Form	qqn
Form	330

Department of the Treasury Internal Revenue Service

** 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.



AF	or the	e 2021 calendar year, or tax year beginning and	ending		
B c	heck if pplicabl	c Name of organization		D Employer identifie	cation number
	Addre chang	e 1N10 INC			
	Name chang	e Doing business as		86-0728990	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final		202	602-400-2601	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,557,715.
	Amen	PHOENIX, AZ 05004		H(a) Is this a group re	
	Applic tion pendir	F Name and address of principal officer: NATHANTED KNOTON		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: $X = 501(c)(3) = 501(c) () $ (insert no.) 4947(a)(1) (or 527	1 '	list. See instructions
		WWW.ONENTEN.ORG		H(c) Group exemptio	
	orm of art I	organization: X Corporation Trust Association Other ►	L Year	of formation: 1993	State of legal domicile: AZ
ГС		,	ממוזם שמוזם		•
e		Briefly describe the organization's mission or most significant activities: <u>TO PROT</u> LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUESTIONING (LGBTQ)		OKI FOR THE BOCKI	J
Governance		Check this box		than 25% of its not as	oto
/err	1				18
ĝ		Number of independent voting members of the governing body (Part VI, line 1a)			18
<u>م</u>		Total number of individuals employed in calendar year 2021 (Part V, line 2a)		·····	39
ities		Total number of volunteers (estimate if necessary)			80
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
¢)	8	Contributions and grants (Part VIII, line 1h)		1,864,009.	3,502,621.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,935.	7,887.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-41,100.	-34,478.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,827,844.	3,476,030.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		985,551.	1,234,368.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ		Total fundraising expenses (Part IX, column (D), line 25)			
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		655,635.	568,103.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,641,186.	1,802,471.
		Revenue less expenses. Subtract line 18 from line 12		186,658.	1,673,559.
Net Assets or Fund Balances				ginning of Current Year 2,065,070.	End of Year 3,688,616.
Asse Bala	20	Total assets (Part X, line 16)		330,397.	261,726.
let ∕	21	Total liabilities (Part X, line 26)		1,734,673.	3,426,890.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		1,/34,0/3.	5,420,090.

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		11/11/22	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		Phon	e no.602-264-6835
May the II	RS discuss this return with the preparer shown above	ve? See instructions		X Yes No
-				000

