



HUMAN-I-T

INSTRUCTIONS FOR FILING
FORM 8879-EO
IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990
FOR THE YEAR ENDED DECEMBER 31, 2022

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

RETURN YOUR SIGNED IRS E-FILE SIGNATURE AUTHORIZATION FORM 8879-TE TO:

SEILER LLP
THREE LAGOON DR STE 400
REDWOOD CITY CA 94065

DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN. WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE NOVEMBER 15, 2023.

Three Lagoon Drive, Suite 400 **Redwood City**, CA 94065 t. 650.365.4646 f. 650.368.4055 220 Montgomery Street, Suite 300 **San Francisco**, CA 94104 t. 415.392.2123 f. 415.392.1720 1735 Technology Drive, Suite 410 **San Jose**, CA 95110 t. 408.766.6000 f. 408.454.0148 1340 Treat Boulevard, Suite 500 **Walnut Creek**, CA 94597 t. 925.482.1400 f. 925.482.1499



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.

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service A For the 2022 calendar year, or tax year beginning and ending D Employer identification number C Name of organization B Check if applicable: HUMAN-I-T Address change Doing business as 46-0773284 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 4941 EASTERN AVE (888) 268 - 3921City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return CA 90201 12,101,431 Application pending F Name and address of principal officer: H(a) Is this a group return for No AARON WILKINS Yes Χ 4941 EASTERN AVE, BELL, CA 90201 H(b) Are all subordinates included? No If "No." attach a list. See instructions 4947(a)(1) or Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 527 Website: WWW.HUMAN-I-T.ORG H(c) Group exemption number Form of organization: Corporation Association Other L Year of formation: 2012 M State of legal domicile: CA Summary 1 Briefly describe the organization's mission or most significant activities: CREATE EQUITABLE ACCESS TO OPPORTUNITY BY PROVIDING DEVICES, INTERNET ACCESS, DIGITAL SKILLS TRAINING, AND TECH Activities & Governance SUPPORT FOR COMMUNITIES LEFT ON THE WRONG SIDE OF THE DIGITAL DIVIDE 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 5 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 5 172 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 10 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 11,291,091 12,465,942. Revenue Program service revenue (Part VIII, line 2g) 868,699 -438,555. Investment income (Part VIII, column (A), lines 3, 4, and 7d) NONE NONE 73,680 74,044. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12,233,470 12,101,431. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,210,692. 3,196,719. Benefits paid to or for members (Part IX, column (A), line 4) NONE NONE Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 6,680,717. 6,860,469. 16a Professional fundraising fees (Part IX, column (A), line 11e) NONE NONE **b** Total fundraising expenses (Part IX, column (D), line 25) 448,622. 3,591,816 4,196,296. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 14,253,484. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12,483,225 -249,755 Revenue less expenses. Subtract line 18 from line 12 -2,152,053 Pes End of Year **Beginning of Current Year** 11,089,080 14,092,727. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 21 5,539,531 10,686,787. Net assets or fund balances. Subtract line 21 from line 20. 5,549,549. 3,405,940. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here AARON WILKINS EXECUTIVE VP Type or print name and title Print/Type preparer's name Preparer's signature Paid 11/15/2023 self-employed P01252695 MICHAEL S GOLDSTEIN MICHAEL S GOLDSTEIN Preparer Firm's EIN 94-1624276 Firm's name Use Only Firm's address THREE LAGOON DR STE 400 REDWOOD CITY, CA 94065 Phone no. 650-365-4646

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

. X Yes

May the IRS discuss this return with the preparer shown above? See instructions

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Forr	n 990 (2022)	Page 2
Pa	Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	. X
1	SEE SCHEDULE O	
	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as meas	urod by
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ including grants of \$ 3,196,719.) (Revenue \$))
	BENEVOLENT DONATION OF REFURBISHED COMPUTERS. COMPUTERS INCLUDE	
	LAPTOPS, DESKTOPS WITH SCREENS, KEYBOARDS AND MICE.	
<u></u>	(Code:) (Expenses \$ 11,247,897. including grants of \$) (Revenue \$)	
40	EXPENSES RELATED TO BENEVOLENT DONATIONS OF REFURBISHED COMPUTERS.	,
4c	(Code:) (Expenses \$553,052. including grants of \$) (Revenue \$))
	EXPENSES RELATED TO PROVIDING INTERNET ACCESS AND ASSOCIATED	
	EXPENSES.	
4d	Other program services (Describe on Schedule O.) SEE SCHEDULE O	
	(Expenses \$ 68,304. including grants of \$) (Revenue \$)	
4e	Total program service expenses 11,869,253.	<u></u>

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
_	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			3.7
7	"Yes," complete Schedule D, Part I	6		X
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			Λ
Ü	complete Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	<u> </u>	21	
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
т	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		37
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
12 a	Schedule D, Parts XI and XII.	12a	X	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120	Λ	
J	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		τ,
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		17
20 -	If "Yes," complete Schedule G, Part III	19		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		Λ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
	, ,,,,,			

Part IV

Checklist of Required Schedules

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Χ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
_ u	\$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		Χ
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Λ
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
C		24-		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		Χ
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		Χ
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Х	- 21
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		21	
50	conservation contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		Λ
32		22		37
22	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Χ
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38		Х
Part				
	Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c		
JSA	,		990	(2022)

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Form 990 (2022) Page 5 Yes Statements Regarding Other IRS Filings and Tax Compliance (continued) No Part V 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 172 2b Χ b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?.......... 3a 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)?... 4a Χ **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). Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?...... 5a **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Χ 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a Χ organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7b Χ **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с 7е e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Χ 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? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. . 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year?............ Sponsoring organizations maintaining donor advised funds. 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?...... 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: b Gross income from other sources. (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?...... 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 14a Χ b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities 17 that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.

JSA 2E1040 2.000 34460U M200 11/15/2023 16:11:31 V22-7.7F 14144

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Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 5 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 1b Enter the number of voting members included on line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct 3 3 Χ supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Χ 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Χ 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . 6 Χ Did the organization have members, stockholders, or other persons who had the power to elect or appoint Χ b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Χ 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 organization's mailing address? If "Yes," provide the names and addresses on Schedule O. 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Χ 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Χ 13 Χ 13 Did the organization have a written whistleblower policy?....... 14 Χ 14 Did the organization have a written document retention and destruction policy?....... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a 15b Χ If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 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 16h Section C. Disclosure CA,CO,MI, List the states with which a copy of this Form 990 is required to be filed 17 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records AARON WILKINS 4941 EASTERN AVE BELL, CA 90802 888-268-3921 Form 990 (2022)

.ISA 2E1042 1.000

Part VI

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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 the instructions for definition of "key employees."
- 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(0	C)					
(A)	(B)			Pos	ition			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box, office Individual or direct	unles	ss pe	rson	e than or is both or/trust Highest compensated employee	an	Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	Estimated amount of other compensation from the organization and related organizations

Available Upon Request

(8) KIM WILKINS	1.00						
DIRECTOR	NONE	Х			NONE	NONE	NONE
(9) HITESH PAU	1.00						
DIRECTOR & SECRETARY	NONE	X			NONE	NONE	NONE
(10) JIM MIDDLETON	1.00						
OFFICER & TREASURER	NONE	Х			NONE	NONE	NONE
(11) SHARON GARRET	5.00						
BOARD CHAIR & PRESIDENT	NONE	X			NONE	NONE	NONE
<u>(12)</u>							
<u>(13)</u>							
<u>(14)</u>							

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Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and I	Hig	hest Compensat	ed Emplo	yees (c	ontinue	d)	
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	١,,			sition			Reportable	Reporta			imated	
		hours per week (list any	,				e than c is both		compensation	compensati			ount of other	
		hours for					or/trust		from the	relate organiza			ensatio	on
		related	Ind or a	Ins	Off	Ke	Hig em	For	organization	(W-2/1099			m the	
		organizations	dividual director	titut	Officer	/ em	hes	Former	(W-2/1099-MISC)	,	,	_	nization	
		below dotted line)	ual t	iona		Key employee	t co	,					related nization	
			Individual trustee or director	l tru		/ee	mpe					0.94.		
			ee	Institutional trustee			Highest compensated employee							
							ed							
														
			-											
			-											
														-
			1											
			1											
														
			-											
														
	Sub total							_	918,438.		NONE			NONE
יוו	Sub-total Total from continuation sheets to Part VII, Se	oction A		• •	• •	• •			NONE		NONE			NONE
	Total (add lines 1b and 1c)								918,438.		NONE			NONE
	Total number of individuals (including but not							o re		\$100.000				
	reportable compensation from the organization						7			,,				
													Yes	No
3	Did the organization list any former offic	er, directo	r, or	tru	ıste	e,	key e	emp	oloyee, or highes	t compens	ated			
	employee on line 1a? If "Yes," complete Schedu											3		Х
4	For any individual listed on line 1a, is the	sum of rep	ortab	le d	com	per	satio	n aı	nd other compens	sation from	the			
	organization and related organizations gre	eater than	\$15	0,0	00?) If	"Yes	5,"	complete Schedu					
	individual											4	Х	
5	Did any person listed on line 1a receive or											_		
	for services rendered to the organization? If "Ye	es," comple	te Scr	nedu	ile J	l tor	such	per	son			5		Х
	ction B. Independent Contractors Complete this table for your five highest com	nonceted i	ndone	nde	nt	200	trooto	ro t	hat received more	than \$100	1,000,0	<u>.</u>		
1	compensation from the organization. Report c													
	year.						, -							
	(A)							Т	(B)			(C)		
	SEE SCHEDULE O Name and business add	Iress							Description of se	ervices	C	Compens	ation	
	-													
													_	
			_											
2	Total number of independent contractors (in	_			nite	d to	thos	se li	,	received				
	more than \$100,000 in compensation from the	e organizat	ιιοΠ 🕨	_					1					

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Part VIII Statement of Revenue

		Check if Schedule O cor	ntains a respon	se or note to an	y line in this Part V	/III		
					(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	1a b	Federated campaigns Membership dues						
A, C	С	Fundraising events	1c					
ä a	d	Related organizations	1d					
B,G	е	Government grants (contribution	ions) 1e					
Sign	f	All other contributions, gifts,	grants,					
le E		and similar amounts not included	above . 1f	12,465,942.				
걸	g	Noncash contributions include	ed in					
no D		lines 1a-1f	1g	7,529,327.				
	h	Total. Add lines 1a-1f			12,465,942.			
•				Business Code				
Š	2a	MERCHANDISE SALES		453310	2,027,435.	2,027,435.		
ie n	b	COST OF GOODS SOLD		453310	-3,250,834.	-3,250,834.		
m %	С	OTHER PROGRAM REVENUES		453310	784,844.	784,844.		
gra Re	d							
Program Service Revenue	е							
Δ.	f	All other program service reve						
	g	Total. Add lines 2a-2f			-438,555.			
	3	Investment income (includi	-					
		other similar amounts)			NONE			
	4	Income from investment of ta	•	•	NONE			
	5	Royalties	(i) Real	(ii) Personal	NONE			
			(i) Real	(II) Feisoliai				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С.	Rental income or (loss) 6c	NONE		NONE			
	d 7-	Net rental income or (loss)			NONE			
	7a			(ii) Other				
		sales of assets						
•		other than inventory 7a						
Other Revenue	b	Less: cost or other basis						
Ş.		and sales expenses 7b						
å	C	Gain or (loss)			NONE			
her	d	Net gain or (loss)			INOINE			
₹	8a	Gross income from fu	indraising					
		events (not including \$						
		of contributions reported	_	NONE				
		1c). See Part IV, line 18		NONE				
	b C	Less: direct expenses Net income or (loss) from fun			NONE			
	9a	Gross income from	gaming		-			
	Эа	activities. See Part IV, line 19	•	NONE				
	b	Less: direct expenses		NONE				
	C	Net income or (loss) from ga			NONE			
	10a	Gross sales of inventor	,					
	·va	returns and allowances	•	NONE				
	h	Less: cost of goods sold		NONE				
		Net income or (loss) from sale			NONE			
S		·	•	Business Code				
on e	11a	OTHER INCOME			630.	630.		
Miscellaneous Revenue	b	CREDIT CARD REDEMPTION			73,414.	73,414.		
eve eve	c							
lisc R	d	All other revenue						
≥	е	Total. Add lines 11a-11d	<u></u>		74,044.			
	12	Total revenue. See instruction			12,101,431.	-364,511.	·	

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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).

