) (3)	7,563.	0.			TO PROVIDE FUNDING FOR POWER IN THE PEN - A COMMUNITY WRITING WORKSHOP
ALLIED MEDIA PROJECTS 4126 THIRD ST DETROIT, MI 48201	01-0559608	501 (C) (3)	13,209.	0.			TO PROVIDE FUNDING FOR FIG FRONTLINE COMMUNITY
ARTS & DEMOCRACY 88 PROSPECT PARK WEST 3D BROOKLYN, NY 11215-3565	47-4287935	501 (C) (3)	6,652.	0.			TO PROVIDE FUNDING FOR PROTECT YOUR RIVERS
ATLANTIC AVENUE DISTRICT MANAGEMENT - 340 ATLANTIC AVE - BROOKLYN, NY 11201-6696	45-5949226	501 (C) (3)	7,125.	0.			TO PROVIDE FUNDING FOR MONTH OF THE YOUNG CHILD CELEBRATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table: **150.**

3 Enter total number of other organizations listed in the line 1 table: **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2020**

Part II	Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
AUNTIE NA'S VILLAGE 12028 YELLOWSTONE ST DETROIT, MI 48204	81-2140815	501(C)(3)	25,293.	0.			TO PROVIDE FUNDING FOR AUNTIE NA'S VILLAGE - PANDEMIC FOOD DELIVERY PROGRAM
BAILEY'S CAFE 279 STERLING PL STE 3A BROOKLYN, NY 11238	20-0221451	501(C)(3)	10,199.	0.			TO PROVIDE FUNDING FOR A SUMMER OF HEALING
BELLE ISLE CONSERVANCY 8109 E JEFFERSON AVE DETROIT, MI 48214-3969	23-7348118	501(C)(3)	5,046.	0.			TO PROVIDE FUNDING FOR #TIPTHESCALES AT THE BELLE ISLE AQUARIUM
BETHANY HOUSE ACADEMY 1500 CHICAGO ST PITTSBURGH, PA 15214	20-1424418	501(C)(3)	8,986.	0.			TO PROVIDE FUNDING FOR THE DETROIT WE ARE CULTURE CREATORS ARTIST RELIEF PROJECT
BLOOMFIELD-GARFIELD CORPORATION 5149 PENN AVE PITTSBURGH, PA 15224	25-1290469	501(C)(3)	12,108.	0.			TO PROVIDE FUNDING FOR EAST END NEIGHBORS IN NEED CRISIS FUND
BRATTLEBORO MUSEUM & ART CENTER 10 VERNON ST BRATTLEBORO, VT 05301	03-6016116	501(C)(3)	20,402.	0.			TO PROVIDE FUNDING FOR ASK THE RIVER
BRIDGEPORT REGIONAL BUSINESS FOUNDATION - 855 MAIN STREET - BRIDGEPORT, CT 06604	06-1058315	501(C)(3)	5,581.	0.			TO PROVIDE FUNDING FOR COLORFUL BRIDGEPORT - COLOR IT IN MURALS
BROADWAY UNITED METHODIST CHURCH INC. - 609 E 29TH ST - INDIANAPOLIS, IN 46205-4199	35-0872354	501(C)(3)	5,533.	0.			TO PROVIDE FUNDING FOR HOOSIER IAC SCHOLARSHIP FUND
BROOKLYN URBAN GARDEN CHARTER SCHOOL - 11 TIMES SQUARE - NEW YORK, NY 10036	45-3453383	501(C)(3)	35,792.	0.			TO PROVIDE FUNDING FOR ARTISTS LEAD! BUGS COMMUNITY MARKET

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II)

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BROWNVILLE HERITAGE HOUSE INC. 581 MOTHER GASTON BLVD 2ND FL BROOKLYN, FL 11211	11-2552201	501(C)(3)	7,608.	0.			TO PROVIDE FUNDING FOR ELIZABETH CITY MURAL
BUCK OUT FOUNDATION 2012 CLIFFVIEW ROAD STE 16 CLEVELAND, OH 44121-0000	83-3007398	501(C)(3)	6,013.	0.			TO PROVIDE FUNDING FOR BUCK OUT CLEVELAND
BUSINESS EDUCATION FOUNDATION 10 MAIN STREET BRISTOL, CT 06010	22-3096098	501(C)(3)	14,692.	0.			TO PROVIDE FUNDING FOR BRISTOL OUTDOOR CLASSROOM A WORK OF HEART
CATROCK VENTURES INC. 2865 UNIVERSITY AVE STE E3 BRONX, NY 10468	82-5316828	501(C)(3)	5,347.	0.			TO PROVIDE FUNDING FOR YOUNG WOMEN WHO CRUSH
CHEYENNE COUNTY HOSPITAL 625 THIRD STREET PHILIPSBURG, KS 67661	48-1226831	501(C)(3)	20,099.	0.			TO PROVIDE FUNDING FOR COMMUNITY AND CARE BUILDING; CHEYENNE COUNTY
CHILDREN FIRST CEO KANSAS INC. 3410 S KESSLER WICHITA, KS 67217	48-1235279	501(C)(3)	40,655.	0.			TO PROVIDE FUNDING FOR EMERGENCY HELP FOR FAMILIES IMPACTED BY COVID-19 AND FOOD
CITY LIGHTS & COMPANY 130 ELM STREET BRIDGEPORT, CT 06604	20-5462244	501(C)(3)	11,561.	0.			TO PROVIDE FUNDING FOR ARTISTS WORK, ONLINE ARTS ENRICHMENT PROGRAMS FOR YOUTH
CITY SEED INC. 13 COURT STREET NEW HAVEN, CT 06511	83-0397621	501(C)(3)	10,441.	0.			TO PROVIDE FUNDING FOR RE-ENVISIONING NEW HAVENS FARMERS MARKETS DURING COVID-19
CLEVELAND MUSIC SCHOOL SETTLEMENT 11125 MAGNOLIA DR CLEVELAND, OH 44106-1813	34-0714339	501(C)(3)	6,584.	0.			TO PROVIDE FUNDING FOR PLAZA POWER!