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2021) 1N10 INC	86-0728990	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: 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	es 🛛 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	es 🛛 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 n	neasured by expense	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$494,094. including grants of \$) (Revenue	.e \$)
	YOUTH CENTER AND SATELLITE LOCATIONS: THE YOUTH CENTER IS A 5,000 SQ FT		
	SAFE PLACE FOR YOUTH TO GATHER WITH PROGRAMS AND ACTIVITIES. BY THE END		
	OF 2021 WE HAD ABOUT 10 SATELLITE LOCATIONS OPEN ACROSS THE VALLEY AND		
	ALL OVER ARIZONA. 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. IN 2021 PROGRAMS AND		
	SERVICES WERE OFFERED DIGITALLY THROUGH ZOOM AND DISCORD FOR A PORTION		
	OF THE YEAR AS A RESULT OF THE PANDEMIC. IN TOTAL 484 YOUTH WERE SERVED		
	DURING THE YEAR WITH 167 ATTENDING IN PERSON AT THE YOUTH CENTER OR		
	SATELLITES.		
4b	(Code:) (Expenses \$.e \$)
	WORKFORCE NAVIGATION: ONENTEN'S POND WORKFORCE PROGRAM HELPS LGBTQ+		
	AND ALLIED YOUTH, AGES 16 TO 24, BUILD SKILLS AND GAIN CONFIDENCE TO		
	MOVE INTO THE WORKFORCE AND PREPARE FOR EMPLOYMENT WITH COMPANIES, WHOM		
	VALUE AND CELEBRATE THEIR UNIQUE IDENTITIES. YOUTH PARTICIPANTS WORK		
	TOGETHER WITH ONENTEN'S WORKFORCE NAVIGATION SPECIALIST, TO DEVELOP AN		
	INDIVIDUALIZED EMPLOYMENT JOURNEY MAP AND RECEIVE ONGOING SUPPORT AND COACHING THROUGHOUT THE COHORT BASED PROGRAM. OVER 46 YOUTH ATTENDED		
	OUR WORKFORCE PROGRAM IN 2021.		
	- WORRFORCE I ROORAM IN 2021.		
4c	(Code:) (Expenses \$ 87,658. including grants of \$) (Revenue	ue \$)
	HEALTH AND WELLNESS PROGRAMS: THROUGH GRANT FUNDING FROM ARIZONA		/
	FAMILY HEALTH PARTNERS, ONENTEN PROVIDES YOUTH HEALTH AND WELLNESS		
	PROGRAMS INCLUDING HEALTH AND WELLNESS PROJECT, SOURCES OF STRENGTH:		
	SUICIDE PREVENTION, AND COMPREHENSIVE SEXUAL HEALTH EDUCATION. 142		
	YOUTH ATTENDED THESE PROGRAMS IN 2021.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 621,677. including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,298,718.		000
		Form	990 (2021)
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Pa	rt 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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
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	<u> </u>		<u> </u>
U		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		<u> </u>
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		
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	<u> </u>
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		X
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		x
14a h		140		<u> </u>
u	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	446		x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	4-		
	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		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			1
	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			1
	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		x
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Par	TTIV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	. 23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	. 24 a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24 b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	. 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24 d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25 a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	. 25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member 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
с	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			
	Schedule N, Part II	. 32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	. 34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<u>35</u> b		
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			
	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?			
_	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	Note: All Form 990 filers are required to complete Schedule O TV Statements Regarding Other IRS Filings and Tax Compliance Charle if Cohordede O contraine a month to any line in this Det V			
	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	37		
	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?	1 c	X	
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	990 (2021) 1N10 INC t VI Statemente Deserving Other IDS Filings and Tax Compliance	86-072899	90	P	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				T
•		1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2 a 39			
b	filed for the calendar year ending with or within the year covered by this return	24	-	x	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b		
0-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instructions		3a		x
		~	3b		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other a		30		
40		•	4a		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial a If "Yes," enter the name of the foreign country		40		
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac				
5a			5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax years.		5a 5b	<u> </u>	x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				<u> </u>
Ua	any contributions that were not tax deductible as charitable contributions?		6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribution				
5	were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service and the service of the	vices provided to the payor?	7a	х	
			7b	х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
-	to file Form 8282?	•	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		<u>9a</u>	<u> </u>	<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	<u>11a</u>	-		
D	Gross income from other sources. (Do not net amounts due or paid to other sources against	4.4%			
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c	1		
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		x
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		<u> </u>
	If "Yes," complete Form 6069.			0000	
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Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b	below, and for a "No	" respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instru			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ion 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 1b	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any of	other		
	officer, director, trustee, or key employee?			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?			x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	d? 4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one of	or		
	more members of the governing body?		1	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders	, or		
	persons other than the governing body?		>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following the second seco	owing:		
	The governing body?		X	
b	Each committee with authority to act on behalf of the governing body?		x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Cod	<u>e.)</u>		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?		a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affi			
		10		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filin	ng the form?	а	X
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts'		b X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," descri		c X	
40	on Schedule O how this was done		•	
13	Did the organization have a written whistleblower policy?			
14 15	Did the organization have a written document retention and destruction policy?			
15	Did the process for determining compensation of the following persons include a review and approval by independent of the deliberation and decision?	ndent		
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45	a X	
	The organization's CEO, Executive Director, or top management official		u	
b	Other officers or key employees of the organization		D	
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
100			2	x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its partic		ч —	
U.	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	pation		
	exempt status with respect to such arrangements?		ь	
Sec	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (s	ection 501(c)(3)s onl	v) availa	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 Schedular)	ule O)		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of int		ancial	
	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 rec	ords 🕨		
	NATHANIEL RHOTON - 602-400-2601			
	1101 N CENTRAL AVE #202, PHOENIX, AZ 85004			
32006	12-09-21	Fc	rm 990	(2021)
	6			,
511	11 143399 436951 2021.05000 1N10 INC		43	695

2021.05000 1N10 TNC

Form 990 (2021) 1N10 INC	86-0728990	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated	
Employees, and Independent Contractors		
Check if Schedule O contains a response or note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending	y with or within the organization	ı's tax year.
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), re Enter -0- in columns (D), (E), and (F) if no compensation was paid.	egardless of amount of compen	isation.
 List all of the organization's current key employees, if any. See the instructions for definition of "key em 	iployee."	
• List the organization's five current highest compensated employees (other than an officer, director, truster able compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the		
• List all of the organization's former officers, key employees, and highest compensated employees who	received more than \$100,000 c	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) Name and title	(B) Average			Pos	C) itior			(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer 0		Highest compensated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) NATHANIEL RHOTON	40.00									
EXECUTIVE DIRECTOR				х				128,609.	0.	5,314.
(2) RICK MCCARTNEY	2.00									
BOARD CHAIR		х		х				٥.	0.	0.
(3) SIMA THAKKAR	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(4) SHANNON O'KEEFE	2.00									
SECRETARY		Х		X				0.	0.	0.
(5) SCOTT GREENWOOD	2.00									
TREASURER		Х		х				0.	0.	0.
(6) CARMEN JANDACEK	2.00									
DIRECTOR		Х						0.	0.	0.
(7) CORY BRADDOCK	2.00									
DIRECTOR		х						0.	0.	0.
(8) KELLEY DENSHAM	2.00									
DIRECTOR		х						0.	0.	0.
(9) TAD GARY	2.00	-							_	_
DIRECTOR		х						0.	0.	0.
(10) LOU GOODMAN	2.00									
DIRECTOR		х	<u> </u>		<u> </u>			0.	0.	0.
(11) JASMINE SNIPES (LEFT IN 2021)	2.00							0	0	0
DIRECTOR (12) KRIS CANO	2.00	Х						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(13) DARRYL EMBREY	2.00	~	<u> </u>		<u> </u>			· · ·	0.	<u>0.</u>
DIRECTOR	2.00	x						0.	0.	0.
(14) SHAWN GENSCH	2.00	л						·.	۰.	<u>.</u>
DIRECTOR	2.00	x						0.	0.	0.
(15) TIM LAKE	2.00								••	<u> </u>
DIRECTOR		x						0.	0.	0.
(16) MANUEL SOTO-GRIEGO	2.00	1						`.		
DIRECTOR		x						0.	0.	0.
(17) CALVIN COLE	2.00	-								·
DIRECTOR		x						0.	0.	0.
132007 12-09-21								•		Form 990 (2021)

