Department of the Treasury Internal Revenue Service

Т

# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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



Α	For th	e 2022 calendar year, or tax year beginning and	ending					
В	Check if applicat	le: C Name of organization		D Employer identif	fication number			
	Addr chan							
	Nam Chan	pe Doing business as		86-0728990	)			
Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number								
	Final		202	602-400-260	1			
_	termi ated	4,182,949.						
L	Amer	FROENIX, AZ 05004		H(a) Is this a group	return			
	Appli tion pend	F Name and address of principal officer: NATIANTED KINOTON		for subordinate	es? Yes X No			
	-	SAME AS C ABOVE		H(b) Are all subordinates	included? Yes No			
		empt status: 🗴 501(c)(3) 🗌 501(c) ( ) (insert no.) 🗌 4947(a)(1) (	or 527	If "No," attach	a list. See instructions			
_	Webs			H(c) Group exempti				
		f organization: X Corporation Trust Association Other	L Year	of formation: 1993	M State of legal domicile: AZ			
Р	art I	Summary						
q	1	Briefly describe the organization's mission or most significant activities: TO PRO		ORT FOR THE LOCA	AL			
anc		LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUESTIONING (LGBTQ)						
Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	1	1			
Ň	3							
مع	4	Number of independent voting members of the governing body (Part VI, line 1b)						
es Se	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)						
Activities &	6	Total number of volunteers (estimate if necessary)						
Δc1	7a	Total unrelated business revenue from Part VIII, column (C), line 12						
		Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		Current Year			
		Contributions and swarts (Dout ) (III line 1b)		3,502,621,	3,904,722.			
ē	8	Contributions and grants (Part VIII, line 1h)		5,302,021	, ,			
Revenue	9	Program service revenue (Part VIII, line 2g)		7,887.	1			
B	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-34,478	,			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,476,030.	/			
	12 13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u> </u>				
	14			0.				
	45	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		1,234,368,				
Ses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0,222,224	, ,			
Exnenses		Total fundraising expenses (Part IX, column (A), line 25) 307,						
Ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		568,103.	1,029,180.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,802,471,				
	19	Revenue less expenses. Subtract line 18 from line 12		1,673,559				
or	_			ginning of Current Year	, ,			
Assets o	20	Total assets (Part X, line 16)		3,688,616,				
Assi	21	Total liabilities (Part X, line 26)		261,726,	, ,			
Net	22	Net assets or fund balances. Subtract line 21 from line 20		3,426,890	,			
		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	Signature of officer		Date	)
Here	RICHARD MCCARTNEY, BOARD CHAIR			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	KRISTEN BASS		11/08/23	self-employed P01247587
Preparer	Firm's name CBIZ MHM, LLC		Firm	's EIN 34-1884125
Use Only	Firm's address 4722 N 24TH ST, STE 300			
	PHOENIX, AZ 85016		Pho	ne no.602-264-6835
May the II	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No
				000

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2022) 1N10 INC	86-0728990	Page <b>2</b>
	t III Statement of Program Service Accomplishments		U
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	TO PROVIDE SUPPORT AND RESOURCES FOR THE LOCAL LESBIAN, GAY, BISEXUAL,		
	TRANSGENDER AND QUESTIONING (LGBTQ) YOUTH. TO PROVIDE YOUTH WITH LIFE		
	AND LEADERSHIP SKILLS AND THE TOOLS TO IMPROVE SELF ESTEEM AND		
	ACCEPTANCE OF WHO THEY ARE.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Ye	s 🛛 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ye	s 🛛 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expenses	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$760,846. including grants of \$) (Revenue	\$	)
	YOUTH CENTER AND SATELLITE LOCATIONS: THE YOUTH CENTER IS A 5,000 SQ FT		
	SAFE PLACE FOR YOUTH TO GATHER WITH PROGRAMS AND ACTIVITIES. IN 2022,		
	WE HAD 15 SATELLITE LOCATIONS ACROSS THE VALLEY AND AS FAR NORTH AS		
	FLAGSTAFF AND PRESCOTT WITH PLANS TO EXPAND TO COMMUNITIES IN YUMA AND		
	TUCSON IN 2023. THESE SATELLITES ARE HOSTED IN COMMUNITY SPACES SUCH AS		
	YMCAS OR CHURCHES AND HOLD PROGRAMS ONE DAY A WEEK. OUR YOUTH CENTER,		
	LOCATED CENTRALLY IN DOWNTOWN PHOENIX, AND SATELLITES SPREAD ACROSS THE		
	STATE ALLOW US TO BETTER REACH YOUTH AND YOUNG ADULTS WHERE THEY ARE		
	WITH OUR EXPANDING PROGRAMS AND SERVICES. THESE PROGRAMS GIVE OUR YOUTH		
	AN OPPORTUNITY TO GATHER AS A COMMUNITY AND FACILITATE THE DELIVERY OF		
	OUR WIDE RANGE OF SOCIAL AND SUPPORTIVE SERVICES. IN 2022, 437 YOUTH		
	ATTENDED SATELLITES AND 320 YOUTH ATTENDED THE YOUTH CENTER.		
4b	(Code:) (Expenses \$ 239,993. including grants of \$) (Revenue	\$	)
	PROMISE OF A NEW DAY (POND) HOUSING PROGRAM: ONENTEN PROVIDES HOUSING		
	NAVIGATION SERVICES FOR LGBTQ+ AND ALLIED FOLKS, AGES 18-24, WHO ARE AT		
	RISK OF OR ARE CURRENTLY EXPERIENCING HOMELESSNESS. SERVICES PROVIDED		
	BY OUR HOUSING NAVIGATION SPECIALISTS INCLUDE: HOUSING SOLUTIONS		
	THROUGH THE POND RAPID REHOUSING PROGRAM, REFERRALS TO SHELTERS AND		
	HOUSING PROGRAMS IN THE COMMUNITY THAT MAY BE POSITIVE OPTIONS FOR LGBTQ+ YOUNG PEOPLE, REFERRALS TO AGENCIES THAT OFFER MENTAL HEALTH AND		
	MEDICAL SERVICES, CONNECTION TO ONENTEN'S WORKFORCE AND WELLNESS		
	SPECIALISTS FOR ADDITIONAL SUPPORT, REFERRALS TO HOMELESS COURT TO		
	ASSIST INDIVIDUALS IN RESOLVING LEGAL ISSUES, AND MUCH MORE. IN 2022,		
	24 YOUTH HAD BENEFITED FROM ONENTEN'S HOUSING PROGRAM.		
	24 TOOTH MED DENELTIED TROP ONENTED & NOODING TROOMEN.		
40	(Code:) (Expenses \$174,795. including grants of \$) (Revenue	<u></u>	
4c	CAMP OUTDOORS: AT CAMP OUTDOORS LGBTOIA+ YOUTH FIND EMPOWERMENT IN A	\$	)
	SAFE AND FUN OUTDOOR SUMMER CAMP ENVIRONMENT! WE USE MINIMAL TECHNOLOGY		
	AT CAMP AND FOCUS OUR EFFORTS ON GOOD OLD FASHION FACE TO FACE		
	COMMUNICATION! CAMP ACTIVITIES VARY AND EVOLVE EACH YEAR AND RANGE FROM		
	EDUCATIONAL WORKSHOPS ON TOPICS LIKE "LGBTQ HISTORY" AND "NON-VIOLENT		
	COMMUNICATION" TO COMMUNITY ACTIVITIES LIKE OUR 250 PERSON DRUM CIRCLE,		
	VARIETY SHOW, AND ZIP-LINING! AT CAMP OUTDOORS WE BELIEVE THAT TRUE		
	EMPOWERMENT COMES FROM WITHIN AN INDIVIDUAL, AND THE PROGRAM SUPPORTS		
	AND FACILITATES THAT PROCESS. IN 2022, NEARLY 200 YOUTH ATTENDED CAMP		
	OUTDOORS.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 975,670. including grants of \$ ) (Revenue \$	26,586.)	
4e	Total program service expenses 2,151,304.	·	
		Form	990 (2022)
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2022.05000 1N10 INC

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Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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? If "Yes," complete Schedule C, Part II	4		x
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		х
232003	12-13-22	Form	990	(2022)

