Client Copy

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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



AI	For the	e 2020 calendar year, or tax year beginning and	ending		
B	Check if applicab	e: C Name of organization		D Employer identifie	cation number
	Addre	B HACKS HACKERS			
	Name		45-53514	84	
	Initial		Room/suite	E Telephone number	
	Final return	700 12TH ST NW SUITE 700 PMB 96681		650-353-	
	termir ated	, , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	739,228.
	Amen	WASHINGTON, DC 20005		H(a) Is this a group re	eturn
	Applic tion	F Name and address of principal officer: BOKI HERMAN		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: 🚺 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🗌 4947(a)(1) (or 527	- '	list. See instructions
		te: HACKSHACKERS.COM		H(c) Group exemption	
		organization: X Corporation Trust Association Other >	L Year	of formation: 2012	State of legal domicile: DC
Pa	art I	Summary	<u></u>		
é	1	Briefly describe the organization's mission or most significant activities: SEE S	STATEM	ENT ATTACHEI)
Activities & Governance					
ern	2	Check this box if the organization discontinued its operations or dispose		1.1	ets. 4
200	3			4	
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)		<u> </u>	
ties	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			150
tivi	0	Total number of volunteers (estimate if necessary)			0.
Ac	h	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
			<u></u>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,384,914.	738,709.
Revenue	9	Program service revenue (Part VIII, line 2g)		60,202.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		651.	519.
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,445,767.	739,228.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		235,517.	150,236.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be	. b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		768,255.	866,487.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,003,772.	1,016,723.
	19	Revenue less expenses. Subtract line 18 from line 12		441,995.	-277,495.
S OL			Be	ginning of Current Year	End of Year
Assets	20	Total assets (Part X, line 16)		1,325,822.	1,003,798.
it As	-	Total liabilities (Part X, line 26)		73,291.	28,762.
ž,		Net assets or fund balances. Subtract line 21 from line 20		1,252,531.	975,036.
1 1 6	art II	Julia Contraction Contractica			

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

Sign Here	Signature of officer BURT HERMAN, PRESIDENT Type or print name and title	Date							
Paid	Print/Type preparer's name Preparer's signature BRIAN NEWHOUSE BRIAN NEWHOUSE	Date Check TIN 11/08/21 self-employed P01511358							
Preparer	Firm's name 🕨 ALEGRIA & COMPANY, P.S.	Firm's EIN ▶ 91-0856953							
Use Only									
	PROSSER, WA 99350	Phone no. (509) 786-2404							
May the II	RS discuss this return with the preparer shown above? See instructions	X Yes No							
032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