Do	Check if Schedule O contains a respond include amounts reported on lines 6b, 7b,		e in this Part IX (B)	(C)	(D)
	9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,164,681.	3,164,681.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	32,038.	32,038.		
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	548,858.	140,242.	408,616.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	5,803,621.	4,758,091.	729,411.	316,119.
8	Pension plan accruals and contributions (include	NONE			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	NONE			
10	Payroll taxes	507,990.	391,153.	91,438.	25 , 399.
	Fees for services (nonemployees):				
а	Management	605,715.	493,484.	82,303.	29,928
b	Legal	143,001.	98,671.	35,750.	8,580
С	Accounting	142,496.	142,496.		
d	Lobbying	NONE			
е	Professional fundraising services. See Part IV, line 17.	NONE			
f	Investment management fees	NONE			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	NONE			
	Advertising and promotion	286,629.	283,763.	2,866.	
13	Office expenses	NONE			
14	Information technology	NONE			
15	Royalties	NONE			
16	Occupancy	1,299,627.	1,026,705.	272,922.	
17	Travel	155,853.	113,680.	19,329.	22,844
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	200.	200.		
20	Interest	121,544.		121,544.	
21		NONE			
22	Depreciation, depletion, and amortization	124,604.	109,978.	11,701.	2,925
23	Insurance	156,747.	120,695.	36,052.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	REPAIRS AND MAINTENANCE	11,396.	11,396.		
b	MERCHANT ACCOUNT FEES	61,005.	58,565.	2,440.	
	MEMBERSHIPS & DUES	17,523.	6,133.	5,082.	6,308
d	EMPLOYEE PERKS	521,700.	391,275.	93,906.	36,519
е	All other expenses	548,256.	526,007.	22,249.	
	Total functional expenses. Add lines 1 through 24e	14,253,484.	11,869,253.	1,935,609.	448,622.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Form **990** (2022)

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Form 990 (2022) Page **11**

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	3,778,029.	1	7,003,165.
2	Savings and temporary cash investments	NONE		NON:
3	Pledges and grants receivable, net	783,709.	3	715,409
4	Accounts receivable, net	595,086.	4	1,108,609.
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NON:
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) \Box	NONE		NON
Assets 8 8	Notes and loans receivable, net	NONE	7	NON
8 8	Inventories for sale or use	3,066,613.	8	2,532,684.
⊄ 9	Prepaid expenses and deferred charges SEE SCHEDULE O	206,814.	9	362 , 219.
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 890, 473.			
b	Less: accumulated depreciation	576 , 192.	10c	505 , 500.
11	Investments - publicly traded securities	NONE	11	NON
12	Investments - other securities. See Part IV, line 11	NONE	12	NONI
13	Investments - program-related. See Part IV, line 11.	NONE	13	NON
14	Intangible assets	NONE	14	6,238
15	Other assets. See Part IV, line 11	2,082,637.	15	1,858,903.
16	Total assets. Add lines 1 through 15 (must equal line 33)	11,089,080.	16	14,092,727.
17	Accounts payable and accrued expenses	1,465,829.	17	1,744,069.
18	Grants payable	NONE	18	NONI
19	Deferred revenue . SEE SCHEDULE O	1,578,878.	19	6,440,762.
20	Tax-exempt bond liabilities	NONE	20	NONI
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONI
စ္က 22	Loans and other payables to any current or former officer, director,			
≝	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	22	NONE
ັ ₂₃	Secured mortgages and notes payable to unrelated third parties	1,000,000.	23	1,103,773.
24	Unsecured notes and loans payable to unrelated third parties	NONE		NONI
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	1,494,824.	25	1,398,183.
26	Total liabilities. Add lines 17 through 25	5,539,531.	26	10,686,787.
	Organizations that follow FASB ASC 958, check here	0,000,001.		10,000,707.
<u> </u>	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	4,539,083.	27	2,433,107.
28	Net assets with donor restrictions.	1,010,466.	28	972,833.
≅	Organizations that do not follow FASB ASC 958, check here	1,010,400.		312 , 033.
27 28 29 30 31 32 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
ช 32	Total net assets or fund balances	5 5/0 5/0	32	3,405,940.
33	Total liabilities and net assets/fund balances	5,549,549.		
00	rotal habilities and not assets/fund balances	11,089,080.	33	14,092,727 Form 990 (2022

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Form 990 (2022) Page **12** Part XI **Reconciliation of Net Assets** Check if Schedule O contains a response or note to any line in this Part XI 12,101,431. 1 2 14,253,484. 2 -2,152,053. 3 3 5,549,549 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5 5 6 6 7 7 8 8 8,444 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 3,405,940. **Financial Statements and Reporting** Part XII Check if Schedule O contains a response or note to any line in this Part XII.......... Yes Nο Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Consolidated basis Both consolidated and separate basis Separate basis 2b Χ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 2c X the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a Χ 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 . . . 3h

SCHEDULE A (Form 990)

HUMAN-I-T

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

2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

46-0773284

Pa	t Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	part.) See instruction	IS.					
The	organization is not a private fou	ındation because it	t is: (For lines 1 through	gh 12, ch	eck only	one box.)						
1	A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).						
2	A school described in secti	ion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)							
3	A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).						
4	A medical research organiz	•	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the					
	hospital's name, city, and st											
5	An organization operated		a college or universit	y owne	d or ope	erated by a governme	ntal unit described in					
	section 170(b)(1)(A)(iv). (C											
6	A federal, state, or local go	•			,	,,,,,,,,						
7	- 0											
0	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 9						Lin conjunction with a	land grant college					
9	An agricultural research orgon university or a non-land-	=			-	=						
	university:	grant conege or ag	griculture (see iristruct	.ions). L		name, city, and state o	i the college of					
10		ally receives (1) mo	ore than 331/3 % of its	support	from cor	ntributions membersh	in fees, and gross					
. •	An organization that norma receipts from activities rela support from gross investm	ited to its exempt f	functions, subject to c	ertain ex	ceptions	s; and (2) no more than	331/3 % of its					
	support from gross investments acquired by the organization	nent income and u on after June 30 1	nrelated business tax 975 See section 509	able inco (a)(2) ((ome (les: Complete	s section 511 tax) from Part III)	businesses					
11	An organization organized					•						
12	An organization organized a	•		•		` '` '	ry out the purposes of					
	one or more publicly suppo	rted organizations	described in section 5	09(a)(1) or sect	ion 509(a)(2). See sed	tion 509(a)(3). Check					
	the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.					
а	Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving					
	the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	f the directors or truste	es of the					
	supporting organization. You must complete Part IV, Sections A and B.											
b	Type II. A supporting org	anization supervis	ed or controlled in co	nnectior	with its	supported organization	on(s), by having					
	control or management of	of the supporting o	organization vested in	the sam	e persor	ns that control or man	age the supported					
	organization(s). You must	t complete Part IV	, Sections A and C.									
С	Type III functionally integ						ly integrated with,					
	its supported organization											
d	Type III non-functionally			-								
	that is not functionally into	-	-	-		•	an attentiveness					
_	requirement (see instruct	,					I. Tuma III					
е	Check this box if the orgation functionally integrated, or					,, , ,,	ı, rype iii					
f	Enter the number of supported	• •			-							
a	Provide the following information	=										
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of					
			(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)					
			above (see instructions))	Yes	No	instructions)	instructions)					
(A)												
(~) —												
(B)												
(C)												
(D)												
(E)												

Total

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Schedule A (Form 990) 2022 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 3,061,336. 4,457,288 7,859,016. 11,291,091 include any "unusual grants.") 12,465,942 39,134,673. Tax revenues levied for the organization's benefit and either paid to NONE or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge NONE 3,061,336. 4,457,288. 7,859,016. 11,291,091. 12,465,942. 39,134,673. Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) NONE 6 Public support. Subtract line 5 from line 4 39,134,673. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (e) 2022 (f) Total (d) 2021 3,061,336. 4,457,288. 7,859,016. 12,465,942 39,134,673. 11,291,091. Amounts from line 4 Gross income from interest, dividends payments received on securities loans, rents, royalties, and income from NONE similar sources Net income from unrelated business activities, whether or not the business is regularly carried on NONE

12	Gross re	eceipts	from	rela	ited act	tivities	, etc	c. (se	e ins	structions) .	 	 	 	 	Ŀ	12		15,	377,	640.
										organizati							section	501(c)(3) _	
	organiza	ation, cl	neck	this	box an	d sto	o he	ere .			 	 		 			 		. L	
<u> </u>	Paction C. Computation of Bublic Support Devocators																			

Section C	. Computation o	f Public Support l	Percentage
-----------	-----------------	--------------------	------------

Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)

Total support. Add lines 7 through 10

	331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this	
	box and stop here . The organization qualifies as a publicly supported organization	Χ
b	331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check	

Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14

b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

18	Private foundation.	If the	organization	did no	check	a box o	n line 1	3, 16a,	16b,	17a, o	17b,	check	this bo	x and	see
	instructions														

NONE

39,134,673.

100.00 **%**

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Schedule A (Form 990) 2022 Page 3

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 •						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		I	T	T		I
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 10 a	Amounts from line 6						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b [
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ve	ear as a section	501(c)(3)
	organization, check this box and stop here						
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2022 (line 8,		•	mn (f))		15	%
16	Public support percentage from 2021 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2022 (lin			13, column (f))		17	%
18	Investment income percentage from 2021					18	%
	331/3% support tests - 2022. If the or						
	17 is not more than 331/3%, check this						
b	331/3% support tests - 2021. If the orga						
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization of		=	-		· · · · · ·	

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Schedule A (Form 990) 2022 Page 4

Part IV Supporting Organizations

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

s

Secti	on A. All Supporting Organizations		Vaa	N.
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	Yes	NC
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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	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		
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		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a		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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		-
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990)</i> .	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a		

determine whether the organization had excess business holdings.)