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CLEVELAND ROCKS PAST PRESENT AND FUTURE - 15711 WATERLOO RD - CLEVELAND, OH 44110	45-4532432	501(C)(3)	52,041.	0.		TO PROVIDE FUNDING FOR MUSIC RELIEF PROGRAMS	
CLICK, INC. 201 SUMMIT ST WILLIMANTIC, CT 06226	45-3938472	501(C)(3)	40,586.	0.		TO PROVIDE FUNDING FOR D.R.I.V.E. CLICK	
COMMUNITY ALLIANCE OF SPRING GARDEN - EAST DEUTSCH - 810 TIPOLI ST - PITTSBURGH, PA 15212	38-3781911	501(C)(3)	19,302.	0.		TO PROVIDE FUNDING FOR SPRING GARDEN AND DEUTSCHTOWN GATEWAYS	
COMMUNITY FOUNDATION OF ORANGE COUNTY, INC. - 30 SCOTTS CORNERS DRIVE - MONTGOMERY, NY 12549	06-1551843	501(C)(3)	14,515.	0.		TO PROVIDE FUNDING FOR THE CINEMABOX AT THORNWILLOW MAKERS VILLAGE	
COMMUNITY HEALTH COUNCIL OF WYANDOTTE COUNTY - 755 MINNESOTA AVE - KANSAS CITY, KS 66117	01-0674969	501(C)(3)	11,386.	0.		TO PROVIDE FUNDING FOR COME WALK WITH US WYCO	
CONGRESS OF COMMUNITIES 8638 W VERNOR HWY DETROIT, MI 48209	81-2759276	501(C)(3)	12,819.	0.		TO PROVIDE FUNDING FOR YOUTH-DRIVEN COMMUNITY CENTER	
CONNECTICUT RESOURCE CONSERVATION & DEVELOPMENT AREA INC. - 1066 SAYBROOK RD PO BOX 70 - HADDAM, CT 06438	06-0976326	501(C)(3)	8,141.	0.		TO PROVIDE FUNDING FOR TOBSY FOR TOLERANCE	
CONNECTICUT RIVER WATERSHED COUNCIL INC. - 15 BANK ROW - GREENFIELD, MA 01301	04-2148397	501(C)(3)	6,834.	0.		TO PROVIDE FUNDING FOR FALCONWORKS MAINSTAGE: THE PROGRAM	
CONNECTICUT STATE GRANGE FOUNDATION, INC. - ONE FINANCIAL PLAZA 21ST FLR - HARTFORD, CT 06103	30-0712664	501(C)(3)	7,522.	0.		TO PROVIDE FUNDING FOR FORT SEWARD SCULPTURE GARDEN	

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II)							
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CONNECTION FIRST, INC. 2040 LAUREL ST TALLAHASSEE, FL 32303	84-4644642	501(C)(3)	30,281.	0.			TO PROVIDE FUNDING FOR NONVIOLENT COMMUNICATION AND RESTORATIVE JUSTICE IN LEON COUNTY SCHOOLS
COVERTRY VILLAGE SPECIAL IMPROVEMENT DISTRICT OF CLEVELAND HEIGHTS INC. - 1824 COVERTRY RD - CLEVELAND HEIGHTS, OH 44118	31-1552958	501(C)(3)	5,148.	0.			TO PROVIDE FUNDING FOR INSIDE OUT: POP UP ART WALK EXPERIENCE IN COVERTRY VILLAGE
CT PUERTO RICAN FORUM 95 PARK ST FL 2 HARFORD, CT 06106	06-1385027	501(C)(3)	37,913.	0.			TO PROVIDE FUNDING FOR 2020 BICI CO. DO-IT-YOURSELF WORKSHOP AND COMMUNITY HOURS
DETROIT HIVES 13565 STOEHEL ST DETROIT, MI 48238	81-2198745	501(C)(3)	14,554.	0.			TO PROVIDE FUNDING FOR MOTOR CITY GARDEN
DMF YOUTH, INC. 320 WEST 83RD STREET NEW YORK, NY 10024	47-1189284	501(C)(3)	13,151.	0.			TO PROVIDE FUNDING FOR DMF YOUTH BACK TO SCHOOL FUNDRAISING CAMPAIGN
DOORS OPEN PITTSBURGH 322 LAUREL HILL RD ALLISON PARK, PA 15101	47-5421523	501(C)(3)	10,272.	0.			TO PROVIDE FUNDING FOR KEEP OUR DOORS OPEN NEXT YEAR!
EAST ALLEGHENY COMMUNITY COUNCIL INC. - 415 EAST OHIO STREET - PITTSBURGH, PA 15212	25-1325425	501(C)(3)	12,582.	0.			TO PROVIDE FUNDING FOR THE COMMUNITY GARDEN AT ALLEGHENY COMMONS - LET'S KEEP GROWING!
EAST CLEVELAND FARMERS MARKET PO BOX 603826 CLEVELAND, OH 44103	34-1953367	501(C)(3)	6,191.	0.			TO PROVIDE FUNDING FOR COVID-19 LOW-INCOME FAMILY SUPPORT
ELIZABETH CITY DOWNTOWN, INC. 507 E MAIN ST STE N ELIZABETH CITY, NC 27909	56-1621231	501(C)(3)	7,628.	0.			TO PROVIDE FUNDING FOR NELLIE MCKAY SOCIALLY DISTANCED CONCERT FOR NCOMHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II)

