

CHAR500 € >> 5C

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2019

Open to Public Inspection

1.General Information

1.General Informat	ion ;							
For Fiscal Year Beginning	mm/dd/yy	yy) 01/01/	2019 :	and Ending (mm/dd/yyyy) $12/$	31/20)19	
Check if Applicable:	Name of Or	ganization:					Employer Identification Number (EIN):	
Address Change	IN OU	R OWN VOI	CES, IN	<u>C</u>			14-1804364	
Name Change	Mailing Add	fress:					NY Registration Number:	
Initial Filing	245 L	ARK STREET	<u>. </u>				063647	
Final Filing	City / State						Telephone:	
Amended Filing	ALBAN	Y, NY 122	210				518 432-4188	
Reg ID Pending	Website:						Email:	
	INOUR	OWNVOICES	ORG				TLAGRONE@INOUROWNVO	
Check your organization's	3					Co	nfirm your Registration Category in the	
registration category:	7A c	only EPTL	only X	DUAL (7A &	EPTL) L EXEM		arities Registry at www.CharitiesNYS.com.	
2. Certification		·						
See instructions for certif	ication requir	rements. Improper	certification i	s a violation	of law that may be s	ubject to	penalties. The certification requires	
two signatories.			<u></u>					
We certify under r	enalties of n	eriury that we revie	wed this repo	ort. includina	all attachments, and	to the be	est of our knowledge and belief,	
they ar	e true, correc	ct and complete in	accordance v	vith the laws	of the State of New	York appl	licable to this report.	
			1 1		TANDRA	LAGRO	ONE ///s/	
President or Authorized	Officer:	///.//	1//		CHIEF E	XECUI	TIVE OFFI U/16/8028	
		Signatule			Prin	nt Name a	ind Title , Date	
			1/1 04		CARMEN	CORRE	EA (///s/2)	
Chief Financial Officer of	Treasurer:		WV		FISCAL	DIREC	CTOR MINOCO	
3 ,	*********	Signature			Prin	nt Name a	and Title Date	
3. Annual Reporting								
Check the exemption(s) t	hat apply to	your filing. If your o	organization is	claiming an	exemption under or	ne catego	ry (7A or EPTL only filers) or both	
categories (DUAL filers) to	nat apply to	your registration, c	omplete only	parts 1, 2, a	nd 3, and submit the	certified	Char500. No fee, schedules, or	
additional attachments a	e required. It	f you cannot claim	an exemption	or are a DU	AL filer that claims o	only one e	exemption, you must file applicable	
schedules and attachmer	nts and pay a	applicable fees.						
3a. 7A filir	g exemption	: Total contribution	ns from NY S	tate including	residents, foundati	ons, gove	ernment agencies, etc. did not	
			not engage a	a professiona	I fund raiser (PFR) o	r fund rais	sing counsel (FRC) to solicit	
contribution	ons during th	e fiscal year.						
		ion: Gross receipts	did not exce	ed \$25,000	and the market value	e of asset	s did not exceed \$25,000 at any time	
during the	fiscal year.							
4 0 1 1 1 1 4	44 1	A _	<u>-</u> _	·				
4. Schedules and A	ttacnmen	its .			- <u></u>	-		
See the following page		V No. 4- 004		on 1105 o n	ionaional fund raises	fund raid	sing counsel or commercial co-venturer	
for a checklist of	Yes _		-					
schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.								
attachments to								
complete your filing. X Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.								
5. Fee								
See the checklist on the	7A filir	ng fee:	EPTL filing	fee:	Total fee:		NA-L	
next page to calculate yo		~	•				Make a single check or money order	
fee(s). Indicate fee(s) you							payable to:	
are submitting here:	\$	25.	\$ 1	.00.	\$ 125.		"Department of Law"	

CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

INC.

in our own voices, **CHAR500**

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filling exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

- IRS Form 990 Part I, line 22

- IRS Form 990 EZ Part I, line 21

Total Liabilities (Part II, line 23(b)).

- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4: If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raise X If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	ers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of C disclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our reve filing year. We have included an IRS Form 990-EZ for state purposes only.	
If you are a 7A only or DUAL filer, submit the applicable independent Certified Pub Review Report if you received total revenue and support greater than \$250,0 X Audit Report if you received total revenue and support greater than \$750,00 No Review Report or Audit Report is required because total revenue and sup We are a DUAL filer and checked box 3a, no Review Report or Audit Report	000 and up to \$750,000. 0 oport is less than \$250,000
Calculate Your Fee	
For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a \$25, if you did not check the 7A exemption in Part 3a	Is my Registration Category 7A, EPTL DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau: 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee: \$0. if you checked the EPTL exemption in Part 3b	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$25, if the NET WORTH is less than \$50,000 \$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u> . These organizations are not required to file annual financial reports but may do so voluntarily.
	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com .
Send Your Filing Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH?

Need Assistance?

28 Liberty Street

New York, NY 10005

www.CharitiesNYS.com Visit:

NYS Office of the Attorney General

Charities Bureau Registration Section

(212) 416-8401 Call:

Email: Charities.Bureau@ag.ny.gov

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Schedule 4b: Government Grants www.CharitiesNYS.com

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If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:

IN OUR OWN VOICES, INC.

NY Registration Number:

063647

Name of Government Agency	Ar	nount of Grant
1. ALBANY COMMUNITY DEVELOPMENT AGENCY	1,	17,444
2 DEPARTMENT OF CRIMINAL JUSTICE SERVICES	2.	68,021
3 HIGH IMPACT PREVENTION PROJECT	3.	103,894
4. NYS DEPARTMENT OF HEALTH	4	560,631
5. OFFICE OF VICTIM SERVICES	5.	121,468
6 OFFICE OF VIOLENCE AGAINST WOMEN	6	278,573
7. THE NW NETWORK	7.	4,800
8.	8.	
9.	9.	
10.	10.	
11.	11.	
12.	12.	
13.	13.	
14.	14.	
15.	15.	
Total Government Grants:	Total:	1,154,831

Form **990** (Rev. January 2020) Department of the Treasury

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.

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

A For the 2019 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if Address change IN OUR OWN VOICES, INC. 14-1804364 Name change Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 518-432-4188 245 LARK STREET 1,304,555. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended ALBANY, NY 12210 H(a) Is this a group return Applica-F Name and address of principal officer: TANDRA LAGRONE for subordinates? Yes X No tion pending H(b) Are all subordinates included? ____ Yes ___ No SAME AS C ABOVE Tax-exempt status: X 501(c)(3) 4947(a)(1) or If "No." attach a list. (see instructions)) ◀ (insert no.) J Website: ► INOUROWNVOICES.ORG H(c) Group exemption number K Form of organization: X Corporation Association Other > Year of formation: 1998 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO WORK FOR AND Governance ENSURE THE PHYSICAL, MENTAL, SPIRITUAL, POLITICAL, CULTURAL AND 2 Check this box larger if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 5 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 24 Activities & 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 26 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 39 Prior Year **Current Year** 1,320,268. 1,230,516. 8 Contributions and grants (Part VIII, line 1h) 4,687. 25,950. Program service revenue (Part VIII, line 2g) 900. 65. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 31,733. 35,358. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 288,264. 1,361,213. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 828,509. 860,723. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 430,248. 395,282. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 290,971. 223,791. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 64,473. 70,242. 19 Revenue less expenses. Subtract line 18 from line 12 End of Year **Beginning of Current Year** 9 873,037. 954,385. 20 Total assets (Part X, line 16) 407,067. 390,191. 21 Total liabilities (Part X, line 26) 547,318. 482,846. Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I deplace that 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 Date Sign **∠**AGRONE, CHIEF EXECUTIVE OFFICER ANORA Here Type or print name and title Print/Type preparer's name Preparer's signature MARY E. MACKRELL, CP 11/10/20 P01864652 self-employed Paid MARY E. MACKRELL, CPA Firm's EIN ▶ 14-1745230 Firm's name LUTZ, SELIG & ZERONDA, L.L.P. Preparer Firm's address