132007 12-09-21

Form 990 (2021) 1N10 INC									86-072	8990)	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck ss per	rson i	than o s both r/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	1	an	(F) stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS(1099-NEC)		fr org and	pensa om the anizati d relate anizatio	e ion ed
(18) KATE FISHER DIRECTOR	2.00	x						0.		٥.			0.
(19) CALVIN GOETZ (LEFT IN 2021) DIRECTOR	2.00	x						0.		٥.			0.
(20) DANIEL MORAN, JR. DIRECTOR	2.00	x						0.		٥.			0.
(21) JUDIE VERB DIRECTOR	2.00	x						0.		0.			0.
		-											
		-											
		-											
1b Subtotal								128,609.		0.		5,	314.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								0. 128,609.		0. 0.		5,	0. 314.
2 Total number of individuals (including but n compensation from the organization ►	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				1
3 Did the organization list any former officer,	director, trust	ee, k	key e	empl	loye	e, or	hig	hest compensated empl	oyee on	ſ		Yes	No
line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> 4 For any individual listed on line 1a, is the su											3		X
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a),000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual	-		4		Х
rendered to the organization? If "Yes," com											5		х
Section B. Independent Contractors 1 Complete this table for your five highest contractors	•	•							· ·	ensat	ion fro	m	
the organization. Report compensation for t (A)				<u>ig w</u>		or wi		(B)			(0		
Name and business	address	NO	NE				_	Description of s	ervices		Sube	nsatio	<u></u>
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	niteo	d to		se lis	ted	above) who received mo	ore than				
											Form	990 (2	2021)

	t VII	Statement of Re	venu	le						0 Pag
		Check if Schedule O	conta	ins a resp	onse	or note to any line				
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - 3
Ś	1 a	Federated campaigns		1a						
and Other Similar Amounts		Membership dues								
ľ		Fundraising events				273,043.				
ar A		Related organizations								
Ē	е	Government grants (contr	ributio	ns) 1e		445,554.				
S	f	All other contributions, gifts,	grants	s, and						
the		similar amounts not included	l above	e 1f		2,784,024.				
0 P	g	Noncash contributions included in	lines 1a	11 1 9	\$					
an	h	Total. Add lines 1a-1f				>	3,502,621.			
						Business Code				
	2 a									
e	b									
evenue	С									
Rev	d									
	e									
		All other program service								
	<u>g</u> 3	Total. Add lines 2a-2f								
	3	Investment income (inclue other similar amounts)	-				3,118.			3,1
	4	Income from investment of					•,==••			·,-
	- 5	Royalties		-	-	. Г				
	U			(i) Rea		(ii) Personal				
	6 a	Gross rents	6a		400.					
		Less: rental expenses	6b	,	0.					
		Rental income or (loss)	6c	14,	400.					
		Net rental income or (loss					14,400.			14,4
		Gross amount from sales of		(i) Securi	ties	(ii) Other				
		assets other than inventory	7a	4,	769.					
	b	Less: cost or other basis								
2		and sales expenses	7b		0.					
	с	Gain or (loss)	7c	4,	769.					
	d	Net gain or (loss)				►	4,769.			4,7
	8 a	Gross income from fundraisi	•	•						
5		including \$	273,0	043. of						
		contributions reported on		-						
		Part IV, line 18								
		Less: direct expenses				81,685.	E9 671			-58,6
		Net income or (loss) from		-		▶	-58,671.			-58,0
	9 a	Gross income from gamin								
	h	Part IV, line 19 Less: direct expenses								
		Net income or (loss) from								
		Gross sales of inventory,			<u></u>					
	. . a	and allowances			10a					
	b	Less: cost of goods sold								
		Net income or (loss) from			-	►				
	-					Business Code				
	11 a	OTHER REVENUE				900099	9,793.			9,7
nue	b						· · · · ·			
Revenue	с									
ñ	d	All other revenue								
		Total. Add lines 11a-11d				>	9,793.			
		Total revenue. See instruction					3,476,030.	0.	0.	-26,5