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FALCONWORKS ARTISTS GROUP 89 PIONEER ST BROOKLYN, NY 11231	20-0732447	501(C)(3)	6,950.	0.			TO PROVIDE FUNDING FOR KEEPING THE DURFEE INNOVATION SOCIETY CLEAN AND SAFE
FAMILY SUMMITS INC. 728 MAIN ST WALTHAM, MA 02451	20-5178011	501(C)(3)	20,000.	0.			TO PROVIDE FUNDING FOR FAMILY NATURE SUMMITS - OPERATIONS
FINE ART MIRACLES, INC. 11129 BABCOCK BLVD GIBSONIA, PA 15044	46-0619638	501(C)(3)	6,278.	0.			TO PROVIDE FUNDING FOR SETH THOMAS PARK REVITALIZATION
FINEVIEW CITIZENS COUNCIL, INC. 431 CALOMA STREET PITTSBURGH, PA 15212	25-1433387	501(C)(3)	11,380.	0.			TO PROVIDE FUNDING FOR FINEVIEW PITTSBURGH COMMUNITY MURALS
FIRST PRESBYTERIAN CHURCH 719 DUQUESNE BOULEVARD DUQUESNE, PA 15110	25-1028114	501(C)(3)	13,349.	0.			TO PROVIDE FUNDING FOR MEM CAPITAL CAMPAIGN
FIRST UNITARIAN CHURCH OF MEMPHIS 240FARNSWORTH BOSTON, MA 02210	04-2103733	501(C)(3)	25,254.	0.			TO PROVIDE FUNDING FOR PLAYGROUND AND AMENITIES NEAR BIG RIVER CROSSING
FIVE POINTS BUSINESS DISTRICT OF OBSERVATORY HILL - 3866 BAYTREE STREET - PITTSBURGH, PA 15214	83-0761692	501(C)(3)	9,929.	0.			TO PROVIDE FUNDING FOR 5 PM GROUP COMMUNITY GARDEN
FOOD STRONG 4222 BEXLEY BLVD SOUTH EUCLID, OH 44121-0000	83-1580187	501(C)(3)	5,901.	0.			TO PROVIDE FUNDING FOR DEVELOPING OUR LEARNING GARDEN SITE
FOUNDATION 154, INC. PO BOX 373 ELBA, AL 36323	47-3016500	501(C)(3)	31,990.	0.			TO PROVIDE FUNDING FOR ELBA THEATRE PROJECT

Schedule I (Form 990)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable

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(g) Description of non-cash assistance	(h) Purpose of grant or assistance							
GREAT SMALL WORKS, INC. 315 W 86TH STREET APT 4E NEW YORK, NY 10024	13-3862351	501(C)(3)	6,529.	0.			TO PROVIDE FUNDING FOR STANDING TOGETHER	
GREATER NEW HAVEN COALITION FOR PEOPLE - 130 DAVENPORT AVE - NEW HAVEN, CT 06519	22-2535462	501(C)(3)	28,162.	0.			TO PROVIDE FUNDING FOR 50 FISHI & ONLINE CLASSROOM	
GREEN GUERRILLAS, INC. 425 PARK AVENUE NEW NEW YORK, NY 10022	13-2903183	501(C)(3)	11,272.	0.			TO PROVIDE FUNDING FOR SOLAR-POWERED IRRIGATION FOR PHOENIX COMMUNITY GARDEN	
GREENWICH GREEN & CLEAN, INC. 2 LAFAYETTE COURT GREENWICH, CT 06830	06-1187797	501(C)(3)	11,461.	0.			TO PROVIDE FUNDING FOR POLLINATOR PATHWAY AT NORTH STREET	
GREENWICH GREEN & CLEAN, INC. 2 LAFAYETTE COURT GREENWICH, CT 06830	06-1187797	501(C)(3)	12,672.	0.			TO PROVIDE FUNDING FOR GREENWICH, CT FOOD SCRAP RECYCLING PILOT PROGRAM	
HEIGHTS COMMUNITY DEVELOPMENT CORPORATION - PO BOX 221042 - MEMPHIS, TN 38122	81-3066683	501(C)(3)	22,569.	0.			TO PROVIDE FUNDING FOR TREADWELL NATURE PLAYGROUND	
HIGHLAND CLUBHOUSE INC. 615 MAIN ST UNIT 2281 NIAGARA FALLS, NY 14302	83-4430104	501(C)(3)	11,687.	0.			TO PROVIDE FUNDING FOR HIGHLAND CLUBHOUSE 2020, PHASE TWO	
HUMANITY HOUSE FOUNDATION 12 W JACKSON AVE TOLA, KS 66749	81-1799536	501(C)(3)	10,126.	0.			TO PROVIDE FUNDING FOR UTILITY HELP AT HUMANITY HOUSE	
HUMBOLDT MINISTERIAL ALLIANCE 204 NORTH 7TH STREET HUMBOLDT, KS 66748	26-4659392	501(C)(3)	22,174.	0.			TO PROVIDE FUNDING FOR HUMBOLDT MINISTERIAL ALLIANCE	