232003 12-13-22

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Par	TIV Checklist of Required Schedules (continued)									
			Yes	No						
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on									
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III									
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current									
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete									
	Schedule J	23	х							
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the									
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete									
	Schedule K. If "No," go to line 25a	24a		x						
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b								
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease									
Ū	any tax-exempt bonds?	24c								
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>						
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.70		<u> </u>						
ZJa		25a		x						
h.	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>						
ŭ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and									
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		v						
	Schedule L, Part I	25b		X						
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current									
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%									
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X						
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,									
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled									
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X						
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,									
	instructions for applicable filing thresholds, conditions, and exceptions):									
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If									
	"Yes," complete Schedule L, Part IV	28a		X						
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X						
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If									
	"Yes," complete Schedule L, Part IV	28c		x						
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation									
	contributions? If "Yes," complete Schedule M	30		x						
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x						
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete									
02	Schedule N, Part II	32		x						
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u> </u>						
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x						
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 33								
34		24		x						
9E -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X						
		358								
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51								
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		├──						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?									
	If "Yes," complete Schedule R, Part V, line 2	36		x						
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization									
<i></i>	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X						
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			1						
Der	Note: All Form 990 filers are required to complete Schedule O TV Statements Regarding Other IRS Filings and Tax Compliance	38	Х	L						
Par	statements Regarding Other INS Filings and Tax Compliance									
	Check if Schedule O contains a response or note to any line in this Part V									
			Yes	No						
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 43									
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0									
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
	(gambling) winnings to prize winners?	1c	Х							
232004	+ 12-13-22	Form	990	(2022)						

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<sup>5</sup> 2022.05000 1N10 INC

	990 (202	2) 1N10 INC		86-072899	0	P	age <b>5</b>
Par	tv s	tatements Regarding Other IRS Filings and Tax Compliance (continued)					
						Yes	No
2a	Enter the	number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for t	he calendar year ending with or within the year covered by this return	2a	52			
b	If at leas	one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
3a	Did the o	rganization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes,"	has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		3b		
		ne during the calendar year, did the organization have an interest in, or a signature or other a					
	financial	account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		X
b	If "Yes,"	enter the name of the foreign country					
	See instr	uctions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
5a	Was the	organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any f	axable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
с	If "Yes" t	o line 5a or 5b, did the organization file Form 8886-T?			5c		
		organization have annual gross receipts that are normally greater than \$100,000, and did th					
		ributions that were not tax deductible as charitable contributions?			6a		x
b	If "Yes,"	did the organization include with every solicitation an express statement that such contributi					
	were not	tax deductible?		•	6b		
7		ations that may receive deductible contributions under section 170(c).					
а	-	ganization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	provided to the payor?	7a	Х	
b					7b	Х	
с		rganization sell, exchange, or otherwise dispose of tangible personal property for which it wa					
		rm 8282?			7c		x
d		indicate the number of Forms 8282 filed during the year	7d				
e		rganization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	·	t?	7e		x
f		rganization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		x
g		anization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h		anization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8		ing organizations maintaining donor advised funds. Did a donor advised fund maintained					
		ng organization have excess business holdings at any time during the year?			8		
9		ing organizations maintaining donor advised funds.					
а	-	a construction make any tayable distributions under a stion 10000			9a		
b					9b		
10		501(c)(7) organizations. Enter:					
а	Initiation	fees and capital contributions included on Part VIII, line 12	10a				
b	Gross re	ceipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section	501(c)(12) organizations. Enter:					
а	Gross in	come from members or shareholders	11a				
		come from other sources. (Do not net amounts due or paid to other sources against					
	amounts	due or received from them.)	11b				
12a		4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
		enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section	501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the org	anization licensed to issue qualified health plans in more than one state?			13a		
	Note: Se	e the instructions for additional information the organization must report on Schedule O.					
b	Enter the	amount of reserves the organization is required to maintain by the states in which the					
	organiza	tion is licensed to issue qualified health plans	13b				
с		amount of reserves on hand	13c				
14a					14a		X
b		has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b		
15		panization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		or			
		arachute payment(s) during the year?			15		x
		see the instructions and file Form 4720, Schedule N.					
16		panization an educational institution subject to the section 4968 excise tax on net investmen	t incor	ne?	16		X
		complete Form 4720, Schedule O.					
17	Section	501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities	3			
	that wou	ld result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes,"	complete Form 6069.					
232005	12-13-22				Form	990	(2022)

Form	990 (2022) 1N10 INC	86-0728990	Pa	age <b>6</b>
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b b	elow, and for a "No" i	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instruct			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	18		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any o	ther		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct sup	ervision		
	of officers, directors, trustees, or key employees to a management company or other person?			Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	l?4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one of	r		
	more members of the governing body?			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follo			
а	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?		Х	
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			Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code	<u>)</u>		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affili	ates,		
	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 filin	g the form? 11a		X
b	Describe on 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		х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describ	be		
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?		Х	
15	Did the process for determining compensation of the following persons include a review and approval by indepen	ndent		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on 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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation of the organization o	oation		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedNONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (se	ction 501(c)(3)s only)	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedu	le O)		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	rest policy, and finan	cial	
	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 reco	ords		
	NATHANIEL RHOTON - 602-400-2601			
	1101 N CENTRAL AVE #202, PHOENIX, AZ 85004		<b>A A A</b>	
232006	12-13-22	Form	9 <b>90</b>	(2022)
				c o = :
า 1 1	08 143399 436951 2022.05000 1N10 TNC		≺	6951

2022.05000 1N10 INC

Form 990 (2022)	1N10 INC	86-0728990 Pa	age 7
Part VII Compen	sation of Officers, Directors, Trustees, Key Employ	yees, Highest Compensated	
Employe	ees, and Independent Contractors		
Check if Sc	chedule O contains a response or note to any line in this Part VII		
Section A. Officers, I	Directors, Trustees, Key Employees, and Highest Compensated	d Employees	
<ul> <li>List all of the orga</li> </ul>	e for all persons required to be listed. Report compensation for the anization's <b>current</b> officers, directors, trustees (whether individuals ), (E), and (F) if no compensation was paid.	, , ,	,
<ul> <li>List all of the orga</li> </ul>	anization's current key employees, if any. See the instructions for	definition of "key employee."	
who received reportable	tion's five <b>current</b> highest compensated employees (other than an o le compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, an anization and any related organizations.		
	anization's <b>former</b> officers, key employees, and highest compensations	ted 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 the 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)	(B)		i nea		C)		loure	(D)	(E)	(F)
Name and title	Average		not c	Pos heck	itior more	than o		Reportable	Reportable	Estimated
	hours per week					is botł or/trus		compensation from	compensation from related	amount of other
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee	er	Key em ployee	Highest compensated employee	er	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			
(1) NATHANIEL RHOTON	40.00									
EXECUTIVE DIRECTOR				х				166,153.	0.	12,078.
(2) KADO STEWART	40.00									
DEPUTY DIRECTOR						Х		100,339.	0.	9,728.
(3) RICK MCCARTNEY	2.00									
BOARD CHAIR		Х		Х				٥.	٥.	0.
(4) SIMA THAKKAR	2.00									
VICE CHAIR		х		х				٥.	0.	0.
(5) SHANNON O'KEEFFE	2.00									
SECRETARY		Х		Х				0.	0.	0.
(6) SCOTT GREENWOOD	2.00									
TREASURER		Х		х				٥.	0.	0.
(7) CORY BRADDOCK	2.00									
DIRECTOR		Х						0.	0.	0.
(8) CALVIN COLE	2.00									
DIRECTOR		Х						0.	0.	0.
(9) DARRYL EMBREY	2.00									
DIRECTOR		Х						0.	0.	0.
(10) FLOYD H. HARDIN, III	2.00									
DIRECTOR		Х						0.	0.	0.
(11) DAVID CANE	2.00									
DIRECTOR		Х						0.	0.	0.
(12) BEV CRAIR	2.00	_								
DIRECTOR		Х						0.	0.	0.
(13) VALDO G FIGUEROA	2.00									
DIRECTOR		Х						0.	0.	0.
(14) SHELLEY HUMMON	2.00									
DIRECTOR		Х						0.	0.	0.
(15) KRIS CANO	2.00	4								
DIRECTOR		х						0.	0.	0.
(16) ANGIE DITTRICH	2.00	4								
DIRECTOR		Х				<u> </u>		0.	0.	0.
(17) LOU GOODMAN										
DIRECTOR	2.00	x						0.	0.	0.