■ 33 CENTURY HILL DRIVE Use Only Phone no. (518) 783-7200 LATHAM, NY 12110-2113 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Form	990 (2019) IN OUR OWN VOICES, INC.	14-1804364	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
'	OUR MISSION IS TO WORK FOR AND ENSURE THE PHYSICAL, MENT	AL, SPIRITUA	L,
	POLITICAL, CULTURAL AND ECONOMIC GROWTH OF THE LESBIAN,	GAY, BISEXUA	L
	AND TRANSGENDER PEOPLE OF COLOR COMMUNITY.		
	AND INANDGENEEN I POLICE OF COLON COLLEGE		
	Did the organization undertake any significant program services during the year which were not listed on the		
2		Yes	X No
	prior Form 990 or 990-EZ?		
	If "Yes," describe these new services on Schedule O.	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
	If "Yes," describe these changes on Schedule O.	managered by expenses	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, ar	10
	revenue, if any, for each program service reported.	2.5	950.)
4a	(Code:) (Expenses \$ 887,626. including grants of \$) (Rever		950.
	TO ENSURE THE PHYSICAL, MENTAL, SPIRITUAL, POLITICAL, CU	LTURAL, AND	
	ECONOMIC GROWTH OF THE LESBIAN, GAY, BISEXUAL AND TRANSG	ENDER PEOPLE	OF
	COLOR COMMUNITY.		
		<u> </u>	
-41	(Code:) (Expenses \$	nue \$)
4b	(Code:) (Expenses \$		
		<u> </u>	
			
4c	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$)
			
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
4e	Total program service expenses ▶ 887,626.		
		Form 🤄	90 (2019)

Form 990 (2019) IN OUR OWN VOICES, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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			l
	similar amounts as defined in Revenue Procedure 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			l
	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,			l
	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			l
	Schedule D, Part III	8		<u> X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			l
	If "Yes," complete Schedule D, Part IV	9	ļ	X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			l
	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, VIII, 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	X	
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	l		- T
	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			77
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		.	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	l	_{**}	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		İ	.
	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		^
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
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	15		x
	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
16		16		x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	 -		†
18		18	x	
40	1c and 8a? If "Yes," complete Schedule G, Part II	''	 ^	t
19	•	19		x
^^	complete Schedule G, Part III	20a	 	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	†	
21		21		х
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	1 2 1		

Form 990 (2019) IN OUR OWN VOICES, INC.

Part IV | Checklist of Required Schedules (continued)

	Continued)		Van	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	NO
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24d		<u> </u>
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	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	ļ	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			₩.
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			·
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x_
	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200	-	1
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c	İ	x
00	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions: 11 Yes, complete schedule in	1		
30		30		х
31	contributions? If "Yes," complete Schedule M	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-		
JZ		32		х
33	Schedule N, Part II			
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		L
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	Ь
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	 T	┸
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 12	4		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		- T	
	(gambling) winnings to prize winners?	1c	X	(2019)
93200	4 01-20-20	rom	1 230	(2019)

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 24			<u> </u>					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u>		X					
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		<u> X</u>					
b	b If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			لـيـا					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b		<u></u>					
7	Organizations that may receive deductible contributions under section 170(c).			لـــِـا					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		7.7					
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X					
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		<u>-</u>					
_	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.	9a		×					
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	_ 9 a_		X					
10		30							
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			l					
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:	i							
'',	Gross income from members or shareholders			1 1					
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
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								
С	Enter the amount of reserves on hand		<u> </u>						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.			لا					
		Forn	990	(2019)					

IN OUR OWN VOICES, INC. 14-1804364 Form 990 (2019) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a a The governing body? Х b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustoes, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done Х 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16h exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain on Schedule O) X Own website Another's website Upon request

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

State the name, address, and telephone number of the person who possesses the organization's books and records

12210

statements available to the public during the tax year.

245 LARK STREET, ALBANY, NY

5184324188

TANDRA LAGRONE -

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Name and title	Check this box if neither the organization n									(E)	
Phours for related organizations Phours for related organizations Phouse for the place of	(A) Name and title	hours per week	box, offic	(do not check more than one box, unless person is both an officer and a director/trustee)					compensation from	compensation from related	amount of other
X		hours for related organizations below line)	Individual trustee or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization		from the organization and related
(2) DAMARISE ALEXANDER-MANN 3.00 X X X 0. 0. 0. 0.	(1) RHONDA DANIEL	3.00							_	_	
X	PRESIDENT		X	L_	X		$ldsymbol{ldsymbol{ldsymbol{eta}}}$		0.	0.	0.
33 DR. ROBERT MILLER, JR. 3.00 X X X 0. 0. 0. 0. 0.	(2) DAMARISE ALEXANDER-MANN	3.00									
TREASURER			X	ļ	X	<u> </u>			0.	0.	0.
(4) RAY PEREZ	(3) DR. ROBERT MILLER, JR.	3.00							•		_ ا
MEMBER			X	<u> </u>	X		_	_	0.	U.	0.
(5) ANGELA LEDFORD 3.00 X 0. 0. 0. 0. (6) TANDRA LAGRONE X X 104,998. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		3.00							•	_	۸ ا
MEMBER		2 00	X		-	┝	_		<u> </u>	<u> </u>	0.
(6) TANDRA LAGRONE EXECUTIVE DIRECTOR X X 104,998. 0. 0. 0.		3.00	,,						^	۸ ا	۸ ا
EXECUTIVE DIRECTOR X X 104,998. 0. 0.		40 00	<u> </u>	\vdash		├-		\vdash	0.	<u></u>	0.
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Part	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	<u> Hig</u>	ghes	it Co	<u>ompensated Employee</u>	s (continued)				
•	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average			Pos		l than (Reportable	Reportable		Est	imate	d
		hours per	box	, unle	ss per	rson i	is botl	าลก	compensation	compensation	elated ot		ount d	of
		week	\vdash	cer ar	id a d	recto	or/trus	tee)	from	from related			ther	
		(list any	_ ec						the	organizations	'		ensat	
		hours for related	or di	8			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)			nizati	
		organizations	ustee	trust		ぉ	ubeu		(00-2/1099-101130)			_	relate	
		below	lual tr	tional	l _	nploy	st co	<u></u>			1		nizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуев	Highest compensated employee	Former				•		
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41. (Subtotal	L	<u> </u>	Ц	L		٠	<u> </u>	104,998.	0	$\overline{\cdot}$			0.
10 3	Total from continuation sheets to Part VI	 I Section Δ		•••••			••••	•	0.	0	$\overline{\cdot}$			0.
C - ·	Total (add lines 1b and 1c)	i, Section A			•••••			•	104,998.	0	$\overline{\cdot}$			0.
	Total ladd lines 16 and 16) Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	a) wh	o re		000 of reportable				
	compensation from the organization	or minted to th	030	11310		3010	., ···		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,				1
	compensation from the organization											丁	Yes	No
•	Did the organization list any former officer,	director trust	ee k	(ev e	mp	love	e o	· hia	hest compensated emp	lovee on		\Box		
	line 1a? If "Yes," complete Schedule J for s											3		X
	For any individual listed on line 1a, is the su	uch individual m of reportab	 o co	mne		tion	anc	l oth	ner compensation from t	he organization				
	and related organizations greater than \$150										-	4		X
	Did any person listed on line 1a receive or a													
											. -	5		X
Conti	rendered to the organization? If "Yes." com on B. Independent Contractors	ipiete Schedul	e <i>J J</i>	or st	IÇII J	uers	<u> VIII</u>							
30011	Complete this table for your five highest co	mnensated inc	lene	nde	nt co	ontr	acto	rs th	nat received more than 5	100,000 of compen	satic	n fro	m	
1 1	the organization. Report compensation for	the calendar v	ear e	ndir	na w	ith o	or w	thin	the organization's tax v	rear.				
	(A)	tric calcridar y	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.9		<u> </u>	Ī	(B)			(C)	
	Name and business	address	NO	INC	3				Description of s	services	Co	mpen	satio	า
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2	Total number of independent contractors (i	ncluding but n	ot lir	nite	d to	tho	se lis	sted	above) who received m	ore than				
	\$100,000 of compensation from the organi						0							
											F	orm ?	90 (2019