0000	On 30 ((c)(3) and 30 ((c)(4) organizations must complete				
	Check if Schedule O contains a respons	e or note to any line in t (A)	(B)	(C)	(D)
	Iot include amounts reported on lines 60,	Total expenses	Program service	Management and	Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	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	128,609.	94,085.	15,520.	19,004.
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	954,709.	698,425.	115,214.	141,070.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	11,471.	8,392.	1,384.	1,695.
9	Other employee benefits	52,352.	38,298.	6,318.	7,736.
10	Payroll taxes	87,227.	63,812.	10,526.	12,889.
11	Fees for services (nonemployees):		ż		· · ·
	Management				
	Legal	1,665.		1,665.	
	Accounting	57,244.		57,244.	
	Lobbying	,		,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	2,591.		2,591.	
	Other. (If line 11g amount exceeds 10% of line 25,	-,		_,	
y		132,846.	98,307.	1,723.	32,816.
40	column (A), amount, list line 11g expenses on Sch 0.)	44,058.	16,868.	21,000.	6,190.
12	Advertising and promotion	80,885.	54,989.	17,363.	8,533.
13	Office expenses	00,005.	54,505.	17,303.	0,333.
14	Information technology				
15	Royalties	132,566.	124 462	5,991.	2 112
16			124,463.	805.	2,112.
17		9,848.	5,929.	005.	3,114.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates	40,000	40.000		
22	Depreciation, depletion, and amortization	42,603.	42,603.		
23	Insurance	9,632.	5,019.	3,037.	1,576.
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 AND COMMUNITY SUP	45,537.	41,216.	370.	3,951.
b	PROCESSING FEE	8,628.	6,312.	1,041.	1,275.
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,802,471.	1,298,718.	261,792.	241,961.
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 Figure if following SOP 98-2 (ASC 958-720)				
					Earm 990 (2021)

132010 12-09-21

Form 990 (2021)

Form 990 (2021)

1N10 INC

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

Part IX Statement of Functional Expenses

1N10 INC

				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			78,067.	1	254,588
2	• • • • • • • • • • • • • • • • • • • •			1,155,054.	2	1,785,627
3	e 1 ,			341,657.	3	774,742
4					4	
5						
ľ	trustee, key employee, creator or founder, subs					
	controlled entity or family member of any of the				5	
6		-				
ľ	under section 4958(f)(1)), and persons describe				6	
n 7					7	
V Assels 0 8					8	
ž 9				16,331.	9	25,69
	a Land, buildings, and equipment: cost or other			,		
	basis. Complete Part VI of Schedule D	10a	613,016.			
			162,958.	319,736.	10c	450,05
					11	100,00
11				148,056.	12	391,73
				110,000.	13	
13					14	
14	0			6,169.	15	6,16
15	,			2,065,070.	16	3,688,61
17				102,662.	17	88,42
18					18	
				46,950.	19	124,00
19				10,550.	20	121,00
20	• • • • • • • • • • • • • • • • • • • •				20	
21	, , , , , , , , , , , , , , , , , , ,				21	
<u>n</u> 22						
	trustee, key employee, creator or founder, subs					
	controlled entity or family member of any of the	-			22	
23					23	
24					24	
25						
	parties, and other liabilities not included on line	s 17-24). Com	Diete Part X	180,785.	05	49,29
	of Schedule D		·····	330,397.	25	261,72
26	<u> </u>			550,557.	26	201,72
0	Organizations that follow FASB ASC 958, che					
5	and complete lines 27, 28, 32, and 33.			1,273,511.	07	2,464,72
			·····	461,162.	27	962,163
ă 28 ⊐				401,102.	28	502,10
27 28 28 29 29 30 31 32	Organizations that do not follow FASB ASC 9	boo, check he	re 🕨 🛄			
5	and complete lines 29 through 33.				00	
29			·····		29	
8 30					30	
ž 31	0,			1 934 693	31	2 400 00
				1,734,673.	32	3,426,89
33	Total liabilities and net assets/fund balances			2,065,070.	33	3 , 688 , 61 Form 990 (20)

Form **990** (2021)

132011 12-09-21

Form	1990 (2021) 1N10 INC	86-0728990)	Pad	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				<u>.</u>
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,	476,	030.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	802,	471.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	673,	559.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	734,	673.
5	Net unrealized gains (losses) on investments	5		18,	658.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,	426,	890.
Pa	rt 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:	I			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:	I			
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			I
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2021)