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

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Schedul	le A (Form 990) 2022		F	Page 5
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI .	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
00011	51 C. Type ii cupper ung organizatione		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously		Yes	No
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instance) The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see			s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2 a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990) 2022 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	anizations	S				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See						
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Section A - Adjusted Net Income (A) Prior Year						
1 Net short-term capital gain	1					
2 Recoveries of prior-year distributions	2					
3 Other gross income (see instructions)	3					
4 Add lines 1 through 3.	4					
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of						
property held for production of income (see instructions)	6					
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1 Aggregate fair market value of all non-exempt-use assets (see						
instructions for short tax year or assets held for part of year):						
a Average monthly value of securities	1a					
b Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other factors						
(explain in detail in Part VI):						
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d.	3					
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4					
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6 Multiply line 5 by 0.035.	6					
7 Recoveries of prior-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8					
Section C - Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, column A)	1					
2 Enter 0.85 of line 1.	2					
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4 Enter greater of line 2 or line 3.	4					
5 Income tax imposed in prior year	5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to						
emergency temporary reduction (see instructions).	6					
7 Check here if the current year is the organization's first as a non-function	ally integra	ted Type III supporting	g organization			
(see instructions).	, ,	21 11 2 1				

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022 Page **7**

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	ed			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
ее	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

Schedule B (Form 990)

Schedule of Contributors
Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2022

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-PF.

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

46-0773284 HUMAN-I-T Organization type (check one): Filers of: Section: Form 990 or 990-EZ **501(c)(** 3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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

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

Schedule B (Form 990) (2022)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contri	ribution			
1_	SHEILA ORTLOFF 702 MARSHALL STREET SUITE 420 REDWOOD CITY, CA 94063	Person Payroll Noncash (Complete Part II for noncash contribution)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of cont	ribution			
2	MICHAEL AND KIM WILKINS 702 MARSHALL STREET, SUITE 420, REDWOOD CITY, CA 94063	Person Payroll Noncash (Complete Part II for noncash contribution				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of cont	ribution			
3	CETF 714 WEST OLYMPIC BLVD., SUITE 924 LOS ANGELES, CA 90015	Person Payroll Noncash (Complete Part II for noncash contribution				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contri	ribution			
4	CLIF BAR FAMILY FOUNDATION 1451 66TH ST EMERYVILLE, CA 94608	Person Payroll Noncash (Complete Part II for noncash contribution)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of cont	ribution			
5	COX CHARITIES 6205-B PEACHTREE DUNWOODY RD ATLANTA, GA 30328	Person Payroll Noncash (Complete Part II for noncash contribution				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of cont	ribution			
6_	CALIFORNIA PUBLIC UTILITIES COMMISSION 505 VAN NESS AVENUE SAN FRANCISCO, CA 94102	Person Payroll Noncash (Complete Part II for noncash contribution				

Part I	eeded.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CITY OF LONG BEACH 411 WEST OCEAN BLVD. 11TH FLOOR LONG BEACH, CA 90802	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	EVALYN M. BAUER FOUNDATION 1 WORLD TRADE CENTER #1280 LONG BEACH, CA 90831	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	GENERAL MOTORS 300 RENAISSANCE CENTER DETROIT, MI 48243	\$ 300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, CA 98052	\$ 35,995.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	MUNZER FOUNDATION 3450 E. SPRING STREET, SUITE 216 LONG BEACH, CA 90806	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	TECH DATA CORPORATION 16202 BAY VISTA DR CLEARWATER, FL 33760	\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is needed.	ırt I if additional space is nee	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
13	THE WILLIAM C. BANNERMAN FOUNDATION 9255 SUNSET BLVD WEST HOLLYWOOD, CA 90069	\$ 25,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)	\$25,000.	roll cash lete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
14	GRIES FAMILY 12582 ARGYLE DRIVE LOS ALAMITOS, CA 90720	\$ 1,000,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)	\$1,000,000.	son X roll cash
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		(d) pe of contribution
15	LA CARE HEALTH PLAN 1055 W 7TH ST LOS ANGELES, CA 90017	\$ 55,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)	\$55,000.	cash lete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
16	LASERFICHE 3443 LONG BEACH BLVD LONG BEACH, CA 90807	\$ \$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)	\$5,000.	cash lete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		(d) pe of contribution
17	ANONYMOUS UNKNOWN UNKNOWN, CA UNKONWN	\$ \$ Person	\$100,000.	roll cash lete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
18	AT&T 208 SOUTH AKARD STREET DALLAS, TX 75202	\$ 474,341. Person Payroll Noncash (Complete Part II for noncash contributions.)	\$	roll cash lete Part II for

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
19	TIDES FOUNDATION 1012 TORNEY AVENUE	\$	Person X Payroll Noncash (Complete Part II for			
(a)	SAN FRANCISCO, CA 94129 (b)	(c)	noncash contributions.)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
20	CITY OF DETROIT 2 WOODWARD AVE., STE. 1008	\$ \$	Person X Payroll Noncash			
	DETROIT, MI 48226		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
21	COMCAST 41112 CONCEPT DRIVE PLYMOUTH, MI 48170	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
22	CRAIG NEWMARK PHILANTHROPIES 989 MARKET ST STE 200 SAN FRANCISCO, CA 94103	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
23	CALIFORNIA WATER 1720 NORTH FIRST STREET SAN JOSE, CA 95112	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
24	DELL GIVING 1 DELL WAY ROUND ROCK, TX 78682	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	DIGITUNITY 120 N SOUTH RD UNIT C #284 NORTH CONWAY, NH 03860	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	ESSEX PROPERTY TRUST 600 EPIC WAY SAN JOSE, CA 95134	\$20,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	FIDELITY INV CHARITABLE GIFT FUND 200 SEAPORT BLVD STE 1 BOSTON, MA 22102	\$\\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	INTERSPORT 303 E WACKER DR #2200 CHICAGO, IL 60601	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	PALO ALTO NETWORKS 3000 TANNERY WAY SANTA CLARA, CA 95054	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	ROCKET COMMUNITY FUND 1050 WOODWARD DETROIT, MI 48226	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	VISA INC 800 METRO CENTER BLVD FOSTER CITY, CA 94404	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	WARNER MEDIA ONE CNN CENTER, 12SE ATLANTA, GA 30303	\$\$,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	WINE WAREHOUSE 6550 E WASHINGTON BLVD COMMERCE, CA 90040	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization **Employer identification number** 46-0773284 HUMAN-I-T Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Employer identification number

Name of the organization 46-0773284 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate value of contributions to (during year) . 2 Aggregate value of grants from (during year) 3 4 Aggregate value at end of year..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes funds are the organization's property, subject to the organization's exclusive legal control?...... Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after July 25, 2006, and not on 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (ii) Assets included in Form 990, Part X.....\$_ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Schedule D (Form 990) 2022 HUMAN-I-T 46-0773284 Page **2**

Pa	rt III Organizations Maintaini		Art, Histo	rical Tre	asures,	or Other		continue		age =
3	Using the organization's acquisition									f its
	collection items (check all that app	ly):								
а	Public exhibition		d	Loan	or exchan	ge progra	m			
b	Scholarly research		e X	Other						
С	Preservation for future gene	rations		_						
4	Provide a description of the organ	nization's collection	s and expla	ain how t	hey furth	er the or	ganization's exemp	t purpos	e in	Part
	XIII.									
5	During the year, did the organization	on solicit or receive	donations o	f art, histo	orical trea	sures, or	other similar			
	assets to be sold to raise funds rath	ner than to be maint	tained as pa	rt of the o	organizatio	on's colle	ction?	X Yes		No
Pa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.		es" on For	m 990, F	Part IV, lir	ne 9, or r	eported an amou	nt on Fo	rm	
1 a	Is the organization an agent, trus	tee, custodian or o	other interm	ediary fo	or contrib	utions or	other assets not			_
	included on Form 990, Part X? Yes No									
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the fo	lowing tab	ole:					
							Amount	t		
С	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance									
	Did the organization include an am							Yes		No
	If "Yes," explain the arrangement i	n Part XIII. Check h	nere if the e	planation	has been	provided	on Part XIII			
Pa	rt V Endowment Funds.	- t'	· "	000 5) 4 N / 15	- 40				
	Complete if the organiza						I	T		
		(a) Current year	(b) Prio	r year	(c) Two y	ears back	(d) Three years back	(e) Four	years l	oack
1 a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains,									
	and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage			e (line 1g,	column (a	i)) held as	:			
a	Board designated or quasi-endown	%	%							
D	Permanent endowment %									
·	Term endowment % The percentages on lines 2a, 2b, a		100%							
3 2	Are there endowment funds not in			tion that	are held s	nd admir	nistered for the			
Ja	organization by:	the possession of t	ile organiza	ition that	are neid a	ina aanin	iistered for the	[·	Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the relate							3b		
4	Describe in Part XIII the intended u	-	•					0.0		
	rt VI Land, Buildings, and Equ Complete if the organize	uipment.				ne 11a. S	See Form 990, Pa	art X, lin	e 10.	
	Description of property		or other basis stment)		or other basis ther)		cumulated (c	d) Book va	ue	
1a	Land	,		(0		асрі	33.2001			
b	Buildings			1						
~	Leasehold improvements									
d	Equipment			۶	390,473	. 3	84,973.	50	5,50	00.
e	Other				,				<i>-,</i> -,	
	I. Add lines 1a through 1e. (Column	(d) must equal For	m 990, Part	X, columi	n (B), line	10c.)		50	5,50	00.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 HUMAN-I-T 46-0773284 Page **3**

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	Part IV. line 11b. See Form 990.	Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year marke	on:
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other_				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				
I ait viii	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990, I	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year marke	on:
(1)				. 70.00
<u>(1)</u> <u>(2)</u>				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
	(a) De	scription		(b) Book value
	OF USE ASSETS			1,776,027.
	S RECEIVABLE-NON CURRENT			NONE
(3)ART W				60,600.
	IN PROGRESS			22,276.
(5)				
(6)				
(7)				
<u>(8)</u> (9)				
	umn (b) must equal Form 990, Part X, col. (B) l	ine 15.)		1,858,903.
Part X	Other Liabilities.			1,000,000
	Complete if the organization answered line 25.	l "Yes" on Form 990	, Part IV, line 11e or 11f. See Form	n 990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
(1) Feder	ral income taxes			
(2)FINAN	CE LEASE PAYABLE			6,059.
(3)OPERA	IING LEASE PAYABLE - OFFI			1,251,695.
(4)LONG-	TERM NOTES PAYABLE			140,429.
(5)				<u> </u>
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			1,398,183.
2. Liability fo	or uncertain tax positions. In Part XIII, provide the	text of the footnote to f	tne organization's financial statements tha	at reports the

Schedule D (Form 990) 2022 HUMAN-I-T 46-0773284 Page **4**

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	12,233,976.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	132,545.
3	Subtract line 2e from line 1	3	12,101,431.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		, , , , , , , , , , , , , , , , , , , ,
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	•	
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line 12.</i>)	5	12,101,431.
Part			, , , , , , , , , , , , , , , , , , , ,
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	14,377,585.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		· · ·
- а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)	•	
e	Add lines 2a through 2d	2e	132,545.
3	Subtract line 2e from line 1	3	14,245,040.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b4a		
a b	Other (Describe in Part XIII.) 4b 8, 444.	-	
	Add lines 4a and 4b	4c	8,444.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	14,253,484.
	XIII Supplemental Information.		11/200/101.
2; Par	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Ft XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	SUPPLEMENTAL PAGE		