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I AM GYM FOUNDATION, INC. 1969 BERGEN STREET 2B BROOKLYN, NY 11233	83-4486276	501(C)(3)	19,799.	0.			TO PROVIDE FUNDING FOR SUMMER YOUTH JOBS PROMOTING HEALTH IN BROWNSVILLE
IN EDUCATION, INC. 3867 W MARKET ST STE 166 AKRON, OH 44333	20-4891296	501(C)(3)	6,002.	0.			TO PROVIDE FUNDING FOR CLEVELAND TIME RECORDS LIVE AND VIRTUAL CONCERT
INSTITUTE FOR NONPROFIT NEWS 17514 VENTURA BLVD STE 103 ENCINO, CA 91316	27-2614911	501(C)(3)	17,425.	0.			TO PROVIDE FUNDING FOR THE LAND: IN-DEPTH LOCAL REPORTING
JULIA DE BURGOS CULTURAL ARTS CENTER - 2800 ARCHWOOD AVENUE - CLEVELAND, OH 44109	34-1676967	501(C)(3)	12,890.	0.			TO PROVIDE FUNDING FOR UNIDOS POR EL ARTE: COVID RESPONSE
KENNY PARK SUSTAINABILITY PROJECT PO BOX 1924 HARTFORD, CT 06144	06-1536163	501(C)(3)	27,821.	0.			TO PROVIDE FUNDING FOR WOOD MATERIALS MANAGEMENT PROJECT
KNOW ALLEGIANCE NATION 9405 JOHN R ST DETROIT, MI 48202	85-0864948	501(C)(3)	23,025.	0.			TO PROVIDE FUNDING FOR KAN CULTURAL CENTER & LITERACY HUB
LA CASA GUADALUPANA 1 KERCHEVAL AVENUE GROSS POINTE FARMS, MI 48236	32-0442491	501(C)(3)	10,846.	0.			TO PROVIDE FUNDING FOR AGAINST ALL ODDS
LA ESCUELITA ARCOIRIS 5700 FORBES AVE PITTSBURGH, PA 15217	42-1547098	501(C)(3)	7,176.	0.			TO PROVIDE FUNDING FOR ART ON THE BLOCK: DETROIT ARTIST + COMMUNITY RELIEF FUND
LAMRANCEVILLE CORPORATION 100 43RD ST PITTSBURGH PITTSBURGH, PA 15201	25-1471440	501(C)(3)	13,674.	0.			TO PROVIDE FUNDING FOR SPIRIT ROOFTOP GARDEN (PHASE 1)

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II)							
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LEAVE IT BETTER FOUNDATION 720 GREENWICH STREET STE 2M NEW YORK, NY 10014	27-3994291	501(C)(3)	19,737.	0.			TO PROVIDE FUNDING FOR LEAVE IT BETTER ONLINE
LIFE REMODELED A NONPROFIT CORPORATION - 34039 ALGONQUIN ST - WESTLAND, MI 48185-2730	27-5020487	501(C)(3)	6,997.	0.			TO PROVIDE FUNDING FOR BRING ART TO OUR BEDS
LITTLE LUMPEY'S CENTER FOR EDUCATIONAL INITIATIVES - 1880 EAST 69TH STREET - CLEVELAND, OH 44103-0000	82-3655896	501(C)(3)	13,212.	0.			TO PROVIDE FUNDING FOR COMMUNITY PODCAST STUDIO & FARMERS' APPRENTICES - THE GRANGE BUILDS
MARINE PARK ALLIANCE CORP 3221 AVENUE BROOKLYN, NY 11234-0000	46-3291341	501(C)(3)	5,116.	0.			TO PROVIDE FUNDING FOR GARDENERS CORPS
MEMPHIS EDUCATION FUND INC. 40 S MAIN STREET STE 2900 MEMPHIS, TN 36103	47-3660677	501(C)(3)	6,268.	0.			TO PROVIDE FUNDING FOR ART2GO FOR PITTSBURGH'S ELDERLY POPULATION
MERCER STREET FRIENDS CENTER 151 MERCER ST TRENTON, NJ 08611-1723	21-0733990	501(C)(3)	5,585.	0.			TO PROVIDE FUNDING FOR PANDEMIC HUNGER RELIEF WEST WINDSOR-PLAINSBORO
MILL RIVER WATERSHED OF SOUTH CENTRAL CT - PO BOX 6642 - HAMDEN, CT 06517	06-1590010	501(C)(3)	8,493.	0.			TO PROVIDE FUNDING FOR PS84 STEAM, ECOLOGY, & GARDEN CLASSES
MITCHELL COUNTY REGIONAL MEDICAL FOUNDATION - PO BOX 65 - BELOIT, KS 67420	26-3931029	501(C)(3)	5,196.	0.			TO PROVIDE FUNDING FOR CAWKER CITY COMMUNITY GYM & WEIGHTROOM
MOVEMENT FOR JUSTICE IN EL BARRIO INC. - FOUR TIMES SQUARE 43-126 - NEW YORK, NY 10036	45-0927557	501(C)(3)	68,925.	0.			TO PROVIDE FUNDING FOR MOVIMIENTO'S COVID-19 EMERGENCY FUND FOR IMMIGRANTS IN EL BARRIO