orm	n 990 (2020) HACKS_HACKERS 45-5351484
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO FOSTER UNDERSTANDING AND CONNECTIONS BETWEEN JOURNALISTS AND
	TECHNOLOGISTS TO SUPPORT INNOVATION IN JOURNALISM ON A LOCAL AND
	GLOBAL LEVEL, INCLUDING GIVING SUPPORT TO PROJECTS THAT INNOVOATE IN
	JOURNALISM.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 974,957. including grants of \$ 150,236.) (Revenue \$ 18,72
	NEWSO IS AN INITIATIVE OF THE TOW-KNIGHT CENTER FOR ENTREPRENEURIAL
	JOURNALISM AT THE CRAIG NEWMARK GRADUATE SCHOOL OF JOURNALISM AND
	SUPPORTED BY HACKS/HACKERS. NEWSQ SEEKS TO ELEVATE QUALITY JOURNALISM
	WHEN ALGORITHMS RANK AND RECOMMEND NEWS ARTICLES ONLINE. WE APPROACH
	THIS PROBLEM BY ENGAGING IN DESIGN THINKING ACTIVITIES IN COLLABORATION
	WITH TECHNOLOGY, JOURNALISM, ACADEMIA AND OTHER COMMUNITIES. THROUGH
	OUR PARTICIPATORY APPROACH, WE HOPE TO PROMOTE CONSTRUCTIVE STEPS
	TOWARDS SOLUTIONS THAT DRIVE FINANCIAL SUPPORT TOWARDS QUALITY NEWS AN
	AWAY FROM DISINFORMATION, AND MISINFORMATION.
	AWAI FROM DISINFORMATION, AND MISINFORMATION.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	WIKICRED IS A COLLABORATION BETWEEN THE CREDIBILITY COALITION THE
	WIKIMEDIA FOUNDATION, AND THE WIKIMEDIAN COMMUNITY. THE INITIATIVE GOT
	ITS START AT WIKICONFERENCE NORTH AMERICA 2019, (WCNA 2019), A
	"WIKICREDCON" WITH 350 ATTENDEES THAT EXPLORED THEMES OF INFORMATION
	RELIABILITY AND CREDIBILITY. DURING 2020, 14 WIKICRED MICROGRANTS
	FUNDED A DIVERSE SET OF WIKIMEDIAND, INCLUDING AN INITIATIVE AROUND
	VACCINE SAFETY, WHICH BROUGHT TOGETHER EXPERTS FROM THE WORLD HEALTH
	ORGANIZATIONS'S VACCINE SAFETY NET AND WIKIPEDIANS INTERESTED IN
	MEDICINE.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	SINCE THE ORIGINAL MISINOCON CONFERENCE AT MIT MEDIA LAB IN FEBRUARY
	2017, HACKS HACKERS HAS HOSTED OTHER MISINFOCONS AND CREDCONS IN
	LOCALES INCLUDING KYIC, UKRAINE; WASHINGTON, DC; LONDON, UK; AUSTIN,
	TX; CAMBRIDGE, MA; AND ATLANTA, GA. WE HAVE ALSO HELD SMALLER
	MISINFOCONX EVENTS CENTERED ON SPECIFIC TOPICS - SUCH AS ELECTIONS OR
	USER EXPERIENCE - THAT BRING TOGETHER WORKING GROUPS FOR HANDS-ON
	WORKSHOPS. IN ADDITION TO THE REGULAR CONFERENCES AND EVENTS,
	MISINFOCON ALSO PUBLISHES A BLOG AND BIWEEKLY NEWSLETTER, AND SERVES A
	AN INCUBATOR FOR PROJECTS AIMED AT TACKLING THE CHALLENGE OF ONLINE
	INFORMATION.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 974,957.
	Form 990
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 Form 990 (2020)
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 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
•	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			<u> </u>
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			- 23
10		10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V			
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	<u>11a</u>		X X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	5			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	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		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
		19		x
20-2	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20a 20b		<u> </u>
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>	21	х	
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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		L
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		L
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		L
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
-	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization required, errinnate, or dissorte and cease operations? <i>If 'res,' complete Schedule N, Part 1</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete</i>			<u> </u>
52		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
33		33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
25 -	Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		
D	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 eaction 512/b)(12)2. (Filling a final state of the back of the bac	254		1
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
~-	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			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	Ĺ
Fai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 22	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	Ĺ
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Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 0	2b							
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)								
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
	b If "Yes," has it filed a Form 990-T for this year? <i>If</i> " <i>No</i> " to line 3b, provide an explanation on Schedule O								
4a	ta 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)?								
b	b If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			77					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		_X_					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).			v					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		_X_					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v					
	to file Form 8282?	7c		X					
	d If "Yes," indicate the number of Forms 8282 filed during the year								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g							
	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?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8							
0	sponsoring organization have excess business holdings at any time during the year?	•							
9	Sponsoring organizations maintaining donor advised funds.	00							
a h	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b							
ь 10	Section 501(c)(7) organizations. Enter:	90							
a b	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
ь 11	Section 501(c)(12) organizations. Enter:								
'' a	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
D.	amounts due or received from them.) 11b								
1 2 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
u	Note: See the instructions for additional information the organization must report on Schedule O.	104							
h	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
с	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		х					
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.								

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Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No" r	espon	se
	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			Σ
Sec	tion A. Governing Body and Management		-	<u> </u>
			Yes	N
1a		4		
	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.			
-	5	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			,
	of officers, directors, trustees, or key employees to a management company or other person?			2
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			
6	Did the organization have members or stockholders?	6		2
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			.
	more members of the governing body?	<u>7a</u>		2
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		1	_
_	persons other than the governing body?	7b	-	Σ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	<u>8a</u>	X	-
b	Each committee with authority to act on behalf of the governing body?	<u>8b</u>	Х	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Ι.
200	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		2
bec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		N.	Γ.
	D'il the survey institute have been been shown as a ffilled a O	40-	Yes	
	Did the organization have local chapters, branches, or affiliates?	10a		-
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	101		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	100	x	
	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
C		12c	x	
12	in Schedule O how this was done Did the organization have a written whistleblower policy?	13	23	2
13 14				2
14 15	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	14		-
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	150		2
		15a 15b		2
D	Other officers or key employees of the organization	150		1
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104		160		2
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	<u>16a</u>		1
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	164		
Sec	exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright VA			
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	availa	hle
	for public inspection. Indicate how you made these available. Check all that apply.	5)0 Only	, avanc	
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finar	cial	
	statements available to the public during the tax year.	ia mial	Janan	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	BURT HERMAN C/O FLETCHER HEALD AND HILDRETH PLC - (650) $353-878$	7		
	1300 17TH ST NORTH, 11TH F, VA 22209			
32006	3 12-23-20	Fori	n 990	(20
	7			•
)11	.09 784848 10966.001 2020.05000 HACKS HACKERS		10	96