Schedule D (Form 990) 2022 HUMAN-I-T 46-0773284 Page **5**

Part XIII Supplemental Information (continued)

PART XII LINE 4B

OTHER EXPENSES INCLUDED ON RETURN BUT NOT ON BOOKS

SALARIES CAPITALIZED AS INVENTORY FOR TAX PURPOSE 30,106

-21,662 ADJUSTMENT TO DEPRECIATION EXPENSE PER TAX RETURN

PART XI LINE 4B

OTHER REVENUE INCLUDED ON RETURN BUT NOT ON BOOKS

GRANTS WITH DONOR RESTRICTIONS RECORDED AS

DEFERRED REVENUE ON BOOKS 6,401,294

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

46-0773284

HUN	1AN-I-T				46-077328	34
Pa	General Information of Form 990, Part IV, line 14		Outside the	United States. Compl		
1	For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance?	eligibility for t	the grants or	assistance, and the selec	ction criteria used to	Yes No
2	For grantmakers. Describe in outside the United States.	Part V the org	anization's pro	ocedures for monitoring	the use of its grants and	d other assistance
3	Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	pace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
_(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a						
k						
c	Totals (add lines 3a and 3b)					

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

JSA 2E1274 1.000

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		NORTH AMERICA	DESKTOPS & L			13,500.	COMPUTERS	FMV
(2)		NORTH AMERICA	DESKTOPS & L			9,500.	COMPUTERS	FMV
(3)		NORTH AMERICA	DESKTOPS & L			9,038.	COMPUTERS	FMV
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
10)								
[1]								
[2)								
[3)								
[4)								
15)								
16)								

Enter total number of other organizations or entities	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	Effect total number of recipient organizations listed above that are recognized as channes by the foleign country, recognized
•	letter ▼	Jilized as a lax

ယ

N

		(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance
(2) (3) (3) (4) (4) (4) (5) (6) (6) (7) (7) (7) (8) (9) (9) (9) (11) (11) (12) (13) (14) (15) (16)	3							
(3) (4) (4) (5) (6) (6) (7) (7) (8) (8) (9) (11) (11) (12) (13) (14) (15)	(2)							
(4) (5) (6) (6) (7) (7) (7) (8) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(3)							
(5) (6) (7) (7) (8) (9) (9) (11) (12) (13) (14) (15) (16)	(4)							
(6) (7) (8) (8) (9) (9) (10) (11) (12) (13) (14) (15) (15) (16)	(5)							
(8) (9) (9) (10) (11) (13) (13) (14) (15) (15) (16)	(6)							
(8) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(7)							
(9) (10) (11) (12) (13) (14) (15) (15) (16) (17)	(8)							
(10) (11) (12) (13) (14) (15) (16) (17)	(9)							
11) 12) 13) 14) 15) 16) 17)	(10)							
12) 13) 14) 15) 16) 17) 18)	(11)							
(13) (14) (15) (16) (17) (18)	(12)							
(14) (15) (16) (17) (18)	(13)							
(15) (16) (17) (18)	(14)							
16) 17) 18)	(15)							
(17)	(16)							
(18)	(17)							
	(18)							

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Open to Public **2022** OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization HUMAN-I-T Part | General Information on Grants and Assistance **Employer identification number** 46-0773284 Inspection

 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 	lbstantiate the sor assistance for mon	e amount of the gran e?	e grants or assistar of grant funds in the	nce, the grantees' United States.	eligibility for the grant	s or assistance, and	× Yes No
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	omestic Orç	yanizations ar more than \$5	nd Domestic Gov ,000. Part II can b	ernments. Come duplicated if a	plete if the organization andditional space is needed	ation answered "Yeneeded.	es" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 826 VALENCIA							
180 GOLDEN GATE AVE SAN FRANCISCO, CA 94102	04-3694151	501(C)3		62,500.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
(2) A CARING PREGNANCY CENTER							
500 COLORADO AVE PUEBLO, CO 81004	74-2392820	501(C)3		16,433.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
(3) AFRICAN AMERICAN ART & CULTURE COMPLEX							
762 FULTON S SAN FRANCISCO, CA 94102	20-0118582	501(C)3		6,500.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
(4) AL WOOTEN JR YOUTH CENTER	•						
9106 S. WESTERN AVE LOS ANGELES, CA 90047	95-4295918	501(C)3		14,000.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
(5) ASPIRE! AFTER SCHOOL LEARNING							
909 S. DINWIDDIE ARLINGTON, VA 22204	54-1705642	501(C)3		8,217.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
(6) AURORA-SOUTH METRO SBDC							
15151 E ALAMEDA PARKWAY, SUITE 2300		501(C)3		7,360.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
(7) BAYCAT							
2415 3RD ST., SUITE 230	94-3329786	501(C)3		62,500.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
(8) BRIDGING THE DIGITAL DIVIDE	•						
5910 SOUTH LOOP EAST FREEWAY	76-0694528	501(C)3		24,000.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
(9) BRILLIANT DETROIT							
5675 LARKINS ST, DETROIT, MI 48210	47-3446334	501(C)3		52,500.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
(10) CENTRO CHA							
1633 LONG BEACH BLVD LONG BEACH, CA 90813	33-0703131	501(C)3		25,164.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
(11) CHINATOWN CDC							
990 PACIFIC AVE, ATTN: RESIDENT SERVICES OF	94-2514053	501(C)3		8,124.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
(12) CODY ROUGE COMMUNITY ACTION ALLIANCE INC.							
9930 GREENFIELD DETROIT, MI 48228	27-1841875	501(C)3		6,334.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
2 Enter total number of section 501(c)(3) and (government c	organizations lis	(c)(3) and government organizations listed in the line 1 table	е			64
Enter total number of other organ	ed in the line	1 table	- - - - -	- - - -	- - - - - - -	• • • • •	

(Form 990) **SCHEDULE I**

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22 Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** 46-0773284

Part General Information on Grants and Assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Yes <u>8</u>

- a. c. s, a. , a. , . o a	21.000		0000	o adollogica ii c	ממוניסי ומי סף מסט וס ו	00000	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COMMUNITY COUNCIL OF METROPOLITAN ATLANTA,							
1738 AUSTIN ROAD, SW ATLANTA, GA 30331	26-2437234	501(C)3		19,000.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
(2) COMMUNITY DEVELOPMENT CAREER							
3550 WILSHIRE BLVD #500, LOS ANGELES, CA 90	23-7209115	501(C)3		6,700.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
(3) COVENANT HOUSE ALASKA							
755 A STREET ANCHORAGE, AK 99501	13-3419755	501(C)3		13,000.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
(4) CREER							
31322 CAMINO CAPISTRANO, SAN JUAN CAPISTRAN	33-0486106	501(C)3		8,770.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
(5) DETROIT HOUSING COMMISSION							
1301 E. JEFFERSON AVE DETROIT, MI 48207	37-1472188	501(C)3		25,000.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
(6) DRESS FOR SUCCESS AUSTIN							
3000 S. I-35 FRONTAGE ROAD, SUITE 180	13-4220559	501(C)3		5,950.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
(7) DRIVE TO THRIVE MENTORING PROGRAM							
301 KATHERINE DRIVE VICKSBURG, MS 39180	86-3163161	501(C)3		9,750.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
(8) E 02							
150 W. VICTORIA ST LONG BEACH, CA 90805	85-3201159	501(C)3		25,725.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
(9) EAST COLORADO SBDC							
501 20TH STREET, GREELEY, CO 80639	84-6044833	501(C)3		15,466.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
(10) EASTER SEALS BROOKVALLEY							
1146 SHERIDAN ROAD ATLANTA, GA 30324	58-1919768	501(C)3		6,460.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
(11) EASTER SEALS CLARKSTON							
815 PARK N. BLVD CLARKSTON, GA 30021	58-1919768	501(C)3		9,038.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
(12) EASTER SEALS GUICE							
1485 WOODLAND AVE, ATLANTA, GA 30316	58-1919768	501(C)3		11,590.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	overnment c	rganizations lis	ted in the line 1 tab	le			

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

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization HUMAN-I-T **Employer identification number** 46-0773284

Part General Information on Grants and Assistance	d Assistanc	Ф					
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligit the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 	ubstantiate th s or assistanc dures for mor	ne amount of th ce? nitoring the use	e grants or assista of grant funds in th	nce, the grantees e United States.	eligibility for the grant	bility for the grants or assistance, and	Yes No
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete	omestic Or	ganizations a	nd Domestic Gov	vernments. Com		te if the organization answered "Yes" on Form 990,	es" on Form 990,
Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if addit	nat received	more than \$5	5,000. Part II can I	be duplicated if a	additional space is needed	needed.	
 (a) Name and address of organization or government 	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) EASTER SEALS HAMBRICK							
777 HAMBRICK RD, STONE MOUNTAIN, GA 30083	58-1919768	501(C)3		8,550.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
(2) EASTER SEALS MANSELL							
30 MANSELL COURT EAST, ROSWELL, GA 30076	58-1919768	501(C)3		7,559.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
(3) EASTER SEALS PREMIER							
399 MACEDONIA ROAD ATLANTA, GA 30354	58-1919768	501(C)3		5,166.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
(4) EASTER SEALS SYLVAN	I						
1757 MELROSE DRIVE SW ATLANTA, GA 30310	58-1919768	501(C)3		7,724.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
(5) EASTER SEALS WARSAW							
1240 WARSAW ROAD ROSWELL, GA 30310	58-1919768	501(C)3		7,041.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
(6) EASTSIDE COMMUNITY NETWORK							
4401 CONNER DETROIT, MI 48213	38-2561225	501(C)3		7,917.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
(7) EDUCATION ALLIANCE							
303 QUARRIER ST. STE 310	55-0630914	501(C)3		14,000.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
(8) INCARNATION HOUSE							
1061 N CENTRAL EXPRESSWAY DALLAS, TX 75204	47-1994852	501(C)3		9,900.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
(9) INFORMATION TECHNOLOGY DISASTER RESOURCE CE							
ITDRC NDRCC3051 NORTHERN CROSS BLVD.SUITE 4	26-3865869	501(C)3		49,740.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
10) INROADS	I						
260 PEACHTREE ST NE, SUITE 400	62-0967197	501(C)3		50,000.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
11) INVESTING IN MY FUTURE							
424 43RD STREET DES MOINES, IA 50312	27-3864691	501(C)3		7,500.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
12) JOBS FOR MAINE GRADS							
66 STONE STREET AUGUSTA, ME 04330	01-0482628	501(C)3		52,000.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government o	organizations li	sted in the line 1 tat	ole			
	ted in the line	1 table	- - - - -		- - - - - -	- - - - - -	