232007 12-13-22

Form **990** (2022)

Form 990 (2022) 1N10 INC									86-0728	990		Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	stees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director igo d	not c , unle:	Pos heck ss per	more rson i irecto	Highest compensated Employee	n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)		(F) Estima amoun othe compens from t organiza and rela organiza	ated at of er sation the ation ated
(18) TRACY NADZIEJA	2.00	Ind	lns	0ff	Key	e Hig	For			_		
DIRECTOR	2.00	x						0.		0.		Ο.
(19) MANUEL SOTO-GRIEGO	2.00											
DIRECTOR		х						0.		0.		0.
(20) JUDIE VERB	2.00											
DIRECTOR		x						0.		0.		0.
		-										
		-										
								266,492.		0.		.,806.
1b Subtotal								200,492.		0.		<u>, 800.</u> 0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								266,492.		0.	21	.,806.
2 Total number of individuals (including but r								,	000 of reportable	- 1		-
compensation from the organization											Yes	2 s No
3 Did the organization list any <b>former</b> officer	director trust	ee k	ev e	mol	ove	e or	hia	hest compensated empl	ovee on	Г		
line 1a? If "Yes," complete Schedule J for s				•	-		Ŭ		•		3	x
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual		. L	<b>4</b> X	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." con	nplete Schedule	e J f	or sı	ıch i	oers	son					5	X
Section B. Independent Contractors           1         Complete this table for your five highest complete the stable for your five highest c	mpensated inc	lene	ndei	nt co	ontra	acto	rs th	nat received more than \$	100 000 of comper	satio	n from	
the organization. Report compensation for												
(A)								(B)			(C)	
Name and business	address	NO	NE					Description of s	ervices	Co	mpensat	ion
									<u> </u>			
• Total number of independent contractors (	noludina hut -	ot live	nita	1+0	that		+ c ~	abova) who received	then			
2 Total number of independent contractors (i \$100,000 of compensation from the organi		JU III	mee	10		se lis 0	ueu	abovej who received mo				
										F	orm <b>990</b>	(2022)
												()

ar	t VII	Statement of Re	veni	le						
		Check if Schedule O	conta	ins a respo	onse	or note to any line		(D)	(0)	
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
s	1 a	Federated campaigns		1a						
and Other Similar Amounts		Membership dues								
Ĕ	с	Fundraising events		1c		1,033,226.				
ar /	d	Related organizations		1d						
Ē	е	Government grants (contr	ibutic	ons) <b>1e</b>		272,928.				
5	f	All other contributions, gifts,	grants	s, and						
Ĩ		similar amounts not included	labov			2,598,568.				
	g	Noncash contributions included in	lines 1a	a-1f <b>1g</b>	\$	14,849.				
ar	h	Total. Add lines 1a-1f			<u></u>		3,904,722.			
						Business Code				
	2 a	COMMUNITY TRAINING				611710	26,586.	26,586.		
P	b									
/eni	с									
Чe	d									
Revenue	e f	All other program service	rovor							
		Total. Add lines 2a-2f					26,586.			
	3	Investment income (includ					_ ,			
	Ŭ						22,653.			22,6
	4	Income from investment of					,			,
	5	Royalties		•		F				
		,		(i) Rea		(ii) Personal				
	6 a	Gross rents	6a	8,4	400.					
		Less: rental expenses	6b		Ο.					
	с	Rental income or (loss)	6c	8,4	400.					
	d	Net rental income or (loss	)				8,400.			8,4
	7 a	Gross amount from sales of		(i) Securi	ties	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
		and sales expenses	7b		359.					
		Gain or (loss)	7c	-4,3			4.050			
		Net gain or (loss)					-4,359.			-4,3
	8 a	Gross income from fundraisi including \$1,		•						
		contributions reported on								
		Part IV, line 18		-	8a	220,588.				
	h	Less: direct expenses			8b					
		Net income or (loss) from				, ,	-101,632.			-101,6
		Gross income from gamin								
		Part IV, line 19	-		9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from			s <u>.</u> .					
	10 a	Gross sales of inventory, I	less r	eturns						
		and allowances			10a					
	b	Less: cost of goods sold			10b					
	с	Net income or (loss) from	sales	of invento	ry					
						Business Code				
Kevenue	11 a									
ent	b					├				
Yev	С									
		All other revenue								
		Total. Add lines 11a-11d					2 050 250	0.0 505		<b>P</b> 4 - 4
	12	Total revenue. See instruction	ons				3,856,370.	26,586.	0.	-74,93

0000	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		<u>expensee</u>	gonoral expenses	oxponeed
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	178,231.	140,190.	16,837.	21,204.
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	1,306,405.	1,027,573.	123,410.	155,422.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	16,668.	13,110.	1,575.	1,983.
9	Other employee benefits	106,663.	83,897.	10,076.	12,690.
10	Payroll taxes	100,633.	79,155.	9,506.	11,972.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	44,500.		44,500.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	6,843.		6,843.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	310,565.	214,540.	27,426.	68,599.
12	Advertising and promotion	36,037.	17,232.	11,811.	6,994.
13	Office expenses	76,932.	58,457.	14,140.	4,335.
14	Information technology				
15	Royalties				
16	Occupancy	211,764.	201,842.	7,555.	2,367.
17	Travel	35,022.	32,840.	430.	1,752.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	56,658.	56,658.		
23	Insurance	11,596.	6,874.	2,524.	2,198.
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 0.)				
а	GROUP/COMMUNITY SUPPORT	215,974.	212,297.	1,113.	2,564.
b	DONATED ALCOHOL/FOOD	14,849.			14,849.
с	PROCESSING FEE	8,440.	6,639.	797.	1,004.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,737,780.	2,151,304.	278,543.	307,933.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
_	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
					Earm 990 (2022)

Form 990 (2022)

Form 990 (2022) Part IX Statement of Functional Expenses

1N10 INC

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

1N10 INC

		Check if Schedule O contains a response or note t			(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			254,588.	1	240,090
	2	Savings and temporary cash investments		1,785,627.	2	2,141,170	
	3	Pledges and grants receivable, net			774,742.	3	852,135
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substan	itial contrib	utor, or 35%			
		controlled entity or family member of any of these	persons			5	
	6	Loans and other receivables from other disqualified					
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				25,694.	9	55,427
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	625,595.			
	b		10b	219,617.	450,058.	10c	405,978
	11	Investments - publicly traded securities	٥.	11	591,953		
	12	Investments - other securities. See Part IV, line 11		391,738.	12	431,877	
	13	Investments - program-related. See Part IV, line 11		13	· · · · ·		
	14	Intangible assets	Г		14		
	15	Other assets. See Part IV, line 11		6,169.	15	575,631	
	16	Total assets. Add lines 1 through 15 (must equal		3,688,616.	16	5,294,261	
	17	Accounts payable and accrued expenses	88,426.	17	120,670		
	18	Grants payable			18		
	19	Deferred revenue			124,001.	19	105,099
	20	Tax-exempt bond liabilities				20	·
	21	Escrow or custodial account liability. Complete Pa				21	
	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substan					
pili		controlled entity or family member of any of these				22	
Lia	23	Secured mortgages and notes payable to unrelate	-	Γ		23	
	24	Unsecured notes and loans payable to unrelated th	-			24	
	25	Other liabilities (including federal income tax, paya					
	20	parties, and other liabilities not included on lines 1					
		of Schedule D	, ,		49,299.	25	617,744
	26	Total liabilities. Add lines 17 through 25		·····	261,726.	26	843,513
	20	Organizations that follow FASB ASC 958, check	here	X		20	<b>,</b> , , , , , , , , , , , , , , , , , ,
es		and complete lines 27, 28, 32, and 33.					
ŭ	27				2,464,727.	27	3,192,028
3ale	28				962,163.	28	1,258,720
Б Б	20	Organizations that do not follow FASB ASC 958			, .	20	
ц Ц		and complete lines 29 through 33.	, check he				
P	29	Capital stock or trust principal, or current funds				29	
ets		Paid-in or capital surplus, or land, building, or equi				30	
SS	30 21					30	
Net Assets or Fund Balances	31 22	Retained earnings, endowment, accumulated inco			3,426,890.	31	4,450,748
ž	32	Total net assets or fund balances			3,688,616.		5,294,261
	33	Total liabilities and net assets/fund balances			3,000,010.	33	Form <b>990</b> (202

Form 990 (2022)