Par	t V			1 41 1 D. A VIII	•		
		Check if Schedule O contains a response of	r note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f 1g \$	154,831. 75,685.	1,230,516.			
<u>ੂੰ ਭ</u>		Total. Add lines 1a-1f	Business Code	1,230,310.			
Program Service Revenue	2 :		611000	25,950.	25,950.		
le y			-		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Prog	1	All other program service revenue		25,950.			1
	3	Investment income (including dividends, interesting other similar amounts) Income from investment of tax-exempt bond process.		65.			65.
	5	Royalties					
		(i) Real Gross rents Less: rental expenses Rental income or (loss) (i) Real 6a 6b 6c	(ii) Personal				
ıne	7	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(ii) Other				
, en		Gain or (loss) 7c					<u>'</u>
Other Revenue		In Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a	40.004				
		Less: direct expenses 8b	16,291.				
	9	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19	>	31,733.			31,733.
		Less: direct expenses 9b					
	10	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory	_		ļ	ļ	<u> </u>
ړ			Business Code			 	
ğ a	11				 	-	
Miscellaneous Revenue							
Sev		•				-	
Mis		All other revenue				<u> </u>	
		Total Add lines 11a-11d		1,288,264.	25,950.	0.	31,798.
	12	Total revenue. See instructions					Form 990 (2019)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising expenses (B) Program service expenses (A) Total expenses Do not include amounts reported on lines 6b, Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 2,100. 31,499. 104,998. 71,399. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 11,472. 172,080. 573,600. 390,048. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 64,043. 28,254. 1,884. 94,181. Other employee benefits 16,719. 55,730. 37,896. 1,115. Payroll taxes 10 Fees for services (nonemployees): 11 a Management b Legal _____ 7,522. 7,522. c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 2,171. 8,683. 43,417. 32,563. 12 Advertising and promotion 1,640.29,527. 1,640. 32,807. Office expenses 13 Information technology 14 15 Royalties 44,025. 4,892. 48,917. Occupancy 16 25,348. 25,348. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 19 Conferences, conventions, and meetings 54. 54. 20 21 Payments to affiliates 683. 7,592. 6,909. Depreciation, depletion, and amortization 22 23 Insurance Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 1,256. 62,809. 42,710. 18,843. a CONSULTANT SERVICES 47,802. 35,852. 9,560. 2,390. SUPPLIES PROGRAM SERVICES 40,569. 40,569. 31,662. 31,662. STIPEND-PEER 46,783. 7,312. 4,396. 35,075. e All other expenses 307,741. 28,424. 887,626. 1,223,791. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any lin	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		20,181.	1	20,713.	
	2	Savings and temporary cash investments	261,919.	2	204,441.		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		340,448.	4	478,728.	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su			<u> </u>		
		controlled entity or family member of any of t				5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri				6	
	7	Notes and loans receivable, net				7	_
Assets	8	Inventories for sale or use				8	
Ass	9	Prepaid expenses and deferred charges	i i	1,392.	9	8,998.	
		Land, buildings, and equipment: cost or other			•		
	.02	basis. Complete Part VI of Schedule D		284,898.	·		
	۱ ہ	Less: accumulated depreciation	10b	43,393.	249,097.	10c	241,505.
	11	investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lir			12		
	13	Investments - program-related. See Part IV, li	<u></u>	13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must e	873,037.	16	954,385.		
	17	Accounts payable and accrued expenses		139,781.	17	105,208.	
	18	Grants payable			18		
	19	Deferred revenue		i i		19	56,902.
	20	Tax-exempt bond liabilities		. 1		20	
	21	Escrow or custodial account liability. Comple				21	
	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su			·		
Σij		controlled entity or family member of any of t				22	
Ë	23	Secured mortgages and notes payable to un		l I	250,410.	23	244,957.
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,				Ĭ	
		parties, and other liabilities not included on li					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			390,191.	26	407,067.
		Organizations that follow FASB ASC 958,	heck here	X			•
es		and complete lines 27, 28, 32, and 33.					
Š	27	Net assets without donor restrictions			482,846.	27	547,318.
3als	28	Net assets with donor restrictions				28	
ğ		Organizations that do not follow FASB AS					
Ē		and complete lines 29 through 33.		·	ll		
ō	29	Capital stock or trust principal, or current fur	[29		
ets	30	Paid-in or capital surplus, or land, building, o				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			482,846.	32	547,318.
z	33	Total liabilities and net assets/fund balances			873,037.	33	954,385.
	,						Form 990 (2019

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

X

Form 990 (2019)

3a

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

Open to Public Inspection

Name of the organization

Employer identification number 14-1804364 IN OUR OWN VOICES, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. ____ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (vi) Amount of other (iii) Type of organization (v) Amount of monetary (i) Name of supported (described on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions))

Schedule A (Form 990 or 990-EZ) 2019 IN OUR OWN VOICES, INC. 14-1804

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						5400450
	include any "unusual grants.")	714,779.	999,220.	1233676.	1320268.	1230516.	5498459.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					1000516	5400450
4	Total. Add lines 1 through 3	714,779.	999,220.	1233676.	1320268.	1230516.	5498459.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly			1			
	supported organization) included						
	on line 1 that exceeds 2% of the	. .					
	amount shown on line 11,						
	column (f)					<u> </u>	5400450
	Public support. Subtract line 5 from line 4.				L	L	5498459.
Sec	ction B. Total Support			,			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(ь) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	714,779.	999,220.	1233676.	1320268.	1230516.	5498459.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		000	400	000	6.5	1 055
	and income from similar sources	171.	290.	429.	900.	65.	1,855.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			<u> </u>		· · · · · · · · · · · · · · · · · · ·	
10	Other income. Do not include gain				1		
	or loss from the sale of capital	0.4.070	04 010	F2 0F1	40 045	57 602	199,963.
	assets (Explain in Part VI.)	24,272.	24,912.	53,051.	40,045.	57,683.	5700277.
	Total support. Add lines 7 through 10		<u></u>	l	L	10	3700277.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is fo						_
<u> </u>	organization, check this box and stoction C. Computation of Publ	p here	centage				P
				-1 (0)	· · · · · · · · · · · · · · · · · · ·	14	96.46 %
	Public support percentage for 2019 (15	96.70 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14				
16a	33 1/3% support test - 2019. If the	organization did no	ot check the box of	n line 13, and line	14 15 33 1/370 01 11	iore, check this bo.	× and × X
	stop here. The organization qualifies	as a publicly supp	orted organization		line 15 is 22 1/30/	or more check th	
t	33 1/3% support test - 2018. If the						
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation		and line 14 is 1004	
178	10% -facts-and-circumstances test	t - 2019. If the org	janization did not d	cneck a box on line	e io, ioa, or iob, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a j	publicly supported	organization	17a and line 15 is	
k	10% -facts-and-circumstances test	t - 2018. If the org	janization did not d	check a dox on line	e io, ioa, iob, or etembera Evelai:	ira, anu ime 13 is n in Dart \/i haw *h.	10/0 01
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	ieck this dox and	stop nere, Explai	nin Fart VI NOW the	
	organization meets the "facts-and-circ	cumstances" test.	ine organization q	uailles as a public	ny supported orga	nd see instructions	
18	Private foundation. If the organization	on ala not check a	pox on line 13, 16	a, 100, 1/a, 01 1/t		edule A (Form 990	
					JUIN		