(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
2021
Open to Public

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	e of t	the organizati		Ŭ					Employer	identification number	
			1N10 I	NC						86-0728990	
Pa	rt I	Reason	for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	is.		
The	organ	ization is not a	a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)				
1		A church, co	nvention of ch	urches, or associatio	on of churches described	l in sectio	n 170(b)(1	I)(A)(i).			
2		A school des	cribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)					
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).			
4		A medical res	search organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and stat	e:								
5		An organizat	ion operated fo	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). (C	Complete Part II.)							
6			-	-	nental unit described in						
7	X	An organizat	ion that norma	Ily receives a substa	ntial part of its support fr	rom a gove	ernmental	unit or from t	he general p	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community	rtrust 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	inction 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		-		• • • •	than 33 1/3% of its supp				-		
					t to certain exceptions; a						
					(less section 511 tax) fro	om busines	ses acqui	red by the or	ganization a	ifter June 30, 1975.	
				mplete Part III.)							
11		-	-		vely to test for public sa	•					
12					vely for the benefit of, to						
					d in section 509(a)(1) o					Direck the box on	
_		-			f supporting organization					aivin a	
а				-	upervised, or controlled	• • • •	-		•••••		
			•		gularly appoint or elect a	majonty c				ipporting	
b		¬ -		complete Part IV, Se	or controlled in connect	ion with it	e cupporte	d organizatio	n(c) by boy	ina	
b				-	anization vested in the sa			-		•	
			-	t complete Part IV,		ame perso	ns that co	Introl of India	ge the supp	Joned	
с		¬ -		-	g organization operated	in connect	tion with	and functiona	lly integrate	od with	
Ŭ		••	-	• •). You must complete I				ily integrate	a with,	
d		-			porting organization oper				rted organiz	zation(s)	
u	L		-		ation generally must sat				-		
				• •	nplete Part IV, Sections			•			
е		_			written determination fro				II. Type III		
		_	0		nally integrated supporti			JI 7 JI	, ,,		
f	Ente		of supported of		, , , , , , , , , , , , , , , , , , , ,						
g			• •	about the supporte							
	((i) Name of supp	orted	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other	
		organizatior	ו		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)	

Page 2

1,751,012.

1N10 INC 86-0728990 Schedule A (Form 990) 2021 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) 🕨 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1,482,760 1,508,158 2,110,144 1,864,009. 3,502,621 10,467,692. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 29,995 5,238 35,233. 4 Total. Add lines 1 through 3 1 512 755. 1,513,396. 2,110,144 1 864 009 3 502 621. 10,502,925. The partian of total contributions

0	tion B Total Support			
6	Public support. Subtract line 5 from line 4.			
	column (f)			
	amount shown on line 11,			
	on line 1 that exceeds 2% of the			
	supported organization) included			
	governmental unit or publicly			
	by each person (other than a			
	The portion of total contributions			

8,751,913. Section B. Total Support <u>(e) 2</u>021 Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (f) Total 2,110,144. 1,864,009. 7 Amounts from line 4 1,512,755. 1,513,396. 3,502,621. 10,502,925. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 14,670. 16,782. 17,897. 67,002. 135. 17,518. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on **10** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 15,226. 250 4,283 9,189 9,793. 38,741. 10,608,668. **11 Total support.** Add lines 7 through 10 441,212. **12** Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► Section C. Computation of Public Support Percentage 82.50 14 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f) 15 Public support percentage from 2020 Schedule A, Part II, line 14 82.66 15 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► X b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization

meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2021

132022 01-04-22

%

%

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	-	-	-			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 ⁻	1 (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-						
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						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
70	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 ⁻	1 (f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
~	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 th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orga	nization,
	check this box and stop here	-				-	
Sec	tion C. Computation of Publi						
15	Public support percentage for 2021 (I	ine 8. column (f), d	livided by line 13.	column (f))		15	%
16	Public support percentage from 2020		•			16	%
	tion D. Computation of Invest					1.01	
	Investment income percentage for 20			ne 13 column (f))		17	%
						18	%
18	Investment income percentage from						
198	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						►
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		▶∟
13202	23 01-04-22					Sche	dule A (Form 990) 2021

15 2021.05000 1N10 INC

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.)

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			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			
	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
Ŭ	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Vee	Na
			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 Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			-
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	~		
U	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			
		3		
Sec	supported organizations played in this regard. tion 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 instruction	5).		
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	nstructior		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	-		
-	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	<u>3b</u>		
132025	5 01-04-22 Schedu	le A (Fori	n 990)	2021

 Schedule A (Form 990) 2021
 1N10
 INC

 Part IV
 Supporting Organizations
 (continued)

chedule A (Form 990) 2021 1N10 INC			86-0728990 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Support			
1 Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions
All other Type III non-functionally integrated supporting organizations mu	ist complete S	Sections A through E.	1
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 instructions)	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 greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

instructions).

Schedule A (Form 990) 2021

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Sche	dule A (Form 990) 2021 1N10 INC				86-0728990	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	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	s 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	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 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-2021	S	(iii) Distributa Amount for	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
b	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
е	Excess from 2021					

Schedule A (Form 990) 2021

Part VI Supplemental Information. Provide the		
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6 line 1; Part IV, Section D, lines 2 and 3; Part IV, S Section D, lines 5, 6, and 8; and Part V, Section I	5, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV ection E, lines 1c, 2a, 2b, 3a, and 3b; F	; Part II, line 17a or 17b; Part III, line 12; /, Section B, lines 1 and 2; Part IV, Section C, Part V, line 1; Part V, Section B, line 1e; Part V,
(See instructions.)	 ines 2, 5, and 6. Also complete this p 	part for any additional information.
HEDULE A, PART II, LINE 10, EXPLANATION FOR	OTHER INCOME:	
HER REVENUES		
17 AMOUNT: \$ 15,226.		
18 AMOUNT: \$ 250.		
19 AMOUNT: \$ 4,283.		
20 AMOUNT: \$ 9,189.		
21 AMOUNT: \$ 9,793.		
		Schedule A (Form 990) 2