232011 12-13-22

Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI       1         1       Total revenue (must equal Part VIII, column (A), line 12)       1	,780.
1 Total revenue (must equal Part VIII, column (A), line 12) 1 3,856	,780.
	,780.
	,780.
2 Total expenses (must equal Part IX column (A) line 25) 2 2,737	
3 Revenue less expenses. Subtract line 2 from line 1 31,118	<u>,590.</u>
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 3,426	,890.
5 Net unrealized gains (losses) on investments55	,732.
6 Donated services and use of facilities6	
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))	,748.
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: Cash X Accrual Other	
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.	
2a    Were the organization's financial statements compiled or reviewed by an independent accountant?    2a	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	
separate basis, consolidated basis, or both:	
Separate basis Consolidated basis Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant?	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	
consolidated basis, or both:	
X       Separate basis       Both consolidated and separate basis	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	
review, or compilation of its financial statements and selection of an independent accountant?	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a	X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	

Form **990** (2022)

(Form 990)

Total

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047	
2022	

**Open to Public** 

	Inspection		
Emplover	identification number		

Department of the Treasury Internal Revenue Service				Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection		
Nam	ne of	the organizati						ormation	Employer	identification number		
		U	1N10 I	INC						86-0728990		
Pa	rt I	Reason	for Public (	Charity Status.	(All organizations must c	omplete tł	his part.) S	See instruction	IS.			
The	organ				For lines 1 through 12, cl							
1	Ď		-		on of churches described	•	-	1)(A)(i).				
2	$\square$				Attach Schedule E (Form							
3	$\square$				anization described in se		)(b)(1)(A)(ii	ii).				
4	$\square$				njunction with a hospital				)(iii). Enter	the hospital's name,		
		city, and stat	-	·								
5		•		or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in		
		section 170	(b)(1)(A)(iv). (0	Complete Part II.)								
6		<ul> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> </ul>										
7	X	section 170(b)(1)(A)(vi). (Complete Part II.)         A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)         An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college										
						-						
8		A community	v trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college		
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or		
		university:										
10		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from										
		activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment										
		income and u	unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the or	ganization a	fter June 30, 1975.		
		See section	509(a)(2). (Co	mplete Part III.)								
11		An organizat	ion organized a	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).				
12		An organizat	ion organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or		
		more publicly	/ supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	<b>509(a)(3).</b> (	Check the box on		
		_lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.			
а		<b>Type I.</b> A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving		
		the suppor	ted organizatio	on(s) the power to rea	gularly appoint or elect a	majority c	of the direc	ctors or truste	es of the su	Ipporting		
		organizatio	n. You must o	complete Part IV, Se	ections A and B.							
b		<b>Type II.</b> As	supporting org	anization supervised	l or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ring		
			-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported		
		organizatio	n(s). <b>You mus</b>	st complete Part IV,	Sections A and C.							
С			-		g organization operated				lly integrate	ed with,		
		¬ ··	0		). You must complete I			-				
d			-		porting organization oper				-			
					zation generally must sat				an attentiv	/eness		
	_	_			nplete Part IV, Sections							
е			•		written determination from			Туре I, Туре	II, Type III			
-				·	nally integrated supporting					<b></b>		
		er the number		0								
<u> </u>		(i) Name of supp		n about the supporte (ii) EIN	(iii) Type of organization		anization listed	(v) Amount o	f monetarv	(vi) Amount of other		
		organizatior		(	(described on lines 1-10	Yes	ing document? No	support (see i	-	support (see instructions)		
					above (see instructions))	103						