Schedule A (Form 990 or 990-EZ) 2019 IN OUR OWN VOICES, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	9 (f) Total
	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					1	
2	Gross receipts from activities that						
•	are not an unrelated trade or bus-						
	iness under section 513						
_						1	
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
_	* *************************************		<u> </u>				
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5			 	 	 	
7 a	Amounts included on lines 1, 2, and	1					
	3 received from disqualified persons						
ŀ) Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the	l					
	amount on line 13 for the year					1	
•	Add lines 7a and 7b					<u> </u>	
	Public support. (Subtract line 7c from line 6.)		<u> </u>		<u> </u>	l	
	ction B. Total Support		T		T		
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	9 (f) Total
	Amounts from line 6					 	
10	Gross income from interest,	ı		1			
	dividends, payments received on securities loans, rents, royalties,	ı		1	}		
	and income from similar sources						
ŧ	Unrelated business taxable income	l					
	(less section 511 taxes) from businesses	l					
	acquired after June 30, 1975						
	Add lines 10a and 10b					<u></u>	
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital					İ	
13	assets (Explain in Part VI.)		<u> </u>				
	First five years. If the Form 990 is for	the organization'	s first second thin	d. fourth, or fifth to	ax vear as a section	on 501(c)(3) or	ganization.
••							
Se	ction C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2019 (li			column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ine 13. column (f))		17	%
	Investment income percentage for 20					18	%
10	a 33 1/3% support tests - 2019. If the	organization did	not check the box	on line 14. and line	e 15 is more than :		
יכו	more than 33 1/3%, check this box ar						▶□
	33 1/3% support tests - 2018. If the	organization did :	not check a hoy or	line 14 or line 19	a, and line 16 is m	ore than 33 1	/3%, and
•	line 18 is not more than 33 1/3%, che	ck this how and a	ton here. The oras	nization qualifies	as a publicly supp	orted organiza	ation •
~~	Private foundation. If the organization						
20	Private roundation. If the organization	n did not check a	DOX OF HIR 14, 18	a, or rab, crieck ti	no box and see in	<u> </u>	

Part IV | Supporting Organizations

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

Section	Α.	Αli	Sup	porting	Orgai	nizations
---------	----	-----	-----	---------	-------	-----------

			Yes	No
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.	1		
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).	2		<u> </u>
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	<u> </u>	<u></u>	
	(b) and (c) below.	3a		
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.	3b		<u> </u>
С	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.	3c		<u> </u>
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	- 11.	· (•	· · · ·
	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.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	ĺ		
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		•	ŀ
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			<u> </u>
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		7: 1	D.
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;	٠ .	+	İ
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			<u></u> -
	was accomplished (such as by amendment to the organizing document).	5a		
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?			
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	30	<u> </u>	
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	l .		
	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	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	├		
7	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
		7		
8	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	<u> </u>		
0	Use the organization make a loan to a disqualified person (as defined in section 4990) not described in fine 7:	8		

- If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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.)

9b

9с

10a

10b

Part IV Supporting Organizations (continued) Yes No	Sche	dule A (Form 990 or 990-EZ) 2019 IN OUR OWN VOICES, INC.	4-18043	364 F	Page 5
11 Has the organization accepted a gift or contribution from any of the following persons? 2 A person who directly or indirectly controls, either active or together with persons described in (b) and (c) below, the governing body of a supported organization? 3 A family member of a person described in (a) for (b) above? 2 A 35% controlled entity of a person described in (a) or (b) above? 3 A 35% controlled entity of a person described in (a) or (b) above? 4 A 35% controlled entity of a person described in (a) or (b) above? 5 A family member of a person described in (a) or (b) above? 6 A 35% controlled entity of a person described in (a) or (b) above? 7 A 35% controlled entity of a person described in (a) or (b) above? 8 A stable or a stable of the stable of the companization of the organization is described in the stable of the companization of the organization is described organization or extended organization or described organization or extended organization or extended organization or extended organization or extended organization or extended organization or extended organization or extended organization or extended organization or extended organization or extended organization or extended organization or extended organization or extended organization organization organization or extended organization organization organization organization or extended organization organizatio	Pai				
a A person who directly or indirectly controls, either atone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) above? 7. A 35% controlled entity of a person described in (a) above? 8. Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "my," describe in Part VI how the supported organizations defected among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization practice for the benefit of any supported organization or the time supported organization or provincing cuts he person describes to whe powers to appoint and/or remove directions or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization practice, or controlled the supporting organization of If "trees," explain in Part VI how providing such benefit carried out the purposes of the supported organization practice. Section C. Type II Supporting Organizations 1 Were a majority of the organizations directors or trustees during the tax year also a majority of the directors or trustees of each of the organization or supported organization(s) if If the purposes of the supported organization provided organization or management of the supporting Organizations. 1 Were a majority of the organization defectors or trustees of each of the organization or trustees during the tax year also a majority of the directors or trustees of each of the organization is supported organization(s). 1 Were a majority of the organization organizations. 1 Did the organization provide to each of its supported organization or the provided organizatio				Yes	No
below, the governing body of a supported organization? A family member of a person described in (s) or (b) above? c. A 35% controlled entity of a parson described in (s) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI. Section B. Type I Supporting Organizations I bld the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization is direction or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization is direction or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization following the normal part of the organization and more organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2 bid the organization operate for the benefit of any supported organization during the tax year. 2 bid the organization operate for the benefit of any supported organization flat the purposes of the supported organization (s) that operated, supervised, or controlled the supporting organization in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated. Section C. Type II Supporting Organizations 1 Were a majority of the organization's supported organization(s)? If No," describe in Part VI how control or managed the organization's proposition organization's was vested in the same persons that controlled or managed to the supporting organization's was vested in the same persons that controlled or managed to the supporting organization's was vested in the same persons that controlled or managed to the supporting organization was vested in the same persons that controlled or managed to the organization is tax year, (i) a written notice describing the type and amount of support provided during the prior tax year. (i) a copy of the Form 990 that was most excently filed as of the date of notification, and (iii) opios of the organizat	11	Has the organization accepted a gift or contribution from any of the following persons?			1
b A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? It vest to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization structure of the supported organizations have the power to regularly appoint or elect at least a majority of the organization structure or trustees at all times during the tax year If I may, describe how the powers to appoint and/or remove directions or trustees at all times during the tax year. 2 Did the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directions or trustees were allocated among the supported organization of part and the supported organization of the tent the supported organization of the tent the supported organization of the controlled of the organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organizati	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			_
c. A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the controlled the explanization's activities. If the organization's describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what controlled organization's, If any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization organization operate for the benefit of any supported organization other than the supported organization organization of the proposes of the supported organization of If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization of If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization of If yes, and the organization's supported organization of If yes, and the organization's supported organization's If yes, and the organization's supported organization's If yes, and the same persons that controlled or managed in supported organization was vested in the same persons that controlled or managed In supported organization was vested in the same persons that controlled or managed In supported organization's according to the copy of the form Both that was most organization's according to the copy of the form Both that was most organization's according to the organization's according to the government of the supported organization's provided organization's provided organization's provided organization's provided organization's provided organiz		below, the governing body of a supported organization?	11	а	
Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization directors or trustees at all times during the tax year // if 'No,' describe he part VI how the supported organization directively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operated, supervised, or controlled the supporting organization of the trust than the supported organization of the the persons of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations 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 directors or trustees of each of the organization's directors or trustees of each of the organization's directors or trustees of each of the organization's directors or trustees of each of the organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supported organization's organization's organization's organization's organization's organization's organization's organization's organization's organization's organization's organization's organization's organization's organization's organization's organization's organization maintained a close and continuous working relationship with the supported organization's unless organiz		·	11	b	
Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or frustees at all times during the tax year? If No. If searche in Part VI how the supported organization electricity operated, supervised, or controlled the organization as exclutives. If the organization is activities to the organization is activities to the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization organization operated for the benefit of any supported organization of the trust organization of the trust organization of the supporting organization of the supported organization of the supported organization of the supporting Organizations. 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 directors or trustees of each of the organization's directors or trustees of each of the organization's directors or trustees of each of the organization's directors or trustees of each of the organization's directors or trustees of each of the organization's directors or trustees of each of the organization's was vested in the same persons that controlled or managed the supporting Organization was vested in the same persons that controlled or managed the supporting Organization's activities and the same persons that controlled or managed the supporting Organization's activities during the type and amount of support provided during the prior tax year. (i) a vinten notice describing the type and amount of support provided during the prior tax year. (i) a copy of the form 990 that was more softens and the provisi				с	
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No," describe in Part VI how the supported organization's extractions and what conditions or restrictions, If any, applied to such powers during the tax year. 2 Did the organization organization for the benefit of any supported organization organization organization or the benefit of any supported organization organization organization organization. The present of the benefit organization organization organization organization. 3 Part VI how providing such heapth carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such heapth carried out the purposes of the supported organization(s) that operated, 2. Section C. Type II Supporting Organizations 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 wested in the same persons that controlled or managed the supported organization was wested in the same persons that controlled or managed the supported organization was wested in the same persons that controlled or managed the supported organization organiza	Sec	tion B. Type I Supporting Organizations		-1	1
regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? // "No," describe in Part VI how the supported organization's effectively operated, supervised, or controlled the organization's activities, if the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization operate for the benefit of any supported organization of the supported organization operate for the benefit of any supported organization of the than the supported organization operate for the benefit of any supported organization of the than the supported organization (b) that operated, supervised, or controlled the supporting organization of the than the supported organization (b) that operated, supervised, or controlled the supporting organizations. 2 Section C. Type II Supporting Organizations 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 aupported organization(s)? // "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 in was vested in the same persons that controlled or managed the supported organization in support provided during the prior tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification is an extent on the previously provided? 1 Did the organization provide to each of its supported organizations? // "No," explain in Part VI how organizations of the relationship described in (2), did the organization of '/ "No," explain in Part VI how organization was vessed and continuous working relationship with the supported organizations have a significant voice in the organization is investment policies and in directing the use of the organizations and subject of this supported organizations is investment				Yes	No.
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trustees of each of the supported organizations? Provide details in Part VI.					
	d				·
	h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	30	+	<u> </u>
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	5		3h	<u> </u>	-