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** PUBLIC DISCLOSURE COPY **

Schedule B

(Form 990)

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

Department of the Treasury Internal Revenue Service			
Name of the organizati	n		Employer identification nun
	1N10 INC		86-0728990
Organization type (cho	ck one):		
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(3) ((enter number) organization	
	4947(a)(1) non	nexempt charitable trust not treated as a private foun	Idation
	527 political of	rganization	
Form 990-PF	501(c)(3) exem	npt private foundation	
	4947(a)(1) non	nexempt charitable trust treated as a private foundation	ิวท
	501(c)(3) taxab	ble private foundation	
	•	EZ, or 990-PF that received, during the year, contribu plete Parts I and II. See instructions for determining a	
Special Rules			
X For an organiz sections 509(contributor, d	(1) and 170(b)(1)(A)(vi), tha	501(c)(3) filing Form 990 or 990-EZ that met the 33 1/ at checked Schedule A (Form 990), Part II, line 13, 16 putions of the greater of (1) \$5,000; or (2) 2% of the a ts I and II.	a, or 16b, and that received from any one
contributor, d literary, or edu	ring the year, total contrib cational purposes, or for th	501(c)(7), (8), or (10) filing Form 990 or 990-EZ that re outions of more than \$1,000 exclusively for religious, c he prevention of cruelty to children or animals. Compl butor name and address), II, and III.	charitable, scientific,
year, contribu is checked, el purpose. Don	ons <i>exclusively</i> for religiou er here the total contribut complete any of the parts	501(c)(7), (8), or (10) filing Form 990 or 990-EZ that re us, charitable, etc., purposes, but no such contributio tions that were received during the year for an <i>exclus</i> s unless the General Rule applies to this organization otaling \$5,000 or more during the year	ons totaled more than \$1,000. If this box sively religious, charitable, etc., in because it received <i>nonexclusively</i>
Caution: An organizati	n that isn't covered by the	e General Rule and/or the Special Rules doesn't file S	chedule B (Form 990), but it must

С 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) (2021)

	3 (Form 990) (2021)		Page 2
Name of or	rganization		Employer identification number
1N10 INC			86-0728990
Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
1		\$150,0	D000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
2		\$111,2	Person X Payroll
(a)	(b)	(c) Total contribution	(d)
<u>No.</u> <u>3</u>	Name, address, and ZIP + 4	\$200,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
4		\$100,0	D000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
5		\$84,1	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
6		\$75,0	DOO. Person X Payroll D Noncash D (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

	3 (Form 990) (2021)		Page 2
Name of or	rganization	Emplo	over identification number
1N10 INC		8	6-0728990
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$141,600.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$1,063,000.	Person X Payroll Image: 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) (2021)

436951_1

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	B (Form 990) (2021)		Page 3
Name of or	rganization		Employer identification number
1N10 INC			86-0728990
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	f additional space is needed	d.
(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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lame of org	ganization		Employer identification numb
N10 INC			86-0728990
Part III	from any one contributor. Complete columns (a) through (e) and the following line en charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the yearty. For organizations r less for the year. (Enter this info. once.) \$
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		(e) Transfer of gif	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	n
-	Transferee's name, address, a 	and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) Fulpose of gift	(c) Use of gift	
		(e) Transfer of gif	
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	ft
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
23454 11-11-2	21		Schedule B (Form 990) (2

25 2021.05000 1N10 INC

SCHEDULE [)
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Department of the Treasury

Internal Revenue Service Name of the organization

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.



Employer identification number

	1N10 INC		86-0728990
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised f	funds
	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			
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (for example, recrea		istorically important land area
	Protection of natural habitat		certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	conservation essement on the last
2	day of the tax year.		Held at the End of the Tax Year
•			
a ⊾	Total number of conservation easements		
D		voture included in (a)	
C J	Number of conservation easements on a certified historic structure		<u>2c</u>
d	Number of conservation easements included in (c) acquired a		
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the org	janization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conserva	ation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hance	lling of violations, and enforcing conservation	easements during the year
-	\$		
8	Does each conservation easement reported on line 2(d) abov		
			Yes No
9	In Part XIII, describe how the organization reports conservation	-	
	balance sheet, and include, if applicable, the text of the footr	ote to the organization's financial statements	s that describes the
De	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Tracquires or Othe	r Cimilar Acceta
Fai			r Similar Assets.
	Complete if the organization answered "Yes" on Form		
1 a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for put		erance 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 research in furthera	nce 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 treater	asures, or other similar assets for financial ga	in, provide
	the following amounts required to be reported under FASB A	-	
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2021
132051	10-28-21		