	A (Form 990) 2022
Part II	Support Sch

## 1N10 INC

86-0728990 Page **2** 

Support Schedule	e for Organizations Described i	n Sections 170(b)(1)(A)(iv)	and 170(b)(1)(A)(vi)
(Complete only if you ch	hecked the box on line 5, 7, or 8 of Part I	l or if the organization failed to qu	alify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Cale	ction A. Public Support						
~~~	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,508,158.	2,110,144.	1,864,009.	3,502,621.	3,904,722.	12,889,654.
2	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ū	furnished by a governmental unit to						
	the organization without charge	5,238.					5,238.
4	Total. Add lines 1 through 3	1,513,396.	2,110,144.	1,864,009.	3,502,621.	3,904,722.	12,894,892.
	The portion of total contributions				, , .	, , , .	
3	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)						1,803,723.
6							11,091,169.
	Public support. Subtract line 5 from line 4.						11,001,100.
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1,513,396.	2,110,144.	1,864,009.	3,502,621.	3,904,722.	12,894,892.
	Gross income from interest,	_,,	_,,		-,,	-,,	,
0	,						
	dividends, payments received on						
	securities loans, rents, royalties,	14,670.	16,782.	17,897.	17,518.	31,053.	97,920.
~	and income from similar sources	14,070.	10,702.	17,057.	17,510.	51,055.	57,520.
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	250.	4 292	0 1 9 0	0 702	0	00 E1E
	assets (Explain in Part VI.)	250.	4,283.	9,189.	9,793.	0.	23,515.
11	Total support. Add lines 7 through 10						13,016,327.
	• • •						
12	Gross receipts from related activities,		,				636,936.
12	Gross receipts from related activities, <b>First 5 years.</b> If the Form 990 is for th	e organization's firs	t, second, third, fo	urth, or fifth tax ye		01(c)(3)	 
12 13	Gross receipts from related activities, <b>First 5 years.</b> If the Form 990 is for th organization, check this box and <b>stop</b>	e organization's firs here	t, second, third, fo	urth, or fifth tax ye		· · · · ·	 
12 13 <b>Se</b>	Gross receipts from related activities, First 5 years. If the Form 990 is for th organization, check this box and stop ction C. Computation of Public	e organization's firs here C Support Perc	t, second, third, fo	urth, or fifth tax ye		01(c)(3)	
12 13 <u>Sec</u> 14	Gross receipts from related activities, First 5 years. If the Form 990 is for th organization, check this box and stop ction C. Computation of Public Public support percentage for 2022 (li	e organization's firs here C Support Perc ne 6, column (f), div	t, second, third, fo e <b>entage</b> rided by line 11, cc	urth, or fifth tax ye		01(c)(3) 14	85.21 %
12 13 <u>Sec</u> 14 15	Gross receipts from related activities, First 5 years. If the Form 990 is for th organization, check this box and stop ction C. Computation of Public Public support percentage for 2022 (li Public support percentage from 2021	e organization's firs here <b>Support Perc</b> ne 6, column (f), div Schedule A, Part II	t, second, third, fo entage rided by line 11, cc , line 14	urth, or fifth tax ye		14 15	85.21 % 82.50 %
12 13 <u>Sec</u> 14 15	Gross receipts from related activities, <b>First 5 years.</b> If the Form 990 is for th organization, check this box and <b>stop</b> <b>ction C. Computation of Public</b> Public support percentage for 2022 (li Public support percentage from 2021 <b>a 33 1/3% support test - 2022.</b> If the o	e organization's firs here C Support Perc ne 6, column (f), div Schedule A, Part II rganization did not	t, second, third, fo e <b>entage</b> vided by line 11, cc , line 14 check the box on	urth, or fifth tax ye lumn (f)) line 13, and line 14	4 is 33 1/3% or m	01(c)(3) 14 15 ore, check this box	85.21 % 82.50 %
12 13 <b>Se</b> 14 15 16a	Gross receipts from related activities, <b>First 5 years.</b> If the Form 990 is for th organization, check this box and <b>stop</b> <b>ction C. Computation of Public</b> Public support percentage for 2022 (ii Public support percentage from 2021 <b>33 1/3% support test - 2022.</b> If the o <b>stop here.</b> The organization qualifies a	e organization's firs here C Support Perc ne 6, column (f), div Schedule A, Part II rganization did not as a publicly suppo	t, second, third, fo eentage vided by line 11, cc , line 14 check the box on rted organization	urth, or fifth tax ye	4 is 33 1/3% or m	14 15 ore, check this box	85.21 % 82.50 % and
12 13 <b>Se</b> 14 15 16a	Gross receipts from related activities, <b>First 5 years.</b> If the Form 990 is for th organization, check this box and <b>stop</b> <b>ction C. Computation of Public</b> Public support percentage for 2022 (ii Public support percentage from 2021 <b>a 33 1/3% support test - 2022.</b> If the o <b>stop here.</b> The organization qualifies a <b>b 33 1/3% support test - 2021.</b> If the o	e organization's firs here C Support Perc ne 6, column (f), div Schedule A, Part II rganization did not as a publicly suppo rganization did not	t, second, third, fo <b>centage</b> vided by line 11, cc , line 14 check the box on rted organization check a box on lin	urth, or fifth tax ye lumn (f)) line 13, and line 14 e 13 or 16a, and li	4 is 33 1/3% or m ine 15 is 33 1/3%	01(c)(3) 14 15 ore, check this box or more, check thi	85.21 % 82.50 % and X s box
12 13 <u>Sec</u> 14 15 16a	Gross receipts from related activities, <b>First 5 years.</b> If the Form 990 is for th organization, check this box and <b>stop</b> <b>ction C. Computation of Public</b> Public support percentage for 2022 (lii Public support percentage from 2021 <b>a 33 1/3% support test - 2022.</b> If the o <b>stop here.</b> The organization qualifies a <b>b 33 1/3% support test - 2021.</b> If the o and <b>stop here.</b> The organization quali	e organization's first here Support Perconne ne 6, column (f), div Schedule A, Part II rganization did not as a publicly suppo rganization did not fies as a publicly su	t, second, third, fo ided by line 11, co line 14 check the box on rted organization check a box on lin upported organizat	urth, or fifth tax ye lumn (f)) line 13, and line 14 e 13 or 16a, and li ion	4 is 33 1/3% or m ine 15 is 33 1/3%	01(c)(3) 14 15 ore, check this box or more, check thi	85.21 % 82.50 % and s box
12 13 <u>Sec</u> 14 15 16a	Gross receipts from related activities, <b>First 5 years.</b> If the Form 990 is for th organization, check this box and <b>stop</b> <b>ction C. Computation of Public</b> Public support percentage for 2022 (li Public support percentage from 2021 <b>a 33 1/3% support test - 2022.</b> If the o <b>stop here.</b> The organization qualifies a <b>b 33 1/3% support test - 2021.</b> If the o and <b>stop here.</b> The organization quali	e organization's first here Support Perc ne 6, column (f), div Schedule A, Part II rganization did not as a publicly suppo rganization did not fies as a publicly su - 2022. If the organization	t, second, third, fo entage rided by line 11, cc , line 14 check the box on rted organization check a box on lin upported organizat nization did not ch	urth, or fifth tax ye lumn (f)) line 13, and line 14 le 13 or 16a, and li ion leck a box on line	4 is 33 1/3% or m ne 15 is 33 1/3% 13, 16a, or 16b, a	01(c)(3) 14 15 ore, check this box or more, check this and line 14 is 10% c	85.21 % 82.50 % and X s box
12 13 <u>Sec</u> 14 15 16a	Gross receipts from related activities, <b>First 5 years.</b> If the Form 990 is for the organization, check this box and <b>stop</b> <b>ction C. Computation of Public</b> Public support percentage for 2022 (li Public support percentage from 2021 <b>a 33 1/3% support test - 2022.</b> If the o <b>stop here.</b> The organization qualifies <b>a 33 1/3% support test - 2021.</b> If the o and <b>stop here.</b> The organization quali <b>a 10% -facts-and-circumstances test</b> and if the organization meets the facts	e organization's first here C Support Perc ne 6, column (f), div Schedule A, Part II rganization did not as a publicly suppo rganization did not fies as a publicly su - 2022. If the orga - and-circumstance	t, second, third, for eentage rided by line 11, co , line 14 check the box on rted organization check a box on lin upported organizati nization did not ch s test, check this b	urth, or fifth tax ye lumn (f)) line 13, and line 14 e 13 or 16a, and li ion leck a box on line ox and <b>stop here</b>	4 is 33 1/3% or m ine 15 is 33 1/3% 13, 16a, or 16b, a a. Explain in Part	01(c)(3) 14 15 ore, check this box or more, check this and line 14 is 10% c	85.21 % 82.50 % and X s box
12 13 <u>Sec</u> 14 15 16a t 17a	Gross receipts from related activities, <b>First 5 years.</b> If the Form 990 is for the organization, check this box and <b>stop</b> <b>ction C. Computation of Public</b> Public support percentage for 2022 (lii Public support percentage from 2021 <b>33 1/3% support test - 2022.</b> If the o <b>stop here.</b> The organization qualifies a <b>33 1/3% support test - 2021.</b> If the o and <b>stop here.</b> The organization qualifies a <b>10% -facts-and-circumstances test</b> and if the organization meets the facts meets the facts-and-circumstances test	e organization's first here C Support Percent ne 6, column (f), div Schedule A, Part II rganization did not as a publicly supporganization did not fies as a publicly sup- rganization did not fies as a publicly sup- and-circumstance st. The organization	t, second, third, for eentage rided by line 11, cc , line 14 check the box on rted organization check a box on line upported organization nization did not ch s test, check this b qualifies as a pub	urth, or fifth tax ye lumn (f)) ine 13, and line 14 e 13 or 16a, and li e 13 or 16a, and li on eck a box on line iox and <b>stop here</b> licly supported or	4 is 33 1/3% or m ine 15 is 33 1/3% 13, 16a, or 16b, a e. Explain in Part ganization	01(c)(3) 14 15 ore, check this box or more, check thi and line 14 is 10% of VI how the organiz	85.21 % 82.50 % and X s box
12 13 <u>Sec</u> 14 15 16a t 17a	Gross receipts from related activities, <b>First 5 years.</b> If the Form 990 is for th organization, check this box and <b>stop</b> <b>ction C. Computation of Public</b> Public support percentage for 2022 (li Public support percentage from 2021 <b>33 1/3% support test - 2022.</b> If the o <b>stop here.</b> The organization qualifies a <b>33 1/3% support test - 2021.</b> If the o and <b>stop here.</b> The organization qualifies <b>a 10% -facts-and-circumstances test</b> and if the organization meets the facts meets the facts-and-circumstances test <b>b 10% -facts-and-circumstances test</b>	e organization's first here C Support Perc ne 6, column (f), div Schedule A, Part II rganization did not as a publicly suppo rganization did not fies as a publicly sup- 2022. If the organization and-circumstance st. The organization - 2021. If the organization	t, second, third, for entage rided by line 11, co , line 14 check the box on rted organization check a box on lin upported organizati nization did not ch s test, check this b qualifies as a pub nization did not ch	urth, or fifth tax ye lumn (f)) line 13, and line 14 e 13 or 16a, and li eck a box on line ox and <b>stop here</b> licly supported org eck a box on line	4 is 33 1/3% or m ine 15 is 33 1/3% 13, 16a, or 16b, a e. Explain in Part ganization 13, 16a, 16b, or 1	01(c)(3)  14 15 ore, check this box or more, check thi und line 14 is 10% c VI how the organiz	85.21 % 82.50 % and X s box