Sche	edule A (Form 990 or 990-EZ) 2019 IN OUR OWN VOICES, INC.		1	4-1804364 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on N	lov. 20, 1970 (explain in P	art VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income	Ì	(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		
Sect	ion 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):		s.	
а	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		
е	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 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	+	
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5	,	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		·, ————	
	emergency temporary reduction (see instructions).	6		·
7	Check here if the current year is the organization's first as a non-functional	ly integrated	Type III supporting organ	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Sche	dule A (Form 990 or 990-EZ) 2019 IN OUR OWN VO	ICES, INC.	1	L4-1804364 Page 7	,
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)		_
Secti	on D - Distributions			Current Year	_
1	Amounts paid to supported organizations to accomplish exer	mpt purposes			_
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations			_
4	Amounts paid to acquire exempt-use assets				_
5	Qualified set-aside amounts (prior IRS approval required)				_
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.		•		_
8	Distributions to attentive supported organizations to which the	ne organization is responsive		<u> </u>	_
	(provide details in Part VI). See instructions.	·			
9	Distributable amount for 2019 from Section C, line 6	· · · · · ·		٠.	_
10	Line 8 amount divided by line 9 amount		"		_
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019	_
1	Distributable amount for 2019 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2019 (reason-		·		
	able cause required- explain in Part VI). See instructions.			:	_
3	Excess distributions carryover, if any, to 2019				
a	From 2014				ا
b	From 2015				_
С	From 2016	·			_
d	From 2017				_
е	From 2018				
f	Total of lines 3a through e				1
g	Applied to underdistributions of prior years	-			
h	Applied to 2019 distributable amount	, `			_
i	Carryover from 2014 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2019 from Section D,				Ī
	line 7: \$				ļ
a	Applied to underdistributions of prior years				
b	Applied to 2019 distributable amount				_
С	Remainder. Subtract lines 4a and 4b from 4.		<u> </u>		_
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h	•			
	and 4b from line 1. For result greater than zero, explain in	•			
	Part VI. See instructions.				_
7	Excess distributions carryover to 2020. Add lines 3j			,	ĺ
	and 4c.				
8	Breakdown of line 7:	•			ĺ
a	Excess from 2015	1			ĺ
b	Excess from 2016				ĺ
С	Excess from 2017				ĺ
d	Excess from 2018				Ĩ

Schedule A (Form 990 or 990-EZ) 2019

e Excess from 2019

Schedule A (Form 990 or 990-EZ) 2019 IN OUR OWN VOICES, INC.	14-1804364 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Secline 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for	II, line 17a or 17b; Part III, line 12; tion B, lines 1 and 2; Part IV, Section C, , line 1; Part V, Section B, line 1e; Part V,
(See instructions.)	
OTHER INCOME PART II, LINE 10 DESCRIPTION 2017	
NET FUNDING INCOME 33413	
NBT TONDING TREGIL 33 113	
OTHER INCOME PART II, LINE 10 DESCRIPTION 2018	
NET FUNDING INCOME 35358	
	

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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

IN OUR OWN VOICES, INC.

Employer identification number 14-1804364

Pa	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	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 advis	sed funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor as		
v	for charitable purposes and not for the benefit of the donor or		-
	• •	donor davisor, or for any other purpose	
Pa			
1	Purpose(s) of conservation easements held by the organization	<u> </u>	
'	Preservation of land for public use (for example, recreat		f a historically important land area
	Protection of natural habitat	· 	f a certified historic structure
	Preservation of open space	Freservation of	ra certified historic structure
•	Complete lines 2a through 2d if the organization held a qualif	ind concentration contribution in the form	of a conservation assement on the last
2		led conservation contribution in the form	Held at the End of the Tax Year
	day of the tax year.		
a	Total number of conservation easements		-
b	• • • • • • • • • • • • • • • • • • • •		
C	Number of conservation easements on a certified historic stru		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
đ	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
_	year >	annual in Incaded N	
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 cons	servation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
_	\$		() () () ()
8	Does each conservation easement reported on line 2(d) above	-	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	· ·	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statement	ents that describes the
Do	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Traceures or Ot	thar Similar Assets
Pai			iller Sillillar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 956	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financia	ıl gain, provid e
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

			OWN VOICES			0.1			4364		ge Z
Par	t III	Organizations Maintaining C							(continu	ıed)	
3	Using	the organization's acquisition, accession	on, and other record	s, check any of	the following tha	t make sig	nificant use c	of its			
	collec	tion items (check all that apply):									
а		Public exhibition	d	I 🔲 Loan o	r exchange progr	am					
b		Scholarly research	е	Other				_			
c		Preservation for future generations		_							
4		de a description of the organization's co	llections and explain	n how they furth	ner the organization	on's exem	ot purpose in	Part XII	II.		
5		the year, did the organization solicit or									
•		sold to raise funds rather than to be ma							Yes		No
Par	t IV	Escrow and Custodial Arrang						rt IV. lin	e 9. or		
	•••	reported an amount on Form 990, Par	-	5.0 ii ii io organi		, , , , , , , , , , , , , , , , , , , ,			-,		
	lo the	organization an agent, trustee, custodia		iany for contribu	itions or other as	sets not in	cluded				
па		_							Yes		No
_		rm 990, Part X?						. —	163	لـــــا	. 140
b	If "Yes	s," explain the arrangement in Part XIII a	and complete the fol	lowing table:							—
									Mount		
С	Begin	ning balance					1c				
d	Additi	ons during the year									
е	Distrib	outions during the year					1e				
f		g balance									
		e organization include an amount on Fo					/?	Ш '	Yes		No
b	If "Yes	s," explain the arrangement in Part XIII.							<u></u>		
Pai	tν	Endowment Funds. Complete i	f the organization an	swered "Yes" o	on Form 990, Par	t IV, line 10)				
			(a) Current year	(b) Prior yea	ar (c) Two yea	rs back (d) Three years	back (e) Four y	<u>/ears b</u>	ack
1a	Begin	ning of year balance									
b	-	ibutions									
c		vestment earnings, gains, and losses									
ď		s or scholarships									
•		expenditures for facilities		A. 370							
C		·				-					
	-	rograms									
T		nistrative expenses									
g		f year balance	ant was and balance	. (line 1 a colum	l	<u> </u>					—
2		de the estimated percentage of the curr			iii (a)) Heid as.						
а		I designated or quasi-endowment		_%							
b		anent endowment									
C			%								
		ercentages on lines 2a, 2b, and 2c shou									
3а	Are th	ere endowment funds not in the posse	ssion of the organiza	ition that are he	eld and administe	red for the	organization		Γ.		
	by:							ļ		Yes	No
	(i) U	nrelated organizations							3a(i)	\dashv	
		elated organizations							3a(ii)	\longrightarrow	
b	If "Ye	s" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedul	∍R?				3b		
4	Descr	ibe in Part XIII the intended uses of the	organization's endo	wment funds.							
Pai	rt VI	Land, Buildings, and Equipm	ent.								
		Complete if the organization answered	d "Yes" on Form 990), Part IV, line 1	1a. See Form 990), Part X, li	ne 10.				
		Description of property	(a) Cost or o	ther (b)	Cost or other	(c) Ac	cumulated	(4	d) Book	value	,
		, , , ,	basis (investr	nent) t	asis (other)	dep	reciation				
	Land				16,900.				16	,90	0.
b		ngs			260,767.		37,001	•	223		
C		hold improvements		1				1			
					7,231.		6,392	.1		8.3	39.
d		ment			.,	 		1			<u> </u>
	Other			<u> </u>	(n = 10 n)	L		+	241	5.0)5.
Tota	ı. Add <u>l</u>	ines 1a through 1e. (Column (d) must e	auai Form 990. Part	x. column (B). l	ine 10c.)				<u> </u>	7,70	