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2021.05000	1N10	INC

<u>Sche</u>	dule D (Form 990) 2021 1N10 INC							86-072		Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or	r Othe	r Similar	· Assets	(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	following that	make s	ignificant ι	ise of its			
	collection items (check all that apply):										
а	Public exhibition	c			hange progra						
b	Scholarly research	e	• 🗌 •	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	n's exer	mpt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of				-			_	_		-
D	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered '	'Yes" or	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1 a	Is the organization an agent, trustee, custodi								7.4		٦
	on Form 990, Part X?							∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:					Amoun	•	
	Designing belonce						10		Amoun		
с d	Additions during the year										
u	Additions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.							······			1
Par							10.				<u>-</u>
	•	(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three y	ears back	(e) Four	years	back
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	ent year end balance	e (line 1g	ı, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	· · · · · · · · · · · · · · · · · · ·	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are held ar	nd administer	ed for th	ne organiza	ition	ſ	<u> </u>	
	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		
Par	t VI Land, Buildings, and Equipm	<u>u</u>	wment it	unas.							
I UI	Complete if the organization answere). Part IV	line 11a. S	ee Form 990	Part X	line 10.				
	Description of property	(a) Cost or c			or other		ccumulate	bd	(d) Boo	k valu	
	Description of property	basis (investr		• •	(other)	• •	preciation		(4) 000	valut	
1a	Land		,		· ·						
	Buildings										
	Leasehold improvements				563,933.		142,	617.		421,	316.
	Equipment				49,083.		20,	341.		28,	742.
	Other									,	
-	. Add lines 1a through 1e. (Column (d) must e		<u>X. co</u> lum	n (B). line 1	0c.)	<u></u>	<u></u>			450,	058.

Schedule D (Form 990) 2021

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Schedule D (Form 990) 2021 1N10 INC			86-0728990	Page 3
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 marke	t value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A) INTEREST IN ARIZONA COMMUNITY				
(B) FOUNDATION INVESTMENT POOLS	391,738.	END-OF-YEAR MARKET VALUE		
(C)	,			
(D)				
(E)				
(F)				
(G)				
(G) (H)				
	391,738.			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.	551,750.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-vear marke	
	(b) DOOK Value	(c) Method of Valdation. Cost of	end-or-year marke	
<u>(1)</u>				
(2)				
(3)				
<u>(4)</u>				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.				
	an Farma 000 Dart IV lines			
Complete if the organization answered "Yes"		TTd. See Form 990, Part A, line 15.	(b) Deels	value
	Description		(b) Book	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)			
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line		
1. (a) Description of liability			(b) Book	value
(1) Federal income taxes				
(2) DEFERRED RENT				49,299.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)			49,299.
2. Liability for uncertain tax positions. In Part XIII, provide	e the text of the footnote to	the organization's financial statement	its that reports the	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2021

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Schedule D (Form 990) 2021 1N10 INC			86-0728990	Page 4
Part XI Reconciliation of Revenue per Audited Financial Sta		evenue per Re	turn.	
Complete if the organization answered "Yes" on Form 990, Part IV, li	ine 12a.		r - r	
1 Total revenue, gains, and other support per audited financial statements			1	3,371,763.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments		18,658.		
b Donated services and use of facilities		18,675.		
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d			2e	37,333.
3 Subtract line 2e from line 1			3	3,334,430.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b	141,600.		
c Add lines 4a and 4b			4c	141,600.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			5	3,476,030.
Part XII Reconciliation of Expenses per Audited Financial St	tatements With E	xpenses per F	leturn.	
Complete if the organization answered "Yes" on Form 990, Part IV, li	ine 12a.			
1 Total expenses and losses per audited financial statements			1	1,821,146.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a	18,675.		
b Prior year adjustments	2b			
c Other losses				
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	18,675.
3 Subtract line 2e from line 1			3	1,802,471.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b			4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line			5	1,802,471.
Part XIII Supplemental Information.	· • • •			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			; Part X, line 2; I	Part XI,
	any additional informa			
PART X, LINE 2:				
THE ORGANIZATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDE	R SECTION			
501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE") AND, ACC	CORDINGLY,			
THERE IS NO PROVISION FOR INCOME TAXES. IN ADDITION, THE ORG	ANIZATION			
QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SE	CITON I/O 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.