12 13 <u>Sec</u> 14 15 16a t 17a	Gross receipts from related activities, <b>First 5 years.</b> If the Form 990 is for the organization, check this box and <b>stop</b> <b>ction C. Computation of Public</b> Public support percentage for 2022 (li Public support percentage from 2021 <b>33 1/3% support test - 2022.</b> If the of <b>stop here.</b> The organization qualifies a <b>33 3 1/3% support test - 2021.</b> If the of and <b>stop here.</b> The organization qualifies <b>a 10% -facts-and-circumstances test</b> and if the organization meets the facts meets the facts-and-circumstances test <b>b 10% -facts-and-circumstances test</b> more, and if the organization meets the	e organization's first here C Support Perc ne 6, column (f), div Schedule A, Part II rganization did not as a publicly suppo rganization did not fies as a publicly sup- capacity and comparison and circumstance st. The organization - 2021. If the organization a facts-and-circumstance of the organization - 2021. If the o	t, second, third, for ided by line 11, co , line 14 check the box on rted organization check a box on lin upported organization nization did not ch s test, check this b qualifies as a pub nization did not ch stances test, check	urth, or fifth tax ye lumn (f)) line 13, and line 14 ion leck a box on line licly supported org licly supported org eck a box on line	4 is 33 1/3% or m ine 15 is 33 1/3% 13, 16a, or 16b, a e. Explain in Part janization 13, 16a, 16b, or 1 p here. Explain in	01(c)(3) 14 15 ore, check this box or more, check this und line 14 is 10% c VI how the organiz 7a, and line 15 is 1 n Part VI how the	85.21 % 82.50 % and X s box or more, ation
12 13 See 14 15 16a t 17a	Gross receipts from related activities, <b>First 5 years.</b> If the Form 990 is for th organization, check this box and <b>stop</b> <b>ction C. Computation of Public</b> Public support percentage for 2022 (li Public support percentage from 2021 <b>33 1/3% support test - 2022.</b> If the o <b>stop here.</b> The organization qualifies a <b>33 1/3% support test - 2021.</b> If the o and <b>stop here.</b> The organization qualifies <b>a 10% -facts-and-circumstances test</b> and if the organization meets the facts meets the facts-and-circumstances test <b>b 10% -facts-and-circumstances test</b>	e organization's first here <b>Support Perc</b> he 6, column (f), div Schedule A, Part II rganization did not as a publicly supporganization did not fies as a publicly sup- <b>2022.</b> If the organization - <b>2021.</b> If the organization	t, second, third, for ided by line 11, co ided by line 11, co ided by line 14 check the box on rted organization check a box on lin ipported organizati nization did not ch is test, check this b qualifies as a pub nization did not ch stances test, check organization quali	urth, or fifth tax ye lumn (f)) line 13, and line 14 e 13 or 16a, and line eck a box on line tox and <b>stop here</b> licly supported org leck a box on line c this box and <b>sto</b> fies as a publicly s	4 is 33 1/3% or m ine 15 is 33 1/3% 13, 16a, or 16b, a e. Explain in Part ganization 13, 16a, 16b, or 1 op here. Explain i supported organiz	01(c)(3) 14 15 ore, check this box or more, check this und line 14 is 10% c VI how the organiz 7a, and line 15 is 1 n Part VI how the cation	85.21 % 82.50 % and X s box or more, ation

232022 12-09-22

13251108 143399 436951

## 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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				-	-	
	Add lines 7a and 7b						
8 5e	Public support. (Subtract line 7c from line 6.) ction B. Total Support	<u> </u>					
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2013	(0) 2020	(0) 2021	(e) 2022	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
Ċ	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on 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	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organi	zation,
	ction C. Computation of Publ						
15	Public support percentage for 2022 (			column (f))		15	%
16						16	%
	ction D. Computation of Inves					1 1	
	Investment income percentage for 20						%
18	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2022. If the						
	more than 33 $1/3\%$ , check this box at 22 $1/2\%$						
k	<b>33 1/3% support tests - 2021.</b> If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	m did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in		
2320	23 12-09-22					Schedi	ule A (Form 990) 2022

16 2022.05000 1N10 INC

Yes No

## Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **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)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

232024 12-09-22

1 2 3a 3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022

	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	44-		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Sec	detail in Part VI. Ition B. Type I Supporting Organizations	11c		
000			Vee	Na
	Did the environment have been af the environment have affinence action in their affinial approximation of the environment		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? If "No," describe in <b>Part VI</b> 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.	1		
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? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000				
_			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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec				
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. Ition E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	5).		
a	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	<u>2</u> a		
b	Did the activities described on 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? If "Yes," explain in	<u>2</u> a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	2a		
b	Did the activities described on 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</i> <b>Part VI</b> <i>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>	2a 2b		
ь З	Did the activities described on 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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in			
3	Did the activities described on 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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
3	Did the activities described on 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</i> "Yes," <i>explain in</i> <b>Part VI</b> <i>the reasons for the organization's position that its supported organization(s) would have engaged in</i> <i>these activities but for the organization's involvement.</i> Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
3 a	Did the activities described on 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</i> "Yes," <i>explain in</i> <b>Part VI</b> <i>the reasons for the organization's position that its supported organization(s) would have engaged in</i> <i>these activities but for the organization's involvement.</i> Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "Yes" <i>or</i> " <i>No</i> " <i>provide details in</i> <b>Part VI.</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2b		
3 a	Did the activities described on 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</i> "Yes," <i>explain in</i> <b>Part VI</b> <i>the reasons for the organization's position that its supported organization(s) would have engaged in</i> <i>these activities but for the organization's involvement.</i> Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "Yes" <i>or</i> " <i>No</i> " <i>provide details in</i> <b>Part VI.</b>	2b		

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# 18 2022.05000 1N10 INC

	(Form 990) 2022	1N10	
Part IV	Supporting Org	anizations	(continued)

Check here if the organization satisfied the Integral Part Te	st as a qualifying trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instruction
All other Type III non-functionally integrated supporting org	anizations must complete S	Sections A through E.	
ection 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 instru	uctions) 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection 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			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for great	ter 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		
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column	IA) <b>1</b>		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, colu	mn 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	t to		
emergency temporary reduction (see instructions).	6		

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

Sche	dule A (Form 990) 2022 1N10 INC				86-0728990	Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continu</sub>	ied)		
Secti	on D - Distributions				Current Y	'ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	S	(iii) Distributa Amount for	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
e	Excess from 2022					

Schedule A (Form 990) 2022

Part VI Supplemental Information. Provide the explanation		
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E,	ons required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Sectior lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Pa	n C, art V,
(See instructions.)	5, and 6. Also complete this part for any additional information.	
HEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER	INCOME:	
HER REVENUES		
18 AMOUNT: \$ 250.		
19 AMOUNT: \$ 4,283.		
20 AMOUNT: \$ 9,189.		
21 AMOUNT: \$ 9,793.		
22 AMOUNT: \$ 0.		

## \*\* PUBLIC DISCLOSURE COPY \*\*

# **Schedule of Contributors**

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

nber

Internal Revenue Service						
Name of the organization		Employer identification num				
1N10	0 INC	86-0728990				
Organization type (check on	ne):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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					
-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's					
sections 509(a)(1) and contributor, during t	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the amount on (i) F line 1. Complete Parts I and II.	I that received from any one				
contributor, during t literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a the year, total contributions of more than \$1,000 exclusively for religious, charitable, scie nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (er instead of the contributor name and address), II, and III.	entific,				
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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year						
<b>Caution:</b> An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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).						