2E1288 1.000

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

HUMAN-I-T

Employer identification number 46-0773284

					1 table	ted in the line	3 Enter total number of other organizations listed in the line 1 table
				sted in the line 1 tab	organizations lis	government o	
DESKTOPS & LAPTOPS	COMPUTERS	FMV	10,381.		501 (C)3	83-3748034	19984 DERBY ST DETROIT, MI 48203
							(12) RESCUE MI NATURE NOW
DESKTOPS & LAPTOPS	COMPUTERS	FMV	19,000.		501(C)3	58-2369796	500 SOUTH COLUMBIA DRIVE DECATUR, GA 30030
							(11) REFUGEE WOMEN'S NETWORK INC
DESKTOPS & LAPTOPS	COMPUTERS	FMV	28,500.		501(C)3	30-0029625	201 S. BROADWAY STE. 220
							(10) PULASKI COUNTY YOUTH SERVICES
DESKTOPS & LAPTOPS	COMPUTERS	FMV	7,407.		501(C)3	27-4182511	110 NE 62ND STREET MIAMI, FL 33138
							(9) PIERRE TOUSSAINT LEADERSHIP AND LEARNING CE
DESKTOPS & LAPTOPS	COMPUTERS	FMV	7,000.		501(C)3	47-1784239	549 E. 76TH ST. CHICAGO, IL 60619
							(8) LYTE COLLECTIVE
DESKTOPS & LAPTOPS	COMPUTERS	FMV	19,216.		501(C)3	84-4693859	2880 HEATHER RD LONG BEACH, CA 90815
							(7) LONG BEACH CENTER FOR ECONOMIC INCLUSION
DESKTOPS & LAPTOPS	COMPUTERS	FMV	22,663.		501(C)3	13-1837418	3515 LINDEN AVE LONG BEACH, CA 90806
							(6) LONG BEACH BAR FOUNDATION
DESKTOPS & LAPTOPS	COMPUTERS	FMV	20,000.		501(C)3	38-3722092	701 S CATALINA ST LOS ANGELES, CA 90005
							(5) LAUSD KOREATOWN
DESKTOPS & LAPTOPS	COMPUTERS	FMV	7,000.		501(C)3	38-1892670	4138 W. VERNOR DETROIT, MI 48209
							(4) LATIN AMERICANS FOR SOCIAL AND ECONOMIC DEV
DESKTOPS & LAPTOPS	COMPUTERS	FMV	10,467.		501(C)3	74-2550282	4616 S. SHIELDS STREET BLANCA PEAK, 151
							(3) LARIMER SBDC
DESKTOPS & LAPTOPS	COMPUTERS	FMV	6,042.		501(C)3	86-2483461	1055 W 7TH ST, 10TH FLOOR
							(2) LA CARE
DESKTOPS & LAPTOPS	COMPUTERS	FMV	8,325.		501(C)3	22-3216387	12144 HARVEST AVE NORWALK, CA 90650
						1	(1) NORWALK KIWANIS 605
(h) Purpose of grant or assistance	(g) Description of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of noncash assistance	(d) Amount of cash grant	(c) IRC section (if applicable)	(b) EIN	1 (a) Name and address of organization or government
es" on Form 990,	te if the organization answered "Yes" on Form 990, tional space is needed.		ernments. Compe duplicated if a	nd Domestic Gov ,000. Part II can b	ganizations ar more than \$5	omestic Ornat received	PartIII Grants and Other Assistance to Domestic Organizations and Domestic Governments. Comple Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional and the second s
			United States.	of grant funds in the	nitoring the use	dures for mor	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States
Yes No	ivinty for the grants of assistance, and		ico, nio granicoo	modification of assistant	e?	s or assistance	the selection criteria used to award the grants or assistance?
	e or accictance and		nce the grantees	orante or accietar	e amount of the	ihetantiate th	1 Does the organization maintain records to s
					е	d Assistanc	Part General Information on Grants and Assistance

(Form 990) SCHEDULE I

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22

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

<u>8</u>

Open to Public

OMB No. 1545-0047

Name of the o

Department of the Treasury Internal Revenue Service

ne of the organization	Employer identification number
MAN-I-T	46-0773284
Ittl General Information on Grants and Assistance	
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants o	for the grants or assistance, and

(12) UNITED CAMBODIAN COMMUNITY THE NEIGHBORHOOD CAFE, 5296 UNIVERSITY AVE. 2201 E. ANAHEIM ST. SUITE 200 (11) UNION OF PAN ASIAN COMMUNITIES (10) THE LATIN AMERICAN ASSOCIATION 1150 E. 4TH STREET LONG BEACH, CA 90802 5239 ATLANTIC AVE LONG BEACH, CA 90805 58 PARSONS ST DETROIT, MI 48201 481 CAREW STREET SPRINGFIELD, MA 01104 8131 E JEFFERSON DETROIT, MI 48214 5801 SOUTHFIELD FWY DETROIT, MI 48228 2750 BUFORD HWY NE ATLANTA, GA 30324 121 W. CITY CENTER DR.SUITE 150 1000 RIM DRIVE DURANGO, CO 81301 1050 WOODWARD AVENUE DETROIT, MI 48226 (1) ROCKET COMMUNITY FUND (8) SUCCESS IN CHALLENGES (7) ST. PATRICK'S SENIOR CENTER (6) SPRINGFIELD BOYS AND GIRLS CLUB (5) SOUTHERN CO SMALL BUSINESS DEVELOPMENT CTR (3) SAMARITAS & BRILLIANT DETROIT 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (9) THE HEART OF IDA (4) SBDC SOUTHWEST COLORADO Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1 (a) Name and address of organization or government Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 95-3442295 23-7279074 33-0936763 37-1279411 38-3201490 83-0873868 58-1237316 27-1105150 38-2953534 87-2322185 84-0506701 38-1360553 (b) EIN 501 (C)3 501(C)3 501(C)3 501 (C)3 501(C)3 501(C)3 501 (C) 3 501(C)3 501(C)3 501 (C)3 501 (C) 3 501(C)3 (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of noncash assistance 17,500. 15,300. 24,433 17,893. 12,863 10,467. 25,251 37,005. 5,333. 50,000. 41,391. 9,500. FMV FMV FMV FMV FMV FMV FMV FMV (f) Method of valuation (book, FMV, appraisal, other) COMPUTERS OMPUTERS (g) Description of noncash assistance DESKTOPS & LAPTOPS ESKTOPS & LAPTOPS DESKTOPS & LAPTOPS DESKTOPS & LAPTOPS ESKTOPS & LAPTOPS DESKTOPS & LAPTOPS (h) Purpose of grant or assistance

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2022

SCHEDULE I (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization ни **Ра** Go to www.irs.gov/Form990 for the latest information.

Name of the organization						Employer identification number	n number
HUMAN-I-T						46-0773284	
Part I General Information on Grants and Assistance	d Assistance	Φ					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' el	ubstantiate th	e amount of th	e grants or assista	nce, the grantees	eligibility for the grants or assistance,	s or assistance, and]
the selection criteria used to award the grants or assistance?	s or assistanc	e?					Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	dures for mon	itoring the use	of grant funds in the	United States.			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Compl	omestic Orç	ganizations a	nd Domestic Gov	ernments. Com	plete if the organiza	ete if the organization answered "Yes" on Form 990,	∍s" on Form 990,
Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	nat received	more than \$5	,000. Part II can k	e duplicated if a	additional space is n	eeded.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) URBAN LEAGUE OF PORTLAND							
819 SW. OAK ST PORTLAND, OR 97205	93-0395590	501(C)3		28,000.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
(2) VILLAGE EXCHANGE CENTER	ı						
1609 HAVANA STREET AURORA, CO 80010	81-5174986	501(C)3		12,500.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
(3) WINSTONNET							
WINSTONNET AT FORSYTH TECH, 2100 SILAS CREE	31-1815083	501(C)3		9,800.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
(4) YMCA OF GREATER LONG BEACH (COMMUNITY DEVEL							
1900 LONG BEACH BLVD. #100	95-1643396	501(C)3		50,099.	FMV	COMPUTERS	DESKTOPS & LAPTOPS
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government c	organizations lis	sted in the line 1 tab	le			
3 Enter total number of other organizations listed in the line 1 table	ed in the line	1 table					

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

(b) Number of recipients	(b) Number of (c) Amount of recipients cash grant		4 3	2 4	(a) Type of grant or assistance
	(c) Amount of cash grant				(b) Number of recipients
(d) Amount of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, FMV, appraisal, other)				(f) Description of non-cash assistance

PART I, LINE 2

AFOREMENTIONED REPORTS, ARE ACCURATE. WITH THE TEAMS THAT SECURE GRANTS, AS WELL AS THOSE THAT ARE PROJECT MANAGEMENT AND PROCUREMENT REPORTS. WE ALSO DO MONTHLY CHECK-INS FINANCIAL STATEMENTS VIA JOURNAL ENTRIES TIED TO THE SCHEDULES FROM THE MILESTONES ARE ACHIEVED, WE MAKE ASSOCIATED ADJUSTING ENTRIES TO OUR GRANTS IN PROJECT MANAGEMENT AND PROCUREMENT SOFTWARE, RESPECTIVELY. AS HUMAN-I-T MONITORS THE QTY OF OUR DELIVERABLES AND EXPENSES TIED TO OUR IRRESPONSIBLE FOR THE EXECUTION OF THE DELIVERABLES TO CONFIRM THE

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public**

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

46-0773284 **Questions Regarding Compensation**

	Access to the Control of the Control		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the	_		
3	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а		4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	· · · · · · · · · · · · · · · · · · ·			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Χ
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 46-0773284

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

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

individual.									
		<u></u>	B) Breakdown of W-2 a	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
			AVS	Available I Inon Reguest	on Regul				
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12		€							
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13		€							
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5)							
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SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

2022
Open to Public
Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number

HUM.	IAN-I-T				46-077328	4	
Par	Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributio amounts reported or Form 990, Part VIII, line) Wethout	(d) of determini ntribution ar	
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods	X		7,529,32	7. USED EQU	IP BLUE	BOOKS
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory	I					
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►()						
26	Other ►()						
27	Other ►()						
28	Other ►()	h 4h			f		
29	Number of Forms 8283 received		•				
	which the organization completed F	-orm 8283,	Part v, Donee Acknowledge	ement	23	Ye	s No
202	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I	lines 1 through	10.	3 110
Jua	28, that it must hold for at least the		• • • • • • • • • • • • • • • • • • • •	•	_		
	to be used for exempt purposes for	-				30a	Х
h	If "Yes," describe the arrangement i		olding period:			Jou	21
31	Does the organization have a		tance nolicy that require	es the review of a	ny nonetandard		
J 1	contributions?				-	31 X	7
322	Does the organization hire or use	e third nart	ies or related organization	is to solicit process	or sell noncash	7	-
<i>-</i> _u	contributions?		_			32a X	ζ
h	If "Yes," describe in Part II.						
	If the organization didn't report an	amount in o	column (c) for a type of pro	perty for which colum	n (a) is checked.		

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

Schedule M (Form 990) 2022

describe in Part II.

Schedule M (Form 990) (2022) HUMAN-I-T 46-0773284 Page **2**

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M PART I QUESTION 32A

THE ORGANIZATION SELLS USED COMPUTER EQUIPMENT ON EBAY.

SCHEDULE O (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.

OMB No. 1545-0047

2022

Open to Public Inspection

Internal Revenue Service
Name of the organization

HUMAN-I-T

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

| Employer identification number

46-0773284

FORM 990 PART III - LINE 4A, 4B, 4C, AND 4D

BENEVOLENT DONATION OF REFURBISHED COMPUTERS. COMPUTERS INCLUDE LAPTOPS,

DESKTOPS WITH SCREENS, KEYBOARDS AND MICE. \$3,196,719

========

EXPENSES RELATED TO BENEVOLENT DONATIONS OF REFURBISED COMPUTERS.