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NEIGHBORHOOD HOUSING SERVICES OF NEW HAVEN - 333 SHERMAN AVE - NEW HAVEN, CT 06511	06-1021268	501(C)(3)	33,722.	0.			TO PROVIDE FUNDING FOR I MY HOME
NEW HAVEN LAND TRUST PO BOX 935 NEW HAVEN, CT 06504	06-1063389	501(C)(3)	8,100.	0.			TO PROVIDE FUNDING FOR CONNECTICUT COMPOST CONFERENCE
NEW HAVEN URBAN RESOURCES INITIATIVE - 205 PROSPECT STREET - NEW HAVEN, CT 06511	06-1343983	501(C)(3)	20,262.	0.			TO PROVIDE FUNDING FOR NEW HAVEN'S TREE PLANTING CREWS
NEW HORIZONS SCHOOL 1825 UPLAND AVE BOULDER, CO 80304	84-0586417	501(C)(3)	6,262.	0.			TO PROVIDE FUNDING FOR SUPPORTING STUDENTS AND FAMILIES DURING THE COVID-19 PANDEMIC
NEW PROSPECT BAPTIST CHURCH 1829 ELM ST CINCINNATI, OH 45202	31-0676519	501(C)(3)	8,035.	0.			TO PROVIDE FUNDING FOR GATHER NEW HAVEN (NEW HAVEN LAND TRUST) COMPOSTING INITIATIVES
NORTH EAST OHIO MUSICAL HERITAGE ASSOCIATION - 10848 CHILLICOTHE RD - KIRTLAND, OH 44094	46-5057075	501(C)(3)	7,641.	0.			TO PROVIDE FUNDING FOR POLLINATOR PATHWAY GARDENS IN WESTON
NORTH END NEIGHBORHOOD PATROL 276 KING DETROIT, MI 48202	45-2409359	501(C)(3)	16,700.	0.			TO PROVIDE FUNDING FOR KING 999
NORTHEAST OHIO COALITION FOR THE HOMELESS - 3631 PERKINS AVE STE 3A3 - CLEVELAND, OH 44114	34-1590112	501(C)(3)	5,968.	0.			TO PROVIDE FUNDING FOR WRAP UP HOMELESSNESS 2020
OPEN SPACE INSTITUTE 1350 BROADWAY ROOM 201 NEW YORK, NY 10018	52-1053406	501(C)(3)	11,960.	0.			TO PROVIDE FUNDING FOR KELLY STREET GARDEN DURING COVID

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PARMA CHARITABLE FUND, INC. 6306 HAMPSTEAD AVENUE PARMA, OH 44129-3727	46-3602316	501(C)(3)	6,366.	0.			TO PROVIDE FUNDING FOR MARIPOSA IS FINALLY FREE! NOW SHE NEEDS OUR HELP...
PHASTAR CORP 44050 RUSSTA RD ELYRIA, OH 44035-6800	45-0833007	501(C)(3)	6,143.	0.			TO PROVIDE FUNDING FOR PANDEMIC INTERLUDES
PITTSBURGH STRUGGLING STUDENT ASSOCIATION - 1320 LIVERPOOL STREET - PITTSBURGH, PA 15233-1306 PLAYERS PHILANTHROPY FUND DBA WELCOME TO CHATOWN - 1122 KENILWORTH DR STE 507 - TOWSON, MD 21204	90-0982161	501(C)(3)	6,058.	0.			TO PROVIDE FUNDING FOR CLEVELAND POWERLIFTING CLUB
PRACTIS: INTEGRATED FIBER WORKSHOP 15301 WATERLOO RD CLEVELAND, OH 44110	46-3033270	501(C)(3)	8,609.	0.			TO PROVIDE FUNDING FOR BETHANY HOUSE ACADEMY - BUILDING A BIGGER FUTURE
PS 20 PARENT TEACHERS ASSOCIATION INC. - 225 ADELPHI ST - BROOKLYN, NY 11205	46-3048383	501(C)(3)	14,791.	0.			TO PROVIDE FUNDING FOR BROOKLYN PS 20 GREEN ARTS PROGRAM
REALTIME INTERVENTIONS 2105 HAZELTINE WAY PITTSBURGH, PA 15218	82-0953346	501(C)(3)	13,098.	0.			TO PROVIDE FUNDING FOR KHURAKI 2020
REFRESH COLLECTIVE 4600 EUCLID AVE SUITE 410 CLEVELAND, OH 44103	47-3138601	501(C)(3)	40,009.	0.			TO PROVIDE FUNDING FOR REFRESH COLLECTIVE'S NEIGHBORHOOD RECORDING STUDIOS
RENOVARE MUSIC INC. 3676 TRAYNHAM ROAD SHAKER HEIGHTS, OH 44122-0000	83-3810783	501(C)(3)	6,183.	0.			TO PROVIDE FUNDING FOR CLEVELAND ROCKS PRESENTS WEDNESDAY SONGS & STAGES

Schedule I (Form 990)