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

Schedule B (Form 990) (2022)

**Schedule B** 

Departme	nt of th	ne Tr	easury
nternal R	evenue	- Ser	vice

(Form 990)

	3 (Form 990) (2022)		Page 2
Name of or	ganization	Emplo	oyer identification number
1N10 INC		8	6-0728990
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$136,121.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$89,235.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$446,767.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$119,785.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	B (Form 990) (2022)		Page 2
Name of o	rganization	Emple	oyer identification number
1N10 INC	2	8	86-0728990
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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	3 (Form 990) (2022)		Page 3
Name of o	rganization		Employer identification number
1N10 INC			86-0728990
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	J.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - _ \$	
		-   *	

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ame of or	rganization			Employer identification number	
N10 INC				86-0728990	
Part III	Exclusively religious, charitable, etc., contribut	<ul> <li>h) through (e) and the following line e charitable, etc., contributions of \$1,000 o</li> </ul>	htry For ordar	(7), (8), or (10) that total more than \$1,000 for the yea	
a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of g	ift		
-	Transferee's name, address, a	and ZIP + 4	Rela	tionship of transferor to transferee	
a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
Part I					
-		(e) Transfer of g	ift		
-	Transferee's name, address, a	and ZIP + 4	Rela	tionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of g	ift		
-	Transferee's name, address, a	and ZIP + 4	Rela	tionship of transferor to transferee	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, a	and ZIP + 4	Rela	tionship of transferor to transferee	
3454 11-15-	-22			Schedule B (Form 990) (2	

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Department of the Treasury

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.



Internal Revenue Service Name of the organization

1N10 INC

Employer identification number

86-0728990
------------

Par			Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			(b) Euroda and other accounts
		(a) Donor advised funds		b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			1-
5	Did the organization inform all donors and donor advisors in	-		
~	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			•
	for charitable purposes and not for the benefit of the donor o			·
Par	impermissible private benefit?           t II         Conservation Easements.         Complete if the orgonality of the orgon			
1	Purpose(s) of conservation easements held by the organization		, in 550, i art iv,	
•	Preservation of land for public use (for example, recrea	· · · · ·	rvation of a histo	prically important land area
	Protection of natural habitat	·		fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in t	the form of a co	nservation easement on the last
2	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
c	Number of conservation easements on a certified historic stru	icture included in (a)		20 20
d	Number of conservation easements included in (c) acquired a			20
u	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel			
U	year		su by the organ	
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the per		dling of	
U	violations, and enforcement of the conservation easements it		-	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
•			enig concertanc	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing	conservation eas	sements during the year
		5		5,
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of sec	tion 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			ent and
	balance sheet, and include, if applicable, the text of the footr	ote to the organization's financia	al statements that	at describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of		s, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue sta	tement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for pub			nce of public
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95	· ·		
	art, historical treasures, or other similar assets held for public	exhibition, education, or researc	ch in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical tre		r financial gain, p	provide
	the following amounts required to be reported under FASB A	-		
a	Revenue included on Form 990, Part VIII, line 1			•
		· =		
	For Paperwork Reduction Act Notice, see the Instructions	s tor Form 990.		Schedule D (Form 990) 2022
232051	09-01-22	27		

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Sche	edule D (Form 990) 2022 1N10 INC							86-072		Pa	age <b>2</b>
Pa	rt III Organizations Maintaining C	collections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Similar	· Assets	(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that	make s	ignificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 I	Loan or exc	hange progra	am					
b	Scholarly research	e	• 🗌 (	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how the	ey further th	ne organizatio	n's exe	mpt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, his	torical trea	sures, or othe	er similai	r assets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Pa	rt IV Escrow and Custodial Arran		ete if the	organizatio	on answered '	'Yes" or	n Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for c	ontribution	s or other ass	sets not	included		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:							
									Amoun	t	
С	Beginning balance						<b>1c</b>				
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e				
f	Ending balance								_		
	Did the organization include an amount on F						lity?		Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pa	rt V Endowment Funds. Complete								() [		
		(a) Current year	(b) P	rior year	(c) Two year	'S DACK	(d) Three y	ears dack	(e) Four	years	раск
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	,	e (line 1g	, column (a	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	· · · · · · · · · · · · · · · · · · ·	_%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	are held a	nd administer	ed for th	ne		ſ	Vee	Na
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
d	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Dai	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		wment fi	unds.							
Iu	Complete if the organization answere		) Dart IV	lino 11a S	See Form 990	Dart X	line 10				
								al			
	Description of property	<b>(a)</b> Cost or c basis (investr		• •	t or other (other)	• •	Accumulate epreciation	d	( <b>d)</b> Boo	k value	9
1a	Land										
b	Buildings										
с	Leasehold improvements				563,933.		189,	612.		374,	321.
d	Equipment				61,662.		30,	005.		31,	657.
е	Other										
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	equal Form 990, Part	X. colum	n (B). line 1	0c.)		<u></u>			405,	978.

Schedule D (Form 990) 2022

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1N10 INC Schedule D (Form 990) 2022

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) INTEREST IN ARIZONA COMMUNITY		
(B) FOUNDATION INVESTMENT POOLS	431,877.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col (b) must equal Form 000 Part X col (B) line 12)	431 877	

Sche	edule D (Form 990) 2022 1N10 INC			86-0728990	Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Re	evenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ie 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,797,738.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		-94,732.		
b	Donated services and use of facilities	2b	36,100.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines <b>2a</b> through <b>2d</b>			2e	-58,632.
3	Subtract line <b>2e</b> from line <b>1</b>			3	3,856,370.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	)		5	3,856,370.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With E	xpenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ie 12a.			
1	Total expenses and losses per audited financial statements			1	2,773,880.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	36,100.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	36,100.
3	Subtract line 2e from line 1			3	2,737,780.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1	8.)		5	2,737,780.
Pa	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	1; Part IV, lines 1b an	d 2b; Part V, line 4;	; Part X, line 2; F	<sup>p</sup> art XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	ny additional informa	tion.		
PART	YX, LINE 2:				
THE	ORGANIZATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER	SECTION			
501(	C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE") AND, ACCO	RDINGLY,			
THEF	RE IS NO PROVISION FOR INCOME TAXES. IN ADDITION, THE ORGA	NIZATION			
QUAI	JIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SEC	TION 170 OF			

THE CODE AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE

FOUNDATION. INCOME DETERMINED TO BE UNRELATED BUSINESS TAXABLE INCOME

WOULD BE TAXABLE. THE ORGANIZATION EVALUATES ITS UNCERTAIN TAX POSITIONS,

IF ANY, ON A CONTINUAL BASIS THROUGH REVIEW OF ITS POLICIES AND

PROCEDURES, REVIEW OF ITS REGULAR TAX FILINGS, AND DISCUSSIONS WITH

OUTSIDE EXPERTS.

232054 09-01-22

Part XIII Supplemental Information (continued)

THE ORGANIZATION'S FEDERAL RETURN OF ORGANIZATIONS EXEMPT FROM INCOME TAX

(FORM 990) FOR 2021, 2020 AND 2019 ARE SUBJECT TO EXAMINATION BY THE IRS,

GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

Schedule D (Form 990) 2022

232055 09-01-22

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SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)	or if the	2022						
Department of the Treasury Internal Revenue Service		Attach to Form 990						Open to Public Inspection
Name of the organizatio		o www.irs.gov/Form990 for instru	ctions	and th	ne latest information		Employer	identification number
	1N10 INC						86-072	
	complete this part	Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV, li	ne 1	7. Form 990	-EZ filers are not
<ul> <li>a Mail solicita</li> <li>b Internet and</li> <li>c Phone solic</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions I email solicitations itations olicitations on have a written o ted in Form 990, P 0 highest paid indiv	f Solicita g Specia or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?			<b>Yes No</b> b be
(i) Name and addres or entity (fund		(ii) Activity	have custody		(iv) Gross receipts from activity (v) Amount p to (or retained fundraise listed in col.		or retained b fundraiser	(v) to (or retained by)
			Yes	No				
Total								
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from	registration

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

Schedule G (Form 990) 2022

232081 10-27-22