\$11,247,897

EXPENSES RELATED TO PROVIDING INTERNET ACCESS AND ASSOCIATED EXPENSES.

\$553,052

========

EXPENSES RELATED TO PROVIDING DIGITAL LITERACY TRAINING.

\$68,304

=======

SCHEDULE M - LINE 5

HUMAN-I-T RECEIVES EQUIPMENT DONATIONS FROM BUSINESSES AND CONSUMERS.

DONATIONS ARE MOSTLY COMPRISED OF TECHNOLOGY USED IN THE COURSE OF

BUSINESS OR FOR PERSONAL USE. ITEMS ARE EITHER DROPPED OFF AT OUR

WAREHOUSE, PICKED UP, OR DONATED VIA STANDARD OR FREIGHT SHIPPING, TO

PROMOTE REUSE BEFORE RECYCLING. DONORS RECEIVE AN ITEMIZED RECEIPT AND

REFERENCE INFORMATION (NEWEGG.COM, AMAZON.COM, SALVATION ARMY'S

GUIDE, ETC.) FOR WHERE TO BEST VALUE ITEMS GIVEN TO HUMAN-I-T.

HUMAN-I-T CONTINUALLY EVALUATES THE CHANGE IN AVERAGE COST FOR

REASONABLENESS, BY CONSULTING THE FOLLOWING GUIDES FOR REFERENCE:

TECHNOLOGY & WARRANTIES: NEWEGG, AMAZON, EBAY, BESTBUY

TECH SUPPORT: BESTBUY'S, GEEKSQUAD, CONSUMERSOFT'S MYPHONESUPPORT.COM,

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

HUMAN-I-T 46-0773284

IYOGI LIMITED, BACK TECHNOLOGY, INC.

VALUES REPORTED ON THE FINANCIAL STATEMENTS ARE BASED ON AGE, CONDITION,

AND TECHNOLOGICAL ADVANCES IN A GIVEN PRODUCT SEGMENT.

FROM FORM 990 PART VI SECTION A LINES 15A AND 15B

2022 FEBRUARY BOARD OF DIRECTORS MEETING APPROVES THE ANNUAL BUDGET.

FORM 990 PART VI - LINE 19

WE PROVIDE ALL LISTED DOCUMENTS PUBLICLY TO FUNDERS, VENDORS, AND
CUSTOMERS UPON REQUEST. UNAUDITED AND INTERNAL FINANCIALS, AS WELL AS OUR
990 ARE MADE AVAILABLE ON GUIDESTAR AFTER THE RETURNS ARE FILED.

FORM 990 PART XI - LINE 9

SALARIES CAPITALIZED AS INVENTORY FOR TAX PURPOSE	30,106
ADDITIONAL DEPRECIATION EXPENSE PER TAX RETURN	-21,662
GRANTS WITH DONOR RESTRICTIONS RECORDED AS	
DEFERRED REVENUE ON BOOKS	-6,401,294
	-6,392,850

FORM 990 PART VI SECTION A. LINE 2

KIM WILKINS, DIRECTOR: MOTHER OF AARON WILKINS, FORMER TREASURER (RESIGNED IN MAY 2021)

JIM MIDDLETON, OFFICER & TREASURER: FATHER OF GABE MIDDLETON, FORMER PRESIDENT (RESIGNED IN MAY 2021)

FORM 990 PART VI SECTION B. LINE 12C

THE ORGANIZATION HAS A LEGAL AND COMPLIANCE TICKETING SYSTEM AND ALL

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

HUMAN-I-T 46-0773284

EMPLOYEES, EXECUTIVES, AND MATTERS ARE TRACKED THROUGH THAT PROCESS. ANY FLAGS OR INSTANCES OF ISSUES RELATED TO THIS POLICY WOULD BE ENTERED AS A TICKET AND INVESTIGATED.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

AT HUMAN-I-T, WE CREATE EQUITABLE ACCESS TO OPPORTUNITY BY PROVIDING DEVICES, INTERNET ACCESS, DIGITAL SKILLS TRAINING, AND TECH SUPPORT FOR COMMUNITIES LEFT ON THE WRONG SIDE OF THE DIGITAL DIVIDE-WHILE AT THE SAME TIME, EMPOWERING BUSINESSES AND ORGANIZATIONS TO DO GOOD BY DIVERTING TECHNOLOGY FROM LANDFILLS TO PROTECT OUR PLANET.

WE BELIEVE ACCESS TO TECHNOLOGY IS A RIGHT, NOT A PRIVILEGE. IT'S WHAT ALLOWS PEOPLE TO STUDY REMOTELY, APPLY FOR JOBS, ATTEND TELEHEALTH APPOINTMENTS, CONNECT WITH DISTANT FAMILY, OR EXPLORE NEW IDEAS AND PERSPECTIVES.

IN ORDER TO SHRINK THIS DIVIDE, WE MAKE IT EASY FOR OUR PARTNERS TO DO GOOD-TOGETHER, WE CAN CREATE A WORLD WHERE CONSCIOUS CAPITALISM DRIVES SUSTAINABLE AND JUST OPPORTUNITIES FOR ALL PEOPLE, ORGANIZATIONS, AND OUR PLANET TO THRIVE.

Name of the organization Employer identification number HUMAN-I-T 46-0773284 FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES _____ GRANTS EXPENSES REVENUE DESCRIPTION _____ DIGITAL LITERACY TRAINING 68,304. TOTALS 68,304.

Name of the organization Employer identification number HUMAN-I-T 46-0773284

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

DESCRIPTION OF SERVICES NAME AND ADDRESS COMPENSATION

_____ -----_____

HUNTINGTON CONSTRUCTION II LLC 28400 NORTHWESTERN HIGHWAY, STE 400

107,027. SOUTHFIELD, MI 48034 CONSTRUCTION

Name of the organization Employer identification number HUMAN-I-T 46-0773284 FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGS

ENDING DESCRIPTION BOOK VALUE _____ -----PREPAID SUBSCRIPTIONS 66,703. OTHER DEPOSITS 295,516.

TOTALS 362,219. _____

Name of the organization Employer identification number HUMAN-I-T 46-0773284

FORM 990, PART X - DEFERRED REVENUE _____

ENDING DESCRIPTION BOOK VALUE ----------

REFUNDABLE ADVANCE-RESTRICTED 6,440,762.

TOTALS 6,440,762. =========

Description of Property														
DEPRECIATION														
Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-	Conv. L	ACRS Life class	MA C CRS class	Current-year 179 expense	Current-year depreciation
HD DRV LA002	12/01/2013	2,551.	0			2,551.	2,550.	2,550.				U		
HD DRV LA001	05/30/2013	1,558.	100.000			1,558.	1,558.	1,558.	SI	HY 5.	5.000	5		
PALLET 8194	11/18/2014	300.	100.000			300.	300.		SI			3		
HD DRV LA002	10/13/2014	751.	100.000			751.	750.	750.	SI	MQ 5.	5.000	5		
HDD LA003	10/31/2014	2,555.	100.000			2,555.	2,555.	2,555.	SL	MQ 5.	5.000	5		
MONITOR 0096	12/15/2015	197.	100.000			197.	196.		SL	НУ 5.	5.000	U		
LAPTOP 0904	12/17/2015	168.	100.000			168.	168.	168.	SI	НУ 5.	5.000	5		
LAPTOP 4140	07/01/2015	204.	100.000			204.	204.	204.	SL	HY 5.	5.000	Οī		
LAPTOP 4195	07/01/2015	250.	100.000			250.	250.	250.	SI	HY 5.	5.000	σ		
COMPUTER 0638	08/10/2015	425.	100.000			425.	425.		SL	НУ 5.	5.000	U		
LAPTOP 1468	08/17/2015	268.	100.000			268.	268.		SL	_		U		
MONITOR 3820	07/01/2015	96.	100.000			96.	96.	96.	SI	НУ 5.	5.000	U		
LAPTOP 3837	09/24/2015	168.	100.000			168.	168.	168.	SI	HY 5.	5.000	U		
LAPTOP 1215	01/27/2015	300.	100.000			300.	300.	300.	SI	5	5.000			
LAPTOP 2177	01/01/2016	250.	100.000			250.	250.	250.	SI	5	5.000			
LAPTOP 8216	01/01/2016	490.	100.000			490.	490.	490.	SI	5.000	000			
LAPTOP 9131	01/01/2016	345.	100.000			345.	345.	345.	SI	5	5.000			
LAPTOP 2114	01/01/2016	2,660.	100.000			2,660.	2,660.	2,660.	SI	ъ.	5.000			
LAPTOP 2422	01/01/2016	1,600.	100.000			1,600.	1,600.	1,600.	SI	5	5.000			
Less: Retired Assets														
Subtotals														
Listed Property										-				
Less: Retired Assets														
Subtotals														
TOTALS														
AMORTIZATION														
	Date placed in	Cost or					Accumulated	Ending Accumulated	2	- - - -				Current-year
	9	1							9					
TOTALS	-								-					

MATION	HUMAN-I-T						2022					46-0773284
APTION	Description of Property											
Date Date Date Date Property Date Property Date Property Date Date Date Date Property Date	DEPRECIATION											
Second 1/10/12/316 3,400. 10,000 1,400. 1,400	Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis	Basis for	Beginning Accumulated depreciation	Ending Accumulated Medepreciation thod	Life class		Current-year
18	LAPTOP 2705	01/01/2016	1,400.	_			1,400.	1,400.	1,400. SL	5.000		
10 10 10 10 10 10 10 10		01/01/2016	1,600.	100.000			1,600.	1,600.		5.000		
1.001.00230 1.425. 1.00.000 1.425. 1.425. 1.425. 1.550. 1.5		01/01/2016	2,660.	100.000			2,660.	2,660.		5.000		
1,	LAPTOP 3433	01/01/2016	1,435.	100.000			1,435.	1,435.		5.000		
D17612/2016 41.50 10.0.00 4.99 4.99 51. 50.00		01/01/2016	1,550.	100.000			1,550.		550.	5.000		
1777 1716/27316 1.585 100.000 1.580	LAPTOP 7877	01/01/2016	.667	100.000			499.	499.		5.000		
	LAPTOP 7907	01/01/2016	1,550.	100.000			1,550.	1,550.	550.	5.000		
1,000/08 07/28/2015 1,428 100.000 1,428 1,428 1,428 2,14 2,1 5,000	2017 HINO VAN	12/01/2016	96,440.	100.000			96,440.	96,440.	440.	5.000		
1816	BIOMETRIC LOCKS	07/28/2016	1,428.	100.000			1,428.	1,428.	428.	5.000		
1,100 1,150, 100, 000 1,165, 200 1,165, 200 1,165, 200 1,165, 200 2,160	COMPUTER 3816	07/31/2017	264.	100.000			264.	234.		5.000		30.
	COMPUTER 1709	09/30/2017	1,165.	100.000				990.	165.	5.000		175.
33 12/15/2017 299. 100.000 299. 245. 299. 51. 5.000 5.000 6.00	PALLET 5397	08/31/2017	299.	100.000			299.	260.		5.000		39.
2	PALLET 5403	12/15/2017	299.	100.000			299.	245.		5.000		54.
173		03/31/2018	4,005.	100.000			4,005.		,805.	5.000		801.
18. 18.	PALLET 6887	03/31/2018	1,005.	100.000			1,005.	754.	_	5.000		201.
12	CAMERAS 4603	06/30/2018	754.	100.000			754.	528.	_	5.000		151.
		06/30/2018	901.	100.000			901.	630.		5.000		180.
20,702/2018 93,392. 100,000 93,392. 60,704. 79,382. St.	CAMERA SYSTEM 0016	08/31/2018	1,340.	100.000			1,340.	893.		5.000		268.
Assets	2018 TRUCK	09/30/2018	93,392.	100.000			93,392.	60,704.		5.000		18,678.
pperty Accumulated Accumulate	•											
Accumulated Accumu												
d Assets	Listed Property											
d Assets												
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d Assets												
ZATION Cost												
ZATION Date Cost placed in or service basis et description Date placed in or service basis Accumulated Accumulated amortization amortization Code Life	Subtotals	-										
TIZATION Date Cost placed in or service basis Set description Code Life												
Date Cost placed in or service basis Accumulated Accumulated Accumulated Accumulated amortization amortization Code Life	TIZATION										-	
	Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization	Life		Current-year amortization
				,								
				•								
				•								
				•								