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o		(c) Method of valuation: Cost or end-	of year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Valuation: Cost or end-c	or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other		 	
(A)			
(B)		 	
(C)			
(D)			
(E)			
<u>(F)</u>		 	
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			· · · · · · · · · · · · · · · · · · ·
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o		11c. See Form 990, Part X, line 13.	of year market value
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	n-year market value
(1)			
(2)		<u> </u>	
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		<u> </u>	
Part IX Other Assets.			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(h) Peak value
(a) L	Description		(b) Book value
			
(2)			
(3)	·		
(4)			
(6)			
			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(L) D
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			· · · · · · · · · · · · · · · · · · ·
(5)			
(6)			· · · · · · · · · · · · · · · · · · ·
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X. col. (B) line	25.)	>	
		the organization's financial statements tha	t 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) 2019

	t XI Reconciliation of Revenue per Audited Financial Statemen		Revenue per Re	turn.	1001301 Tage
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	а.		Г. Т	1 262 050
1				1	1,362,950.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
a	Net unrealized gains (losses) on investments		74,686.	1	
b	Donated services and use of facilities	· -	74,000.	1 1	
С.	Recoveries of prior year grants	·		1 1	
d	Other (Describe in Part XIII.)		·····	2e	74,686.
_	Add lines 2a through 2d			3	1,288,264.
3	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			٣	
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a	Other (Describe in Part XIII.)			1	
D O	Add lines 4a and 4b			4c	0.
-	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,288,264.
Pai	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per f		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	1,298,477.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	74,686.]	
b	Prior year adjustments	2b		1	
С	Other losses	2c		. I	
d	Other (Describe in Part XIII.)	2d		↓	
e	Add lines 2a through 2d			2e	74,686.
3	Subtract line 2e from line 1			3	1,223,791.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1 1	
b	Other (Describe in Part XIII.)	4 b			_
C	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)	·······		5	1,223,791.
Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			l; Part >	K, line 2; Part XI,
PAI	T X, LINE 2:				
IN	OUR OWN VOICES, INC. HAS EVALUATED ANY UN	CERTAIN	TAX POSIT	ION	S AND
REI	ATED INCOME TAX CONTINGENCIES AND DETERMI	NED UNC	ERTAIN POS	ITIC	ONS, IF
<u>AN </u>	, ARE NOT MATERIAL TO THE FINANCIAL STATE	MENTS.	PENALTIES	ANI	O INTEREST
ASS	SESSED BY INCOME TAXING AUTHORITIES ARE IN	CLUDED	IN OPERATI	NG I	EXPENSES,
IF	INCURRED. THE STUDENT GOVERNMENT IS NO LO	NGER SU	BJECT TO E	MAX	INATION BY
	ERAL TAXING AUTHORITIES FOR YEARS PRIOR T				
<u>31</u> ,	2016.				·····
		·································			

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Internal Revenue Service Name of the overningtion

➤ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization						Employer ide	ntification number		
IN OUR OWN VOICES, INC.						14-1804	364		
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No				-		
						·			
- Activities of the Control of the C									
Total			•						
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is	exempt from re	gistration		
			•						
						 			
						 			

14-1804364 Page 2 Schedule G (Form 990 or 990-EZ) 2019 IN OUR OWN VOICES, INC. Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 Part II of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events NONE BLACK & (add col. (a) through JAZZ IN JULYLATINO GAY P col. (c)) (event type) (event type) (total number) 48,024. 24,757. 23,267. 1 Gross receipts 2 Less: Contributions 48,024. 24,757. 23,267. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Rent/facility costs Food and beverages 8 Entertainment 16,291. 16,291. 9 Other direct expenses 16,291. 10 Direct expense summary. Add lines 4 through 9 in column (d) 31,733. Net income summary. Subtract line 10 from line 3, column (d) 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. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) Revenue Gross revenue. 2 Cash prizes 3 Noncash prizes _____ 4 Rent/facility costs 5. Other direct expenses Yes Yes Yes No No Nο 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:

b If "Yes," explain: __

Sch	nedule G (Form 990 or 990-EZ) 2019 IN OUR OWN VOICES, INC. 14	<u>-1804364</u>	Page 3
11		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	-	
	to administer charitable gaming?	Yes	☐ No
12	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
		···	%
	o An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	[100]	
14	Enter the name and address of the person who prepares the organization's garning/special events books and records.		
	Name ▶		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
_	of gaming revenue retained by the third party \$		
	of "Yes," enter name and address of the third party:		
Ì			
	Name		_
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
٠	retain the state gaming license?	Yes	☐ No
	constructions are state garring licenses: Description Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	······	
•	organization's own exempt activities during the tax year ▶ \$		
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9,	9b, 10b,
تــنا	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
-			
	· · · · · · · · · · · · · · · · · · ·		

Schedule G	(Form 990 or 990-EZ)	IN OUR OWN	VOICES,	INC.	14-1804364	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)		*		
	<u> </u>		· · · · ·			
-						
						
		1				
					· · · · · · · · · · · · · · · · · · ·	
				<u> </u>		-

		· · · · · · · · · · · · · · · · · · ·				
-						
	·			N-W-2-11		

			•••••			
-					···	

SCHEDULE 0

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

IN OUR OWN VOICES, INC.

Employer identification number 14-1804364

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ECONOMIC GROWTH OF THE LESBIAN, GAY, BISEXUAL AND TRANSGENDER PEOPLE OF
COLOR COMMUNITY.
FORM 990, PART VI, SECTION B, LINE 11B:
DISCLOSURE AT BOARD MEETING.
FORM 990, PART VI, SECTION B, LINE 12C:
DISCLOSURE AT BOARD MEETING
FORM 990, PART VI, SECTION B, LINE 15:
DISCLOSURE AT BOARD MEETING
FORM 990, PART VI, SECTION C, LINE 19:
DISCLOSURE AT BOARD MEETING
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
ROUNDING -1.
FORM 990 PART XII LINE 2C
THE OVERSIGHT PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

IN OUR OWN VOICES, INC.

ALBANY, NEW YORK

FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018

CONTENTS

	PAGES
Financial statements:	
Independent auditors' report	1-2
Statements of financial position	3
Statements of activities and net assets	4
Statements of functional expenses	5-6
Statements of cash flows	7
Notes to financial statements	8-13



INDEPENDENT AUDITORS' REPORT

To the Board of Directors In Our Own Voices, Inc Albany, New York

We have audited the accompanying financial statements of In Our Own Voices, Inc (a nonprofit corporation) which comprise the statements of financial position as of December 31, 2019 and the related statement of activities and net assets, functional expenses and cash flows for the year then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of In Our Own Voices, Inc as of December 31, 2019 and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Prior Period Financial Statements

The financial statements of In Our Own Voices, Inc as of December 31, 2018, were audited by other auditors whose report dated September 27, 2018 expressed an unmodified opinion on those statements.

lutz, Selig Beranda LCC.