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	s greater than \$5,000.				
		DANCING FOR		(d) Total events				
	FRESH BRUNCH	ONE-N-TEN	1	(add col. <b>(a)</b> through col. <b>(c)</b> )				
	(event type)	(event type)	(total number)	coi. (c))				
Gross receipts	1,043,529.	177,576.	32,709.	1,253,814.				
Less: Contributions	822,941.	177,576.	32,709.	1,033,226.				
Gross income (line 1 minus line 2)	220,588.			220,588.				
Cash prizes								
Noncash prizes	3,950.			3,950.				
Rent/facility costs	20,561.	6,796.		27,357.				
Food and beverages	149,023.			149,023.				
Entertainment	2,200.	350.	4,000.	6,550.				
Other direct expenses	72,190.	36,616.	26,534.	135,340.				
10 Direct expense summary. Add lines 4 through 9 in column (d)								
		11 Net income summary. Subtract line 10 from line 3, column (d)						
	Less: Contributions <u>Gross income (line 1 minus line 2)</u> Cash prizes <u>Noncash prizes</u> Rent/facility costs <u>Food and beverages</u> Entertainment <u>Other direct expenses</u>	Gross receipts       1,043,529.         Less: Contributions       822,941.         Gross income (line 1 minus line 2)       220,588.         Cash prizes       3,950.         Noncash prizes       20,561.         Food and beverages       149,023.         Entertainment       2,200.         Other direct expenses       72,190.	And Image: Second state s	Construction         Data (1)         Data (1)				

anue			(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				
SS	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes %	
	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		er the state(s) in which the organization condu				
		he organization licensed to conduct gaming ac No," explain:				Yes No
		· · ·				
		re any of the organization's gaming licenses re				Yes No
D	IT "	Yes," explain:				

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	1N10 INC	86-0	728990	Page <b>3</b>
11	Does the organization conduct ga	ming activities with nonmembers?		Yes	No
12	Is the organization a grantor, ben	eficiary or trustee of a trust, or a member of a partnership or other entity for	med		
	to administer charitable gaming?			Yes	No No
13	Indicate the percentage of gamin				
a	The organization's facility	· · · · · · · · · · · · · · · · · · ·		13a	%
				13b	%
		e person who prepares the organization's gaming/special events books and			
	Name				
	Address				
15a	Does the organization have a cor	tract with a third party from whom the organization receives gaming revenu	e?	Yes	No No
k	If "Yes," enter the amount of gam	ing revenue received by the organization \$ and	the amount		
	of gaming revenue retained by th	e third party \$			
c	If "Yes," enter name and address	of the third party:			
	Name				
	Address				
16	Gaming manager information:				
10	Gaming manager mormation.				
	Name				
	Gaming manager compensation	\$			
	Description of services provided				
	Director/officer	Employee Independent contractor			
17	Mandatory distributions:				
	•	state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?			Yes	No No
t		required under state law to be distributed to other exempt organizations or			
	organization's own exempt activity				
Pa	rt IV Supplemental Infor	mation. Provide the explanations required by Part I, line 2b, columns (iii)	and (v); and Par	t III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provide any additional information. See instructions.			
_					
2320	83 10-27-22		Schedu	ıle G (Form	990) 2022

Schedule G	a (Form 990)	1N10 INC
Part IV	Supplement	al Information (continued)


Schedule G (Form 990)

232084 04-01-22

sc	HEDULE J	Compensation Information	1	OMB No.	1545-004	47	
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees			2022		
		Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to			
	tment of the Treasury al Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe			
-	e of the organization		Employer ide	entificatio	on nui	mber	
		1N10 INC	86-07	28990			
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropri	ate 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.					
	First-class or c	harter travel Housing allowance or residence for perso	nal use				
	Travel for com		sidence				
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee					
	Discretionary s	spending account Personal services (such as maid, chauffer	ır, chef)				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		. <b>1</b> b			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2			
-							
3		ny, of the following the organization used to establish the compensation of the organization's					
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to				
	·	ation of the CEO/Executive Director, but explain in Part III.					
	Compensation						
		ompensation consultant					
	Form 990 of o	ther organizations	ommittee				
	During the year did	any parage listed on Farm 000. Dort VII. Caption A line to with respect to the filing					
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
2	organization or a re			4a		x	
a b						x	
	-					x	
U	c Participate in or receive payment from an equity-based compensation arrangement? 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		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the re						
а	•			5a		x	
	Any related organiz					х	
	If "Yes" on line 5a c	r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n				
	contingent on the n	et earnings of:					
а	The organization?			6a		X	
	Any related organiz					X	
	If "Yes" on line 6a c	r 6b, describe in Part III.					
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i				
	not described on lir	es 5 and 6? If "Yes," describe in Part III		. 7	х		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th					
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		. 8		x	
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure described in					
	Regulations section	53.4958-6(c)?		9			
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Schedu	le J (Forr	n 990)	) 2022	

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#### 1N10 INC

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) NATHANIEL RHOTON	(i)	154,653.	11,500.	0.	6,507.	5,571.	178,231.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

BONUS PAYMENTS ARE MADE BASED ON MEETING ORGANIZATINAL GOALS AND ARE AT THE

DISCRETION OF THE BOARD OF DIRECTORS.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

# 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 86-0728990

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

1N10 INC

ONENTEN OFFERS A WIDE RANGE OF OTHER PROGRAMS AND SERVICES. THESE OTHER

PROGRAMS INCLUDE: THE ZONE, WHICH PROVIDES MEN AN OPPORTUNITY TO LEARN

ABOUT HIV PREVENTION, TREATMENT, AND TESTING; THE QUEER BLENDED

LEARNING CENTER THAT PROVIDES AN INCLUSIVE ENVIRONMENT FOR STUDENTS TO

WORK TOWARDS THEIR HIGH SCHOOL DIPLOMA; AND OUR TRAINING PROGRAM WHICH

PROVIDES WORKSHOPS TO CORPORATE EMPLOYERS RELATING TO LGBTQ+ ISSUES.

EXPENSES \$ 975,670. INCLUDING GRANTS OF \$ 0. REVENUE \$ 26,586.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE CONSISTS OF THE VICE CHAIR, CHAIR, PAST CHAIR OR

BOARD DEVELOPMENT GOVERNANCE CHAIR, SECRETARY, AND TREASURER. THE EXECUTIVE

COMMITTEE SHALL MEET IN THE CASE OF THE DISABILITY OF THE VICE CHAIR.

CHAIR, PAST CHAIR OR EXECUTIVE DIRECTOR OR TO CARRY OUT ANOTHER FUNCTION

WHEN CALLED TO ORDER BY THE CHAIR OR VICE CHAIR.

THE EXECUTIVE COMMITTEE MAY MAKE DECISIONS AND TAKE SUCH ACTIONS AS DEEMED

NECESSARY BETWEEN THE TIME OF DISABILITY AND THE NEXT BOARD MEETING. ALL

ACTIONS ON BEHALF OF THE ORGANIZATION MUST BE RATIFIED BY THE BOARD AT THE

NEXT MEETING.

THE EXECUTIVE COMMITTEE SHALL COORDINATE THE AT-LEAST ANNUAL EVALUATION OF

THE PERFORMANCE AND COMPENSATION OF THE EXECUTIVE DIRECTOR AND MAKE

RECOMMENDATIONS TO THE BOARD.

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

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

Schedule O (Form 990) 2022

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39 2022.05000 1N10 INC

THE 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND IS REVIEWED AND
APPROVED BY THE FINANCE COMMITTEE AND TREASURER PRIOR TO SIGNING. IT IS
THEN PRESENTED AND APPROVED BY THE BOARD AT THE SUBSEQUENT BOARD MEETING.
FORM 990, PART VI, SECTION B, LINE 12C:
ALL STAFF AND BOARD MEMBERS ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST
POLICY AND DISCLOSE ANY CONFLICTS. THEY ARE THEN REQUIRED TO RECUSE
THEMSELVES FROM ANY VOTE OR ASSIGNMENT INVOLVING THE CONFLICT. THE
EXECUITVE COMMITTEE AND EXECUTIVE DIRECTOR ARE MADE AWARE OF THE CONFLICT.
IT SHALL BE THE CONTINUING RESPONSIBILITY OF THE BOARD, OFFICERS, AND
MANAGEMENT EMPLOYEES TO SCRUTINIZE THEIR TRANSACTIONS AND OUTSIDE BUSINESS
INTERESTS AND RELATIONSHIPS FOR POTENTIAL CONFLICTS AND TO IMMEDIATELY MAKE
SUCH DISCLOSURES.
DISCLOSURE BY STAFF, INTERNS, VOLUNTEERS OR COMMUNITY COMMITTEE MEMBERS
SHOULD BE MADE TO THE EXECUTIVE DIRECTOR (OR IF SHE OR HE IS THE ONE WITH
THE CONFLICT, THEN TO THE BOARD CHAIR), WHO SHALL BRING THE MATTER TO THE
, , , , , , , , , , , , , , , , , , , ,

ATTENTION OF THE BOARD. DISCLOSURE INVOLVING DIRECTORS SHOULD BE MADE TO

THE BOARD CHAIR, OR IF SHE OR HE IS THE ONE WITH THE CONFLICT, THEN TO THE

BOARD VICE-CHAIR, WHO SHALL BRING THESE MATTERS TO THE ATTENTION OF THE

BOARD.

Schedule O (Form 990) 2022

1N10 INC

Name of the organization

THE BOARD SHALL DETERMINE WHETHER A CONFLICT EXISTS AND IN THE CASE OF AN

EXISTING CONFLICT, WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED

AS JUST, FAIR, AND REASONABLE TO ONE N TEN. THE DECISION OF THE BOARD ON

THESE MATTERS WILL REST IN THEIR SOLE DISCRETION, AND THEIR CONCERN MUST BE

THE WELFARE OF ONE N TEN AND THE ADVANCEMENT OF ITS PURPOSE.

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Schedule O (Form 990) 2022

Page 2

Employer identification number

86-0728990

Name of the organization

1N10 INC

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

THE ORGANIZATION COMPLETES A COMPENSATION STUDY EVERY THREE YEARS, LED BY

AN INDEPENDENT THIRD PARTY HUMAN RESOURCES CONSULTANT, USING THREE DATA

SOURCES. KEY POSITIONS ARE INCLUDED, AS WELL AS EACH SALARY BAND WITHIN THE

ORGANIZATION. THE BOARD/GOVERNING BODY REVIEWS THIS DATA AND DOCUMENTS

THEIR DELIBERATION AND DECISION IN THE EXECUTIVE SESSION MEETING MINUTES.

THE EXECUTIVE DIRECTOR REVIEWS AND SETS COMPENSATION FOR STAFF, INCLUDING

KEY EMPLOYEES, BASED ON THE ANNUAL DATA AVAILABLE FROM THE ASU LODESTAR

NONPROFIT COMPENSATION REPORT, PUBLISHED ANNUALLY.

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

THE ORGANIZATION'S ARTICLES OF INCORPORATION, BY-LAWS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON

REQUEST. FINANCIAL STATEMENTS ARE POSTED ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	214,540.	
MANAGEMENT AND GENERAL EXPENSES	27,426.	
FUNDRAISING EXPENSES	68,599.	
TOTAL EXPENSES	310,565.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	310,565.	

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Schedule O (Form 990) 2022