Part II	Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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							
REFLINK FOOD NYC INC. 1 CONVENT AVENUE APT 54 NEW YORK, NY 10027	82-1632259	501(C)(3)	49,518.	0.			TO PROVIDE FUNDING FOR GERTIE FEEDS NYC	
RIPPLING HOPE PO BOX 41569 AUSTIN, TX 78704	46-1266821	501(C)(3)	5,114.	0.			TO PROVIDE FUNDING FOR RIPPLING HOPE COMMUNITY GARDEN	
RPGA STUDIO, INC. 787 SEVENTH AVE NEW YORK, NY 10019	47-2589237	501(C)(3)	8,171.	0.			TO PROVIDE FUNDING FOR BRILLIANT UNDERPASS ON THE MILL RIVER TRAIL	
SANTA BARBARA LOWER WESTSIDE COMMUNITY CENTER - 129 E CARRILLO ST - SANTA BARBARA, CA 93101	82-1786085	501(C)(3)	15,732.	0.			TO PROVIDE FUNDING FOR SANTA BARBARA WESTSIDE FOOD JUSTICE INITIATIVE	
SEEDS IN THE MIDDLE 153 WARREN ST BROOKLYN, NY 11201	27-1847142	501(C)(3)	31,175.	0.			TO PROVIDE FUNDING FOR FOOD ASSISTANCE	
SEWARD COUNTY UNITED WAY 1700 N LINCOLN LIBERAL, KS 67901	48-0646283	501(C)(3)	21,054.	0.			TO PROVIDE FUNDING FOR RESPONSE TO COVID-19: SEWARD COUNTY, KANSAS	
SLB RADIO PRODUCTIONS PO BOX 2508 CINCINNATI, OH 45201	25-1859072	501(C)(3)	20,000.	0.			TO PROVIDE FUNDING FOR RADIO WITH MOVING PICTURES!	
SOCIAL GOOD FUND 6641 AQUA VISA RICHMOND, CA 94805	46-1323531	501(C)(3)	5,720.	0.			TO PROVIDE FUNDING FOR SUPPORT FOOD JUSTICE IN UPTOWN MANHATTAN!	
SOLAR YOUTH, INC. 100-F BROOKSIDE AVE NEW HAVEN, CT 06511	06-1600471	501(C)(3)	34,489.	0.			TO PROVIDE FUNDING FOR GREEN JOBS YOUTH DEVELOPMENT	

Schedule I (Form 990)

Part II	Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SPREAD ART INC, 1465 VINEMOOD ST DETROIT, MI 48216	46-2170914	501(C)(3)	13,089.	0.		TO PROVIDE FUNDING FOR FORTIERY SPREAD ART	
STEMS FOR YOUTH 6228 WHITEWAY DRIVE LOVELAND, OH 45140	46-3815141	501(C)(3)	44,955.	0.		TO PROVIDE FUNDING FOR COVID-19 PPE	
STRONG HANDS UNITED 20351 MORRIS AVE CLEVELAND, OH 44123-0000	47-4973376	501(C)(3)	18,449.	0.		TO PROVIDE FUNDING FOR IT TAKES A VILLAGE, TOGETHER WE STAND, AND BOB STOP IS VIRTUALLY EVERYWHERE	
THE ALCHEMICAL NURSERY PROJECT INC. - 107 DELL ST APT2 - SYRACUSE, NY 13210	45-0594407	501(C)(3)	5,357.	0.		TO PROVIDE FUNDING FOR MARCELLUS STREET GARDENING AND BICYCLING CENTER	
THE CHICKWEED ALLIANCE, INC. 103 PILLING ST STE 3 BROOKLYN, NY 11207	84-3867645	501(C)(3)	44,200.	0.		TO PROVIDE FUNDING FOR OCEAN HILL/EAST BUSHWICK ELDER BOXES	
THE DOE FUND 232 E 84TH STREET NEW YORK, NY 10028-2951	13-3412540	501(C)(3)	5,954.	0.		TO PROVIDE FUNDING FOR THE DOE FUND, LAPTOPS FOR REMOTE LEARNING	
THE DOE FUND 232 E 94TH STREET NEW YORK, NY 10028	13-3412540	501(C)(3)	7,410.	0.		TO PROVIDE FUNDING FOR GREAT LAKES AFRICAN AMERICAN WRITERS CONFERENCE & YOUTH POETRY	
THE DOE FUND 232 E 94TH STREET NEW YORK, NY 10028	13-3412540	501(C)(3)	35,063.	0.		TO PROVIDE FUNDING FOR GOOD FOOD WORKS	
THE HAI FOUNDATION 1701 EDISON STREET DETROIT, MI 48206	84-3090926	501(C)(3)	30,940.	0.		TO PROVIDE FUNDING FOR ABBY KRAFTOWITZ FELLOWSHIP	

Schedule I (Form 990)