Latham, New York October 31, 2020



STATEMENTS OF FINANCIAL POSITION DECEMBER 31, 2019 AND 2018

<u>ASSETS</u>		2019		2018	
ASSETS:				•	
Cash and cash equivalents (Note 1)	\$	225,154	\$	282,099	
Accounts receivable (Note 1)		478,728		340,449	
Prepaid expense		8,998		1,392	
Total current assets	\$	712,880	\$	623,940	
EQUIPMENT AND FURNITURE - NET (Note 1 and 2)	<u> </u>	241,505		249,097	
TOTAL ASSETS	\$	954,385	\$	873,037	
LIABILITIES AND NET ASSETS			- ,	<u> </u>	
CURRENT LIABILITIES:					
Current portion of debt (Note 3)	\$	4,827	\$	4,641	
Accounts payable		67,681		68,017	
Accrued salaries, wages and related expenses		37,527		31,701	
Deferred revenue (Note 1)		56,902		40,063	
Total current liabilities	\$	166,937	\$	144,422	
LONG-TERM DEBT (Note 3)		240,130		245,769	
Total liabilities	<u>\$</u>	407,067	\$	390,191	
NET ASSETS:					
Without donor restriction:			_		
Undesignated	\$	540,235	\$	475,763	
Designated by the board for building fund		7,083		7,083	
Net Assets	\$	547,318	\$	482,846	
TOTAL LIABILITIES AND NET ASSETS	\$	954,385	<u>\$</u>	873,037	

STATEMENTS OF ACTIVITIES AND NET ASSETS YEARS ENDED DECEMBER 31, 2019 AND 2018

SUPPORT AND REVENUE:	2019	٥.	2018		
Public support:					
Government grants	\$ 1,154,831	\$	1,034,251		
Contributions	75,685		178,328		
Donated services and supplies	74,686		107,690		
Workshop fees	25,950		4,687		
Fundraising events, net of expenses					
of \$16,291 and \$17,660	31,733		35,358		
Interest	65		900		
Total support and revenue	\$ 1,362,950	<u>\$</u>	1,361,214		
OPERATING EXPENSES:					
Program services	\$ 958,762	\$	975,767		
Support services	307,741		283,721		
Fundraising	31,974		31,485		
Total expenses	\$ 1,298,477	\$	1,290,973		
Change in net assets	\$ 64,473	\$	70,241		
NET-ASSETS BEGINNING	482,845		412,604		
NET-ASSETS END	\$ 547,318	\$	482,845		

STATEMENT OF FUNCTIONAL EXPENSES YEAR ENDED DECEMBER 31, 2019

	rogram Services		Support Services	Fu	ndraising		Total
Salaries	\$ 461,447	\$	203,579	\$	13,572	\$	678,598
Employee benefits	64,043		28,254		1,884		94,181
Program services - donated	71,136		-		-		71,136
Consultant Services	42,710		18,843		1,256		62,809
Payroll taxes	37,896		16,719		1,115		55,730
Occupancy	44,025		4,892		-		48,917
Program supplies	35,852		9,560		2,390		47,802
Marketing	32,563		8,683		2,171		43,417
B.L.G.P.	40,569		-		-		40,569
Office supplies	29,527		1,640		1,640		32,807
Stipend-Peer	31,662		-		-		31,662
Travel	25,348		-		-		25,348
Telecommunication	15,893		4,238		1,060		21,191
Fundraising event costs	-		-		16,291		16,291
Printing and publications	10,128		1,447		2,894		14,469
Depreciation	6,909		683		-		7,592
Professional fees	-		7,522		-		7,522
Postage	3,533		442		442		4,417
Client assistance	3,586		-		-		3,586
Event supplies - donated	-		-		3,550		3,550
Staff development	1,935		215		-		2,150
Board development	-		970		-		970
Interest expense	 		54		-		54
	\$ 958,762	\$	307,741	\$	48,265	\$	1,314,768
Less expenses included with revenues on statement of activities: Cost of direct benefit to donors	 				(16,291)		(16,291)
Total expenses	\$ 958,762	<u>\$</u>	307,741	\$	31,974	<u>\$</u>	1,298,477

STATEMENT OF FUNCTIONAL EXPENSES YEAR ENDED DECEMBER 31, 2018

		Program Services		Support Services	<u>Fu</u>	ndraising		Total
Salaries	\$	433,626	\$	191,306	\$	12,754	\$	637,686
Employee benefits		50,082		22,095		1,473		73,650
Program services - donated		101,304		-		-		101,304
Occupancy		66,821		7,425		-		74,246
Consultant Services		36,560		16,130		1,075		53,765
Payroli taxes		34,338		15,149		1,010		50,497
Supplies		36,336		9,689		2,422		48,447
Stipend-Peer		37,013		-		-		37,013
Office supplies		31,716		1,762		1,762		35,240
Client assistance		31,047		-		-		31,047
B.L.G.P.		30,944		-		_		30,944
Travel		27,857		-		-		27,857
Marketing		20,219		5,392		1,348		26,959
Telecommunication		15,934		4,249		1,062		21,245
Fundraising events		-		-		17,660		17,660
Depreciation		6,909		683		-		7,592
Postage		5,948		743		743		7,434
Printing and publications		5,074		725		1,450		7,249
Event supplies - donated		-		-		6,386		6,386
Professional fees		-		5,789		-		5,789
Staff development		4,039		449		-		4,488
Board development				2,135		-		2,135
	\$	975,767	\$	283,721	\$	49,145	\$	1,308,633
Less expenses included with revenues								
on statement of activities:								
Cost of direct benefit to donors						(17,660)		(17,660)
Total expenses	<u>\$</u>	975,767	<u>\$</u>	283,721	<u>\$</u>	31,485	<u>\$</u>	1,290,973

STATEMENTS OF CASH FLOWS YEARS ENDED DECEMBER 31, 2019 AND 2018

	2019			2018	
CASH FLOWS FROM OPERATING ACTIVITIES:					
Change in net assets	\$	64,473	\$	70,241	
Adjustments to reconcile changes in unrestricted net					
assets to net cash provided by (applied to) operating activities:					
Depreciation		7,592		7,592	
Changes in operating assets and liabilities:					
(Increase) decrease in:					
Accounts receivable		(138,279)		(94,473)	
Prepaid expense		(7,606)		3,728	
Increase (decrease) in:					
Accounts payable		(336)		43,181	
Accrued salaries, wages and related expense		5,826		6,766	
Support received in advance		16,839		(6,652)	
Net cash (applied to) provided by operating activities	\$	(51,491)	\$	30,383	
Net cash applied to financing activities:					
Repayment of long-term debt	\$	(5,454)	\$	(3,800)	
NET (DECREASE) INCRÉASE IN CASH				•	
AND CASH EQUILVALENTS	\$	(56,945)	\$	26,583	
CASH AND CASH EQUIVALENTS - BEGINNING		282,099		255,516	
CASH AND CASH EQUIVALENTS - END	<u>\$</u>	225,154	<u>\$</u>	282,099	
SUPPLEMENTAL DISCLOSURE OF CASH INFORMATION:					
Cash paid during the year for: Interest	\$	11,294	\$	13,420	

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2019 AND 2018

1) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

a) Activities

In Our Own Voices, Inc (IOOV) is a New York not-for-profit organization. Our mission is to work for and ensure the physical, mental, spiritual, political, cultural, and economic survival and growth of the Lesbian, Gay, Bisexual and Transgender people of color (POC) communities. We seek to:

- Develop the leadership of LGBT POC.
- Strengthen the voices of LGBT POC in order to effectively communicate our perspectives within the larger community.
- Increase our capacity for combating oppression and marginalization.

b) New Accounting Pronouncements

In May 2014, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2014 - 09, "Revenue from Contracts with Customers (Topic 606)". The ASU and all subsequently issued clarifying ASUs replaced most existing revenue recognition guidance in U.S. GAAP. The ASU also required expanded disclosures relating to the nature, amount, timing, and uncertainty of revenue and cash flows arising from contracts with customers. IOOV adopted the new standard January 1, 2019, the first day of IOOV's fiscal year using the modified retrospective approach. The adoption of this ASU did not have a significant impact on IOOV's financial statements. The majority of IOOV's revenue arrangements generally consist of a single performance obligation to transfer promised services. Based on IOOV's evaluation process and review of all contracts with customers, the timing and amount of revenue recognized previously is consistent with how revenue is recognized under the new standard. No changes were required to previously reported revenues as a result of the adoption.

In June 2018, the FASB issued ASU No. 2018-08, "Not-for-Profit Entities: Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made". (Topic 958) The ASU clarifies and improves the scope and accounting guidance for contributions received and contributions made. IOOV adopted this ASU in 2019, accounting changes have been applied on a modified prospective basis. Under this basis agreements not completed as of the effective date of the ASU as well as those entered into after the effective date will be accounted for under the new standard.