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Schedule D (Form 990) 2021 1N10 INC	86-0728990	Page 5
Schedule D (Form 990) 2021 1N10 INC Part XIII Supplemental Information (continued) (continued)		
THE ORGANIZATION'S FEDERAL RETURN OF ORGANIZATIONS EXEMPT FROM INCOME TAX		
(FORM 990) FOR 2020, 2019 AND 2018 ARE SUBJECT TO EXAMINATION BY THE IRS,		
GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
GAIN ON EODGIVENEGG OF DDD LOAN 141 600		
GAIN ON FORGIVENESS OF PPP LOAN 141,600.		
	Schedule D (Form	n 990) 2021

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SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ing or Gaming A	ctiv	vities	DMB No. 1545-0047	
(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.					or if the	2021			
Department of the Treasury	Attach to Form 000 or Form 000 EZ						Open to Public		
Internal Revenue Service		to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.		Inspection	
Name of the organization	1 1N10 INC						86-072899	ntification number	
Part I Fundrais	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	line 1	7. Form 990-EZ	filers are not	
 Indicate whether th a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, Pa I highest paid indiv	ed funds through any of the followin e Solicita f Solicita g Special r oral agreement with any individual art VII) or entity in connection with p riduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover ising of ing of	overnment grants nment grants events ficers, directors, trus undraising services?		Yes		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (Amount paid or retained by) fundraiser sted in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
Total 3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit o	contrib	▶ utions	or has been notified	l it is	exempt from re	gistration	
g.									
LHA For Paperwork R	eduction Act Noti	ce, see the Instructions for Form S	990 or	990-E	Z.		Schedule	e G (Form 990) 2021	

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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 NONE	(d) Total events
		FRESH BRUNCH	COMING OUT DAY		(add col. (a) through
a		(event type)	(event type)	(total number)	col. (c))
Hevenue	1 Gross receipts	264,930.	31,127.		296,057.
	2 Less: Contributions	241,916.	31,127.		273,043.
;	3 Gross income (line 1 minus line 2)	23,014.			23,014.
	4 Cash prizes				
	5 Noncash prizes	5,445.			5,445.
benses	6 Rent/facility costs	1,954.	8,395.		10,349.
Direct Expenses	7 Food and beverages	6,894.	8,845.		15,739.
_	8 Entertainment	27,865.	4,391.		32,256.
	9 Other direct expenses	12,896.	5,000.		17,896.
1	10 Direct expense summary. Add lines 4 throug	81,685.			
1	11 Net income summary. Subtract line 10 from	line 3, column (d)			-58,671.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 Gross revenue				
es	2 Cash prizes				
xpens	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes%	└── Yes % └── No	Yes %	
	7 Direct expense summary. Add lines 2 through	ugh 5 in column (d)		►	
	8 Net gaming income summary. Subtract lin	e 7 from line 1, column (d)			
9	Enter the state(s) in which the organization cor	ducts gaming activities:			
	a Is the organization licensed to conduct gaming	activities in each of these	states?		
b	b If "No," explain:				
10a	a Were any of the organization's gaming licenses	s revoked, suspended, or te	erminated during the tax	year?	Yes No
b	b If "Yes," explain:				

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Schedule G (Form 990) 2021

Sched	lule G (Form 990) 2021 1N10 INC	86-07	2899	0	Page 3
11 D	Does the organization conduct gaming activities with nonmembers?			Yes	No
12 Is	the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
to	o administer charitable gaming?			Yes	No No
13 Ir	ndicate the percentage of gaming activity conducted in:	1			
	he organization's facility		13a		%
	n outside facility		13b		%
14 E	inter the name and address of the person who prepares the organization's gaming/special events books and record	ds:			
N	lame				
А	address				
15a D	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	No No
b lf	"Yes," enter the amount of gaming revenue received by the organization \blacktriangleright \$ and the arr	ount			
0	f gaming revenue retained by the third party \blacktriangleright \$				
c If	"Yes," enter name and address of the third party:				
N	lame				
А	address 🕨				
16 G	aaming manager information:				
N					
G	Gaming manager compensation 🕨 \$				
Г	Description of services provided				
-					
•					
	Director/officer Employee Independent contractor				
17 N	fandatory distributions:				
	s the organization required under state law to make charitable distributions from the gaming proceeds to				
	etain the state gaming license?			Yes	No No
	inter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the			
o Part	rganization's own exempt activities during the tax year ▶ \$ IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Dart	111 1100	~ 0	0h 10h
i art	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.), and Part	111, 1111	es 9,	90, 100,
132083	10-21-21	Schedu	le G (Form	990) 2021
					•

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

Schedule G (Form 990)

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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



Employer identification number 86-0728990

Name of the organization

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: CAMP OUTDOORS, WHICH HELPS YOUTH DEVELOP LEADERSHIP

SKILLS AND WORK IN COLLABORATIVE WAYS; THE ZONE, WHICH PROVIDES MEN AN

OPPORTUNITY TO LEARN ABOUT HIV PREVENTION, TREATMENT, AND TESTING;

EMERGENCY RELIEF FUND, WHICH PROVIDED ASSISTANCE TO THOSE AFFECTED BY

THE COVID PANDEMIC; OUR HOUSING PROGRAM THAT SUPPORTS YOUNG ADULTS TO

LIVE INDEPENDENTLY; 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 \$ 621,677. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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

Name of the organization

1N10 INC

86-0728990

THE PERFORMANCE AND COMPENSATION OF THE EXECUTIVE DIRECTOR AND MAKE

RECOMMENDATIONS TO THE BOARD.

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

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.

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

EXISTING CONFLICT, WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED

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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.

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.

132212 11-11-21

Schedule O (Form 990) 2021