Part II	Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 HORTICULTURAL SOCIETY OF NEW YORK - 148 W 37TH ST FL 13 - NEW YORK, NY 10018	13-0854930	501(C)(3)	10,951.	0.			TO PROVIDE FUNDING FOR FATHER FAGAN PARK 2020 FLOWER FUND
THE HOSPITALITY HUB OF MEMPHIS 119 S MAIN ST STE 800 MEMPHIS, TN 38103	26-4417530	501(C)(3)	11,572.	0.			TO PROVIDE FUNDING FOR HELP THE HUB PROVIDE HOTEL VOUCHERS
THE HUBS PO BOX 998 ORANGE, NJ 07051	81-1044217	501(C)(3)	21,879.	0.			TO PROVIDE FUNDING FOR PLANNING TO STAY
THE JONAH CENTER, INC., 190 COURT ST MIDDLETOWN, CT 06457	05-0610255	501(C)(3)	19,086.	0.			TO PROVIDE FUNDING FOR REPLACE OUR TREES
THE MIAMI FOUNDATION 200 S BISCAYNE BLVD STE 505 MIAMI, FL 33131-5330	65-0350357	501(C)(3)	5,124.	0.			TO PROVIDE FUNDING FOR SOFA STORIES - DETROIT
THE MORAN PRIDE THRIVE GROUP 1 NORTH WASHINGTON AVENUE IOLA, KS 66749	27-1048784	501(C)(3)	10,719.	0.			TO PROVIDE FUNDING FOR ALLEN COUNTY FOOD ASSISTANCE
THE NEW HAVEN MONTHLY MEETING OF THE RELIGIOUS SOCIETY OF FRIENDS - 225 EAST GRAND AVE - NEW HAVEN, CT 06513	22-3148570	501(C)(3)	25,348.	0.			TO PROVIDE FUNDING FOR HAVEN'S HARVEST HAMDEN EXPANSION!
THE NEW SUN RISING 116 COUNTRY CLUB DR PITTSBURGH, PA 15235	20-3496988	501(C)(3)	14,106.	0.			TO PROVIDE FUNDING FOR PITTSBURGH RESTAURANT WORKERS AID - FOOD DISTRIBUTION CENTER
THE PITTSBURGH URBAN GARDENING PROJECT - 6 LELIA STREET - PITTSBURGH, PA 15211-0000	81-1470948	501(C)(3)	6,048.	0.			TO PROVIDE FUNDING FOR COMMUNITY GARDEN REVITALIZATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 SHARING PLACE 440 HOBOKEN AVE JERSEY CITY, NJ 07306	22-3742692	501(C)(3)	5,331.	0.			TO PROVIDE FUNDING FOR COVID-19 CRISIS: HELPING THE HUNGRY IN JERSEY CITY & HUDSON COUNTY
THE TRUST FOR PUBLIC LAND 101 MONTGOMERY ST STE 900 SAN FRANCISCO, CA 94104	23-7222333	501(C)(3)	41,101.	0.			TO PROVIDE FUNDING FOR CREATE A BIGGER, BETTER MONO POND STATE PARK!
THE TUXEDO PROJECT 27777 FRANKLIN RD STE 2500 SOUTHFIELD, MI 48034	81-0862070	501(C)(3)	29,894.	0.			TO PROVIDE FUNDING FOR THE TUXEDO PROJECT
THIRD SECTOR NEW ENGLAND, INC. C/O FRESH - 89 SOUTH ST STE 700 - BOSTON, MA 02111	04-2261109	501(C)(3)	10,983.	0.			TO PROVIDE FUNDING FOR GROW YOUR OWN FOOD NEW LONDON!
TOWN OF NEW MILFORD 10 MAIN STREET NEW MILFORD, CT 06776	06-6002046	IRC 115	16,740.	0.			TO PROVIDE FUNDING FOR EXPANDING NEW MILFORD'S BARN QUILT TRAIL -THE FIRST IN CONNECTICUT
TOWN OF THOMASTON 158 MAIN STREET THOMASTON, CT 06787	06-6002105	IRC 115	6,349.	0.			TO PROVIDE FUNDING FOR WELCOME TO PARMA MURAL
TOWN OF THOMPSON PO BOX 899 NORTH GROSVENOR DALE, CT 06255	06-6002107	IRC 115	20,872.	0.			TO PROVIDE FUNDING FOR TRAVELING THROUGH THOMPSON
TOWN OF WESTON PO BOX 1007 WESTON, CT 06883	06-6002127	IRC 115	7,723.	0.			TO PROVIDE FUNDING FOR ALEXANDER SHELTON PRESENTS COMMUNITY YOGA ONLINE
TWO BRIDGES NEIGHBORHOOD COUNCIL, INC. - 80 RUTGERS SLIP - NEW YORK, NY 10002	13-6222626	501(C)(3)	19,127.	0.			TO PROVIDE FUNDING FOR TWO BRIDGES ELITES: MORE THAN JUST BASKETBALL

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
UNITED WAY OF GREATER NEW HAVEN 370 JAMES ST STE 403 NEW HAVEN, CT 06513	06-0646761	501(C)(3)	49,215.	0.			TO PROVIDE FUNDING FOR HOME FARMS CAMPAIGN
UPTOWN GRAND CENTRAL CORP 2082 LEXINGTON AVE STE 201 NEW YORK, NY 10035	81-1133229	501(C)(3)	19,931.	0.			TO PROVIDE FUNDING FOR UPTOWN GRAND CENTRAL 2020 CROWDFUNDER
URBAN IMPACT FOUNDATION 801 UNION PLACE 4TH FLOOR PITTSBURGH, PA 15212	25-1752269	501(C)(3)	22,910.	0.			TO PROVIDE FUNDING FOR URBAN IMPACT BASKETBALL
VERMILLION CULTURAL ASSOCIATION PO BOX 549 10 E MAIN STREET VERMILLION, SD 57069	47-4247389	501(C)(3)	11,733.	0.			TO PROVIDE FUNDING FOR MANA (FLOWER) VERMILLION COMMUNITY MURAL
WAVE POOL CORP 2940 COLERAIN AVENUE CINCINNATI, OH 45225	47-5054823	501(C)(3)	11,516.	0.			TO PROVIDE FUNDING FOR WAVE POOL CORP.
WE ARE THE CULTURE CREATORS NONPROFIT - 4144 BAGLEY STREET - DETROIT, MI 48209	84-4069467	501(C)(3)	39,231.	0.			TO PROVIDE FUNDING FOR
WINDHAM REGIONAL COMMUNITY COUNCIL, INC. - 872 MAIN ST - WILLIMANTIC, CT 06226	06-0990205	501(C)(3)	18,542.	0.			TO PROVIDE FUNDING FOR FEEDING THE COMMUNITY. FEEDING THE ECONOMY.
WYCKOFF HOUSE & ASSOCIATION INC. 5816 CLARENDON RD BROOKLYN, NY 11203	11-2615053	501(C)(3)	21,703.	0.			TO PROVIDE FUNDING FOR FARMING FOR OUR COMMUNITY I
YOUR STORE OF THE QUEEN CITY 2110 SAINT MICHAEL STREET CINCINNATI, OH 45204	84-3445072	501(C)(3)	12,966.	0.			TO PROVIDE FUNDING FOR LOWER PRICE HILL COVID-19 COMMUNITY RESPONSE: COLLECTIVE GOOD(S)