In August of 2016 FASB issued Accounting Standards Update ASU 2016-14, "Presentation of Financial Statements of Not-for-Profit Entities". The update addresses the complexity and understandability of net asset classification, deficiencies in information about liquidity and availability of resources, and the lack of consistency in the type of information provided about expenses and investment return. IOOV has adjusted the presentation of these statements accordingly. The ASU has been applied retrospectively to all periods presented.

c) Basis of Accounting and Revenue Recognition

The financial statements were prepared on the accrual basis of accounting in accordance with the AICPA Audit and Accounting Guide for Not-for-Profit Entities.

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2019 AND 2018

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Cont.)

d) Basis of Presentation

The financial statements of IOOV have been prepared in accordance with U.S. generally accepted accounting principles ("US GAAP"), which requires IOOV to report information regarding its financial position and activities according to the following net asset classifications:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of IOOV. These net assets may be used at the discretion of IOOV's management and the board of directors.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors, and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of IOOV or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Grants and contributions received are recorded as net assets without donor restrictions or net assets with donor restrictions, depending on the existence and/or nature of any donor-imposed restrictions. Grants and contributions that are restricted by the donor are reported as an increase in net assets without donor restrictions if the restriction expires in the reporting period in which the revenue is recognized. All other donor restricted grants and contributions are reported as an increase in net assets with donor restrictions, depending on the nature of restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions.

e) Reclassification

Certain amounts from the prior year have been restated to conform to the current year's presentation.

f) Revenue Recognition

IOOV's revenue is primarily derived from grants and contributions. Grant revenue is recognized at a point in time as the grant funds are spent for the stated purpose. Any funds received in advance of related expense are included in deferred revenue. Deferred revenue consists primarily of foundation grants received in advance at December 31, 2019 and 2018.

Contribution revenue is recognized at a point in time when promised or received. All grants and contributions are considered to be available for unrestricted use unless specifically restricted by the donor. If a restriction is fulfilled in the same time period in which the contribution is received, IOOV reports the support as net assets without donor restrictions on the Statement of Activities. Otherwise, when a restriction expires (that is, when a stipulated time restriction ends, or purpose restriction is accomplished) net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the Statement of Activities as net assets released from restrictions.

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2019 AND 2018

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Cont.)

g) Cash and Cash Equivalents

For purposes of the statements of cash flows, IOOV considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash.

h) Management's Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. These differences may be material.

i) Property and Equipment

Property and equipment are recorded at cost. Renewals and betterments of property are accounted for as additions to asset accounts. Repairs and maintenance charged are expensed as incurred. Depreciation is provided on the straight-line method for financial reporting purposes. Estimated useful lives vary from 5 to 15 years.

j) Income Taxes

IOOV is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. Therefore, no provision is made for current or deferred tax expense. IOOV uses the same accounting methods for income tax and financial reporting.

Newly effective accounting standards prescribe a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken on a tax return. These standards also provide guidance on de-recognition of tax benefits, classification on the balance sheet, interest and penalties, accounting in interim periods, disclosure, and transition.

IOOV has evaluated any uncertain tax positions and related income tax contingencies and determined uncertain positions, if any, are not material to the financial statements. Penalties and interest assessed by income taxing authorities are included in operating expenses, if incurred. IOOV is no longer subject to examination by federal and state taxing authorities for years prior to fiscal year ending December 31, 2016.

k) Subsequent Events

IOOV has evaluated subsequent events through October 31, 2020 which is the date the financial statements were available to be issued. As a result of the spread of the COVID-19 coronavirus, economic uncertainties have arisen which have the potential to negatively impact IOOV. There are no additional material subsequent events which require recognition or disclosure.

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2019 AND 2018

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Cont.)

l) Functional Allocation of Expenses

The costs of providing programs and other activities have been summarized on a functional basis in the statement of activities and change in net assets. Accordingly, certain costs have been allocated among the programs and supporting services benefited, and fundraising based on payroll dollars spent.

m) Concentration of Credit Risk

Financial instruments that potentially subject IOOV to concentrations of credit risk consist of cash accounts in financial institutions, which from time to time exceed federal depository insurance coverage limits. IOOV has not experienced any losses in such accounts. Management believes IOOV is not exposed to any significant credit risk related to cash. Concentrations of credit risk with respect to accounts receivable are limited due to the large number of diverse organizations comprising IOOV's grantor base.

n) Grants Receivable and Allowance for Doubtful Accounts

Grants receivable are periodically evaluated for collectability and are carried at their estimated collectible amounts. IOOV charges off grants receivable when it becomes apparent based upon age or other circumstances that amounts will not be collected. IOOV provides an allowance for doubtful accounts based on both historical experience and specific identification basis. IOOV has determined that no allowance for doubtful accounts is necessary at December 31, 2019 and 2018.

2) PROPERTY AND EQUIPMENT

A schedule of property and equipment is as follows:

		2019	2018	
Buildings and improvements	\$	260,767	\$	260,767
Land	•	16,900		16,900
Equipment Less accumulated depreciation		7,231 (43,393)		7,231 (35,801)
PROPERTY AND EQUIPMENT	<u>\$</u>	241,505	<u>\$</u>	249,097

Depreciation expense was \$7,592 and \$7,592 for the years ended December 31, 2019 and 2018.

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NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2019 AND 2018

3) LONG TERM DEBT

Long-term debt consists of the following:		2019	2018		
Note payable to Community Loan Fund; payable in monthly installments of \$1,053, including interest at 5.00%. The note matures November 2044 and is secured with a mortgage on 245 Lark Street.	\$	169,657	\$	173,509	
Note payable to Community Loan Fund; payable in monthly installments of \$434, including interest at 5.00%. The note matures November 2044 and is secured with					
a mortgage on 245 Lark Street.		75,300		76,901	
Totals Less current maturities	\$	244,957 4,827	\$	250,410 4,641	
LONG-TERM DEBT	\$	240,130	<u>\$</u>	245,769	
Maturities of long-term debt are as follows:					
2020	\$	4,827			
2021		5,091			
2022		5,370			
2023		5,664			
Thereafter		224,006			
TOTAL	<u>\$</u>	244,957			

Interest paid on long term debt was \$11,294 and \$13,420 for the years ended December 31, 2019 and 2018 and is included in Occupancy expense on the statement of functional expenses.

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IN OUR OWN VOICES, INC.

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2019 AND 2018

4) AVAILABILITY AND LIQUIDITY

The following represents IOOV's financial assets at:

		2019	2018		
Financial assets at year end: Cash and cash equivalents Accounts receivable	\$	225,154 478,728	\$	282,098 340,449	
Financial assets available to meet general expenditures over the next year	<u>\$</u>	703,882	<u>\$</u>	622,547	

IOOV's goal is generally to maintain financial assets to meet 180 days of operating expenses. As a part of its liquidity plan, any excess cash would be invested in short-term investments, including money market accounts and savings accounts.

5) CONTRIBUTED SERVICES AND SUPPLIES

Donated supplies and some professional services are recorded in the financial statements at their estimated fair values at the date of receipt. Volunteers provide services for IOOV those services that require special skills and would have otherwise needed to be purchased by IOOV are recorded as donated services. Management estimates the value of services donated to be \$71,136 and 101,304 and value of contributed supplies in the amount of \$3,550 and \$6,386 for the years ended December 31, 2019 and 2018.

In addition, volunteers have donated significant amounts of time in support of IOOV's activities. However, the value of these services is not reflected in the accompanying statements, as they do not meet the criteria for recognition as set forth under accounting principles generally accepted in the United States of America.

6) CONCENTRATION OF REVENUE SOURCES

A significant portion of IOOV's revenue is received from agencies of New York State. Any change in the level of funding could have a material effect on IOOVs programs and activities.

7) PENSION PLAN

IOOV has established a salary deferral plan whereby employees can elect to defer a portion of their gross pay for income tax purposes. IOOV matches employee contributions based upon a percentage of the participating employee's salary contingent upon employees' satisfying employment status and length of service requirements. Contributions made by the employee or by IOOV on behalf of the employee, which are held by a third-party administrator in the employee's name and are fully vested. Pension expense was \$6,635 and \$6,711 for the years ended December 31, 2019 and 2018.

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