HUMAN-I-T						2022					46-0773284
Description of Property											
DEPRECIATION											
Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated Medepreciation thod Conv.	ACRS CRS class	Current-year 179 expense	Current-year depreciation
QUICKSILVER 01	11/30/2018	5,643.	0			5,643.	3,481.	4,610. SL	5.000		1,129.
PALLET JACK	12/14/2018	3,098.	100.000			3,098.	1,912.	2,532. SI	5.000		620.
LASER PRINTERS	01/01/2019	600.	100.000			600.	360.	480. SI	5.000		120.
APPLE A1707	02/01/2019	1,349.	100.000			1,349.	787.	1,057. SL	5.000		270.
ESPON BRIGHTLINK	03/01/2019	700.	100.000			700.	165.	223. SL	12.000		58.
IPAD PRO	06/01/2019	1,149.	100.000			1,149.	594.	824. SI	5.000		230.
APPLE MACBOOK AIR	07/01/2019	725.	100.000			725.	363.	508. SI	5.000		145.
SAMSUNG TV 65"	07/01/2019	1,099.	100.000			1,099.	550.	770. SL	5.000		220.
SAMSUNGTV 75"	07/01/2019	1,199.	100.000			1,199.	600.	840. SL	5.000		240.
CANON C5045	07/01/2019	1,366.	100.000			1,366.	285.	399. SI	12.000		114.
FIREKING FILING	07/01/2019	599.	100.000			599.	300.	420. SI	5.000		120.
FORKLIFT	07/01/2019	7,150.	100.000			7,150.	3,575.	5,005. SI	5.000		1,430.
DECK PANEL TRUCK	07/01/2019	2,034.	100.000			2,034.	1,017.	1,424. SL	5.000		407.
DRAPES	08/01/2019	1,104.	100.000			1,104.	534.	755. SL	5.000		221.
OFFICE LOCKS	08/01/2019	529.	100.000			529.	256.	362. SL	5.000		106.
COMMERCE SIGN	09/01/2019	675.	100.000			675.	224.	320. SL	7.000		96.
CAMERAS TRUCK 2	09/01/2019	3,734.	100.000			3,734.	1,244.	1,777. SL	7.000		533.
SHARP AQUOS 90" TV	10/01/2019	3,149.	100.000			3,149.	1,417.	2,047. SL	5.000		630.
HARD DRIVE CRUSHER	10/01/2019	3,869.	100.000			3,869.	1,741.	2,515. SL	5.000		774.
Less: Retired Assets											
Subtotals											
Listed Property											
Less: Retired Assets											
Subtotals	:										
AMORTIZATION											
Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization Code	Life		Current-year amortization
-							1				1
			•								
TOTALS			•								
ALS											

HUMAN-I-T						2022							46-0773284
Description of Property													
DEPRECIATION	- 1	:		-	-						-		
Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	thod Me	Conv. Life	ACRS CRS	Current-year 179	Current-year depreciation
HDD WIPING MACHINE	09/01/2019	٠	100.000			3,144.	1,468.	2,097.	SL				629.
PALLET JACK	07/12/2019	624.	100.000			624.	312.	437.	SL	5.000	0		125.
IPAD PRO	06/01/2019	1,477.	100.000			1,477.	762.	1,057.	SL	5.000	0		295.
FORK LIFT	07/01/2017	26,311.	100.000			26,311.	23,679.	26,311.	SL	5.000	0		2,632.
FIXTURES - 2008	08/05/2020	18,779.	100.000			18,779.	3,801.	6,484.	SL	7.000	0		2,683.
FIXTURES - 2010	10/02/2020	1,036. 1	100.000			1,036.	214.	362.	SI	7.000	0		148.
EQUIPMENT - 4301	01/01/2020	700. 1	100.000			700.	280.	420.	SI	5.000	0		140.
EQUIPMENT - 8739	06/01/2020	3,995. 1	100.000			3,995.	1,265.	2,064.	SL	5.000	0		799.
EQUIPMENT - 0001	06/05/2020	2,879.	100.000			2,879.	912.	1,488.	SI	5.000	0		576.
EQUIPMENT - 0011	06/19/2020	1,622.	100.000			1,622.	486.	810.	SI	5.000	0		324.
EQUIPMENT - 4041	07/01/2020	550. 1	100.000			550.	165.	275.	SI	5.000	0		110.
EQUIPMENT - 0831	07/29/2020	6,500. 1	100.000			6,500.	1,842.	3,142.	SL	5.000	0		1,300.
EQUIPMENT - 2008	08/05/2020	3,799. 1	100.000			3,799.	1,077.	1,837.	SL	5.000	0		760.
EQUIPMENT - 814-2	08/07/2020	2,049. 1	100.000			2,049.	581.	991.	SL	5.000	0		410.
EQUIPMENT - 200903	09/03/2020	3,406. 1	100.000			3,406.	908.	1,589.	SL	5.000	0		681.
EQUIPMENT - 1343	09/17/2020	1,250. 1	100.000			1,250.	313.	563.	SL	5.000	0		250.
EQUIPMENT - 200922	09/22/2020	784. 1	100.000			784.	196.	353.	SL	5.000	0		157.
EQUIPMENT - 0736	10/02/2020	845. 1	100.000			845.	211.	380.	SL	5.000	0		169.
EQUIPMENT - 0002	10/23/2020	2,400. 1	100.000			2,400.	560.	1,040.	SL	5.000	0		480.
Less: Retired Assets													
Subtotals													
Listed Property													
Less: Retired Assets	-									-			
Subtotals													
TOTALS													
AMORTIZATION													
A constitution	Date placed in	Cost					Accumulated	Ending Accumulated		- 5 -			Current-year
									9	!			
TOTALS													
0.75													

HUMAN-I-T						2022								46-0773284
Description of Property														
DEPRECIATION														
Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	thod hod	Conv.	ACRS	S CRS	Current-year 179 expense	Current-year depreciation
EQUIPMENT - 0001	11/12/2020	885.	100.000			885.		384.	SL					177.
EQUIPMENT - 3912	12/01/2020	658.	100.000			658.	143.	275.	SL	5.0	5.000			132.
EQUIPMENT - 6014	12/16/2020	500.	100.000			500.	100.	200.	SI	5.0	5.000			100.
EQUIPMENT - 3666	12/16/2020	500.	100.000			500.	100.	200.	SL	5.000	000			100.
EQUIPMENT - 0006	02/17/2020	5,989.	100.000			5,989.	2,196.	3,394.	SL	5.0	5.000			1,198.
EQUIPMENT - 6045	12/16/2020	500.	100.000			500.	100.	200.	SL	5.0	5.000			100.
HARDWARE - LA02	06/09/2020	2,955.	100.000			2,955.	936.	1,527.	SL	5.0	5.000			591.
HARDWARE - 0011	04/03/2020	3,319.	100.000			3,319.	1,162.	1,826.	SL	5.0	5.000			664.
HARDWARE - LA01	06/09/2020	2,955.	100.000			2,955.		1,527.	IS	5.0	5.000			591.
HARDWARE - 0004	06/09/2020	2,955.	100.000			2,955.		1,527.	SL	5.0	5.000			591.
LH IMPROVE - 0022	01/13/2020	1,104.	100.000			1,104.	442.	663.	SL	5.0	5.000			221.
LH IMPROVE - 0033	02/12/2020	998.	100.000			998.	383.	583.	SL	5.0	5.000			200.
VEHICLES - 7087	05/21/2020	94,046.	100.000			94,046.	29,	48,590.	SL	5.0	5.000			18,809.
EQUIPMENT - 15939	06/01/2020	1,486.	100.000			1,486.	297.	594.	SL	5.0	5.000			297.
EQUIPMENT - 15949	09/01/2020	3,112.	100.000			3,112.	622.	1,244.	SL	5.0	5.000			622.
EQUIPMENT - 15951	09/14/2020	3,137.	100.000			3,137.	627.	1,254.	SL	5.0	5.000			627.
EQUIPMENT - 15953	09/18/2020	924.	100.000			924.	185.	370.	SL	5.000	000			185.
EQUIPMENT - 15954	09/18/2020	2,959.	100.000			2,959.	592.	1,184.	SL	5.0	5.000			592.
EQUIPMENT - 15959	11/01/2020	5,239.	100.000			5,239.	1,048.	2,096.	SL	5.0	5.000			1,048.
Less: Retired Assets									J					
Subtotals														
Listed Property										_				
Less: Retired Assets														
Subtotals														
TOTALS														
AMORTIZATION								- 						
	Date placed in	Cost or					Accumulated	Ending Accumulated						Current-vear
Asset description	service	basis					amortization	amortization	Code	Life				amortization
TOTALS	-													

HUMAN-I-T						2022					46-0773284
Description of Property											
DEPRECIATION											
Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated Me- depreciation thod Conv.	ACRS CRS Life class class	Current-year 179 expense	Current-year depreciation
EQUIPMENT - 15988	02/03/2021	3,898.	0			3,898.	715.	1,495. SL	5.000		780.
E8651 - INEWINGE	05/28/2021	564.	100.000			564.	66.	179. SL	5.000		113.
EQUIPMENT - 15990	09/20/2021	2,081.	100.000			2,081.	104.		5.000		416.
EQUIPMENT - 15999	02/11/2021	500.	100.000			500.	92.	192. SI	5.000		100.
00091 - INEMAINÕE	06/01/2021	500.	100.000			500.	58.	158. SI	5.000		100.
10091 - INEMAINÕE	10/25/2021	500.	100.000			500.	17.	117. SI	5.000		100.
92091 - INEMEINGE	06/30/2021	500.	100.000			500.	50.	150. SI	5.000		100.
HARDWARE - ARC3	11/12/2021	848.	100.000			848.	28.	198. SL	5.000		170.
8262 - 34MDARH	01/01/2021	1,818.	100.000			1,818.	364.	728. SI	5.000		364.
HARDWARE - 0223	02/05/2021	1,210.	100.000			1,210.	222.	464. SI	5.000		242.
HARDWARE - BRC4	02/26/2021	748.	100.000			748.	125.	275. SL	5.000		150.
HARDWARE -BRC5	04/27/2021	1,096.	100.000			1,096.	146.	365. SL	5.000		219.
HARDWARE - BIDP	10/01/2021	1,039.	100.000			1,039.	52.	260. SL	5.000		208.
HARDWARE - A0001	01/29/2021	2,867.	100.000			2,867.	526.	1,099. SI	5.000		573.
HARDWARE -0926	03/02/2021	5,616.	100.000			5,616.	936.	2,059. SI	5.000		1,123.
HARDWARE - 3269	08/02/2021	530.	100.000			530.	44.	150. SI	5.000		106.
HARDWARE - 0342	01/25/2021	5,615.	100.000			5,615.	1,029.	2,152. SL	5.000		1,123.
HARDWARE - 3933	02/23/2021	500.	100.000			500.	83.	183. SI	5.000		100.
HARDWARE - 3940	02/23/2021	500.	100.000			500.	83.	183. SL	5.000		100.
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Subtotals											
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AMORTIZATION											
	Date placed in	Cost					Accumulated	Ending Accumulated			Current-year
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TOTALS			•								