Schedule I (Form 990)

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	64	1,937,077.	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: CHILDREN FIRST CEO KANSAS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING FOR EMERGENCY HELP FOR FAMILIES IMPACTED BY COVID-19 AND FOOD ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT:

LITTLE LUMPY'S CENTER FOR EDUCATIONAL INITIATIVES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING FOR COMMUNITY PODCAST STUDIO & FARMERS' APPRENTICES - THE GRANGE BUILDS KNOWLEDGE AND RESILIENCE

NAME OF ORGANIZATION OR GOVERNMENT: THE DOE FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING FOR GREAT LAKES AFRICAN AMERICAN WRITERS CONFERENCE & YOUTH POETRY SLAM 2020

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

IN OUR BACKYARDS, INC.

Employer identification number

26-3283639

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7** Yes No

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** Yes No

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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 for the latest information.

OMB No. 1545-0047

2020
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.

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

COUNTRY, SUPPORTED THOUSANDS OF RESIDENTS SHAPING THEIR IDEAS INTO
PROJECTS AND DIRECTED MORE THAN \$2MM FROM MORE THAN 10,000 DONORS TO
THESE PROJECTS.

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

THE ORGANIZATION USES AN OUTSIDE MANAGEMENT COMPANY, JUSTWORKS EMPLOYMENT
GROUP, A PROFESSIONAL EMPLOYER ORGANIZATION ("PEO") AS A CO-EMPLOYER. THE
PEO WAS PAID \$15,506 IN 2020 FOR THEIR SERVICES. THE TWO OFFICERS LISTED IN
PART VII, ERIN BARNES AND BRANDON WHITNEY ARE PAID BY THE PEO. THEIR
CALENDAR YEAR 2020 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
AND PROVIDED TO THE OUTSIDE ACCOUNTANTS. EACH ISSUE IS DOCUMENTED AND

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

IN OUR BACKYARDS, INC.

Employer identification number

26-3283639

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 15:

EVERY YEAR, IOBY'S SENIOR MANAGEMENT TEAM REVISES OUR SALARY BANDS, A TRANSPARENTLY SHARED, BOARD-APPROVED DOCUMENT OF SALARY AND ADVANCEMENT BASED ON PERFORMANCE, RESPONSIBILITY AND GEOGRAPHY OF THE STAFF PERSON. THE SALARY BANDS ARE BASED ON COMPARISONS TO NONPROFIT AND FOR PROFIT COMPANIES WITH ANNUAL BUDGETS BETWEEN \$2 MILLION (MINIMUM) AND \$10 MILLION (MAXIMUM). ALL IOBY STAFF ARE PAID ACCORDING TO THESE SALARY BANDS.

EVERY YEAR IN THE FIRST QUARTER, ALL STAFF HAVE A PERFORMANCE REVIEW BY THEIR MANAGER INCLUDING A 360 REVIEW. DURING THIS PERIOD, THE VICE CHAIR OF THE BOARD CONDUCTS A PERFORMANCE EVALUATION OF THE CEO BASED ON 360 REVIEW DATA FROM STAFF, INTERVIEWS WITH APPROXIMATELY 50% OF BOARD MEMBERS AND INTERVIEWS WITH APPROXIMATELY 50% OF STAFF. THE VICE CHAIR AND CHAIR OF THE BOARD CONFER ON THE CEO'S PERFORMANCE AND SUCCESS IN REACHING GOALS, AND USING BOTH THE ORGANIZATION'S SALARY BANDS AND THE BOARD'S OWN COMPARISON DATA TO SIMILAR POSITIONS, THE BOARD AGREES ON THE COMPENSATION FOR THE

Name of the organization

IN OUR BACKYARDS, INC.

Employer identification number

26-3283639

CEO. THIS PROCESS WAS LAST CONDUCTED IN MARCH / APRIL OF 2021, AND WAS APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD, AND DOCUMENTED AND COMMUNICATED DIRECTLY FROM THE BOARD CHAIR TO THE CFO BY EMAIL .

THE CEO DETERMINES COMPENSATION FOR OTHER MEMBERS OF IOBY'S SENIOR MANAGEMENT TEAM, WHICH IN 2020, INCLUDED BRANDON WHITNEY, COO, AUTUMN SMOOT, CFO, KEN NADOLSKI, CHIEF PHILANTHROPY OFFICER, AND JENNIFER ALLEN, SR DIRECTOR OF LEADER EXPERIENCE. THE CEO USES THE ORGANIZATION'S SALARY BANDS, PERFORMANCE EVALUATION DATA, 360 DATA AND WITH INPUT AND COUNSEL FROM THE BOARD CHAIR TO DETERMINE ANY CHANGES IN COMPENSATION. THIS WAS LAST CONDUCTED IN MARCH 2021.

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

IOBY MAKES ITS FORM 990 AND FORM 1023 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF INTERNAL REVENUE CODE. THE FORM 990 IS POSTED ON THE ORGANIZATION'S OWN WEBSITE ([HTTP://IOBY.ORG/ABOUT/TRANSPARENCY](http://ioby.org/about/transparency)), NEW YORK STATE ATTORNEY GENERAL'S WEBSITE, GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION, 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.