HUMAN-I-T						2022								46-0773284
Description of Property														
DEPRECIATION														
Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	thod hod	Conv. Life	ACRS	CRS Class	Current-year 179 expense	Current-year depreciation
HARDWARE -0331	_	5,615.	100.000			5,615.	936.	2,059.	SL	/ D				1,123.
HARDWARE - 0373	03/08/2021	5,615.	100.000			5,615.	936.	2,059.	SI	5.000	00			1,123.
HARDWARE - 0403	03/08/2021	5,615.	100.000			5,615.	936.	2,059.	SI	5.000	00			1,123.
HARDWARE- 2335	04/07/2021	658.	100.000			658.	99.		SL	5.000	00			132.
HARDWARE - 2423	06/02/2021	620.	100.000			620.	72.	196.	IS	5.000	00			124.
HARDWARE - 2492	06/02/2021	620.	100.000			620.	72.	196.	IS	5.000	00			124.
HARDWARE - 1302	09/14/2021	658.	100.000			658.	44.		SL	5.000	00			132.
1	10/11/2021	651.	100.000			651.	33.	163.	IS	5.000	00			130.
HARDWARE - 1524	10/14/2021	651.	100.000			651.	33.	163.	SL	5.000	00			130.
HARDWARE - 1807	10/06/2021	651.	100.000			651.	33.	163.	SL	5.000	00			130.
HARDWARE - 5955	11/08/2021	526.	100.000			526.	18.		IS	5.000	00			105.
HARDWARE - 5962	11/12/2021	526.	100.000			526.	18.	123.	SL	5.000	00			105.
HARDWARE - 6006	11/08/2021	526.	100.000			526.	18.	123.	IS	5.000	00			105.
HARDWARE - 6143	11/08/2021	526.	100.000			526.	18.	123.	SI	5.000	00			105.
HARDWARE - 6174	11/24/2021	526.	100.000			526.	9.	114.	SI	5.000	00			105.
HARDWARE - 6204	11/08/2021	526.	100.000			526.	18.	123.	SL	5.000	00			105.
HARDWARE - 0033	11/16/2021	805.	100.000			805.	13.	174.	SL	5.000	00			161.
HARDWARE - 1548	12/03/2021	651.	100.000			651.	11.	141.	SL	5.000	00			130.
HARDWARE - 1609	12/03/2021	651.	100.000			651.	11.	141.	SL	5.000	00			130.
Less: Retired Assets												1		
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	Date placed in	Cost					Accumulated	Ending Accumulated Accumulated						Current-vear
Asset description	service	basis	·				amortization		Code	Life				amortization
TOTALS														

HUMAN-I-T						2022					46-0773284
Description of Property											
DEPRECIATION											
Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated Me- depreciation thod	Conv. Life class class	1A Current-year RS 179 ass expense	Current-year depreciation
HARDWARE - 5924	12/03/2021	526.	ō			526.	9.	114. SL	5.000		105.
HARDWARE - 1210	10/21/2021	651.	100.000			651.	22.	152. SI	5.000		130.
LH IMPROV- 0095	03/05/2020	2,047.	100.000			2,047.	512.	1,024. SL	4.000		512.
LH IMPROV- ALDS	03/16/2021	989.	100.000			989.	49.	115. SL	15.000		66.
LH IMPROV- TFHF	04/28/2021	5,450.	100.000			5,450.	242.	605. SI	15.000		363.
LH IMPROV- ANDU	08/20/2021	3,623.	100.000			3,623.	81.	323. SL	15.000		242.
LH IMPROV- BWPR	06/12/2021	5,667.	100.000			5,667.	220.	598. SI	15.000		378.
LH IMPROV- ANIC	07/23/2021	49,458.	100.000			49,458.	1,374.	4,671. SL	15.000		3,297.
LH IMPROV- ANLU	07/12/2021	4,760.	100.000			4,760.	159.	476. SL	15.000		317.
LH IMPROV- BAAU	10/14/2021	1,022.	100.000			1,022.	17.	85. SL	15.000		68.
LH IMPROV- ALDS	03/16/2021	1,978.	100.000			1,978.	99.	231. SL	15.000		132.
LH IMPROV- 16029	02/05/2021	1,325.	100.000			1,325.		169. SI	15.000		88.
LH IMPROV- 16030	01/05/2021	2,194.	100.000			2,194.	1	292. SI	15.000		146.
LH IMPROV- ANDC	08/11/2021	33,677.	100.000			33,677.	935.	3,180. SI	15.000		2,245.
LH IMP-PALLET RACK	08/31/2021	33,762.	100.000			33,762.	750.	3,001. SI	15.000		2,251.
LH IMPROV- ANLU	07/12/2021	2,572.	100.000			2,572.	86.	257. SL	15.000		171.
VEHICLE-FREIGHTLIN	06/30/2021	100,458.	100.000			100,458.	10,046.	30,138. SI	5.000		20,092.
VEHICLE- 15987	10/07/2021	4,629.	100.000			4,629.	231.	1,157. SI	5.000		926.
VEHICLE-WRAP-15991	10/07/2021	5,009.	100.000			5,009.	250.	1,252. SI	5.000		1,002.
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HUMAN-I-T						2022							46-0773284
Description of Property													
DEPRECIATION													
Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me- thod Conv.	Life	MA ACRS CRS class class	Current-year 179 expense	Current-year depreciation
VEHICLE-WRAP-15992	10/07/2021	5,009.	0	-		5,009.	250.	1,252.	SL	5.000			1,002.
VEHICLE-WRAP-15993	10/07/2021	5,009.	100.000			5,009.	250.	1,252.	SI	5.000			1,002.
FIXTURE - A0001	01/05/2021	2,194.	100.000			2,194.	439.	878.	SI	5.000			439.
LOCKER CABINET	09/01/2021	2,080.	100.000			2,080.	139.	555.	SI	5.000			416.
HARDWARE - 16033	01/04/2022	5,310.	100.000			5,310.		1,062.	SI	5.000			1,062.
HARDWARE - 16034	05/06/2022	671.	100.000			671.		.68	IS	5.000			89.
HARDWARE - 16035	02/28/2022	776.	100.000			776.		129.	IS	5.000			129.
HARDWARE - 16036	05/24/2022	588.	100.000			588.		69.	IS	5.000			69.
HARDWARE - 16037	02/25/2022	920.	100.000			920.		153.	IS	5.000			153.
HARDWARE - 16038	05/13/2022	671.	100.000			671.		.68	IS	5.000			89.
HARDWARE - 16039	04/04/2022	550.	100.000			550.		83.	SI	5.000			83.
HARDWARE - 16040	03/11/2022	1,495.	100.000			1,495.		249.	SI	5.000			249.
HARDWARE - 16041	02/15/2022	526.	100.000			526.		96.	SI	5.000			96.
HARDWARE - 16042	02/14/2022	526.	100.000			526.		96.	SI	5.000			96.
HARDWARE - 16043	02/14/2022	526.	100.000			526.		96.	SI	5.000			96.
HARDWARE - 16044	04/12/2022	526.	100.000			526.		79.	SI	5.000			79.
HARDWARE - 16045	11/11/2022	508.	100.000			508.		17.	SI	5.000			17.
HARDWARE - 16046	02/17/2022	5,000.	100.000			5,000.		833.	SI	5.000			833.
HARDWARE - 16047	03/03/2022	3,314.	100.000			3,314.		552.	SI	5.000			552.
Less: Retired Assets													
Subtotals													
Listed Property													
Less: Retired Assets													
Subtotals													
AMORTIZATION													
Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization	Code	Life			Current-year amortization
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TOTALS			<u>'</u>										

Accumulated Accumulated amortization amortization Code	Cost	TOTALS 890. 473 890. 473 315. 622 440. 226	Less: Retired Assets		Listed Property	Subtotals 890,473. 890,473. 890,473. 315,622. 440,226.	Less: Retired Assets		EQUIPMENT- 16054 10/07/2022 3,400. 100.000 3,400. 170. St	LH IMPROV- 16061 03/02/2022 7,814. 100.000 7,814. 2,171. SL	LH IMPROV- 16049 09/30/2022 1,886. 100.000 1,886. 157. SL	HARDWARE - 16060 04/01/2022 1,500. 100.000 1,500. 225. SL	- 16059 02/09/2022	HARDWARE - 16058 06/06/2022 1,398. 100.000 1,398. 163. SL	- 16057 04/03/2022 1,234. 100.000 1,234. 185.	HARDWARE - 16056 03/30/2022 5,283. 100.000 5,283. 792. SL	HARDWARE - 16055 03/03/2022 1,500. 100.000 1,500. 250. SI	HARDWARE - 16053 08/24/2022 19,148. 100.000 19,148. 1,277. SL	HARDWARE - 16052 10/28/2022 3,098. 100.000 3,098. 103. SI	- 16051 07/05/2022 1,448. 100.000 1,448. 145.	- 16050 05/18/2022 3,357.	04/12/2022 1,400. 100.000 1,400. 210. SI	Date Unadjusted 179 exp. Beginning Ending Me- placed in Cost Bus. reduction Basis Basis for Accumulated Accumulated Me- Asset description service or basis % in basis Reduction depreciation depreciation depreciation thod Cor	Description of Property	HUMAN-I-T 2022
		890.473				890,473.			3,400.	7,814.	1,886.	1,500.	1,200.	1,398.	1,234.	5,283.	1,500.	19,148.	3,098.	1,448.	3,357.	1,400.	Basis for depreciation		2022
Accumulated amortization		315.622				315,622.																	Beginning Accumulated depreciation		
Accumulated amortization	Ending	440.226				440,226.				_			_									210.	Ending Accumulated depreciation		
Code Life	-		-		_		-		SI	SL	SI	SL	SL	SI	SL	SI	SI	SI	SI	SL	IS	IS.	Me- thod Conv.		
			-		-		-		5.000	15.000	15.000	5.000	5.000	5.000	5.000	5.000	5.000	5.000	5.000	5.000	5.000	5.000	ACRS CRS class		
																							Current-year 179 s expense		
Current-year amortization		124.604				124,604.			170.	2,171.	157.	225.	220.	163.	185.	792.	250.	1,277.	103.	145.	392.	210.	Current-year depreciation		46-0773284