Form 990 (2020) HACKS HACKERS	45-5351484	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest C	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 endin	g with or within the organization's	s tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), r 	egardless of amount of compens	ation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)			(D)	(E)	(F)			
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unle	ss pe	s person is both an			compensation	compensation	amount of
	week			officer and a director/tru		r/trus	tee)	from	from related	other
	(list any	rector	ector					the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		66	bens		(W-2/1099-MISC)		organization and related
	below	lual tr	tional	Ι.	nploy	st con yee				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) JENNIFER LEE	13.00	_	_		-		-			
DIRECTOR		х						47,500.	0.	0.
(2) BURT HERMAN	3.00									
PRESIDENT, TREASURER, DIRE		Х		x				0.	Ο.	0.
(3) RICH GORDON	1.00									
DIRECTOR TILL 5/20		Х						0.	0.	0.
(4) MARINO BLEJMAN	1.00									
DIRECTOR		Х						0.	0.	0.
		-								
		-								
			<u> </u>		<u> </u>	<u> </u>				
		-								
					<u> </u>					
		-								
										- 000 (
032007 12-23-20										Form 990 (2020)

8

032007 12-23-20

	990 (2020) HACKS HAC	CKERS								45-53	3514	84	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box offic	not c , unle:	Pos heck i ss per	more rson i	than o is both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga and	pensa om the anizat d relate nizatio	e ion ed
1b	Subtotal	<u> </u>				L			47,500.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							<u> </u>		0.			0.
2	Total number of individuals (including but n compensation from the organization							o re	eceived more than \$100,	000 of reportable	•			0
	· · · ·										Г	_	Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	-		-	•	-		Ŭ	• •	•		3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	-		-					-	-		4		х
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>corr</i>	accrue compen	sati	on fr	rom	any	unre	elate	ed organization or individ	dual for services		5		х
Sec	tion B. Independent Contractors			<i>JI 3</i> L		5613						•		
1	Complete this table for your five highest co the organization. Report compensation for		•							, ,	ensati	on fro	m	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Co	(C omper	;) nsatio	n
								\neg						
2	Total number of independent contractors (i	ncludina but na	ot lin	niter	to	thos	se lis	ted	above) who received mo	ore than				
_	\$100,000 of compensation from the organi	•)				_		200	
											F	orm	290 (ž	2020)

			2020) HACKS HACKE	ERS				45-5351	484 Page 9
Pa	rt \	/	Statement of Revenue						
			Check if Schedule O contains a respo	onse	or note to any line				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<i>6</i> 0	4	_	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts									
D G			Membership dues 1b Fundraising events 1c						
fts, r Ai			Related organizations 1d						
, Gi nila			Government grants (contributions) 1e						
Sin			All other contributions, gifts, grants, and						
utio		•	similar amounts not included above 1f		738,709.				
trib Otl		a	Noncash contributions included in lines 1a-1f		,				
Con		-	Total. Add lines 1a-1f		•	738,709.			
0.0					Business Code				
ø	2	а							
vice	-	b							
Ser		c							
n an		d							
Program Service Revenue		e							
Pro		f	All other program service revenue						
			Total. Add lines 2a-2f						
	3		Investment income (including dividends, i						
			other similar amounts)			519.			519.
	4		Income from investment of tax-exempt bo						
	5		Royalties		🕨 🛛				
			(i) Rea	l	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		с	Rental income or (loss) 6c						
		d	Net rental income or (loss)		►				
	7	а	Gross amount from sales of (i) Securi	ties	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
ne			and sales expenses 7b						
venue		с	Gain or (loss)						
Re		d	Net gain or (loss)		>				
Other	8	а	Gross income from fundraising events (not						
ð			including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18						
			Less: direct expenses	8b					
	-		Net income or (loss) from fundraising even		►				
	9	а	Gross income from gaming activities. See						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming activitie	s					
	10	а	Gross sales of inventory, less returns						
		L	and allowances						
			Less: cost of goods sold						
	-	С	Net income or (loss) from sales of invento	ıy	Business Code				
sn	44	~			Dusiness Coue				
oer ue		a h							
iscellaneous Revenue		b							
Be		c d	All other revenue						
Ϊ			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			739,228.	0.	0.	519.
03200					F				Form 990 (2020

HACKS HACKERS Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	(A)	nis Part IX (B)	(C)	Σ (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	101 726	101 726		
_	and domestic governments. See Part IV, line 21	121,736.	121,736.		
2	Grants and other assistance to domestic	10 500	10 500		
	individuals. See Part IV, line 22	18,500.	18,500.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	10 000	10 000		
	individuals. See Part IV, lines 15 and 16	10,000.	10,000.		
1	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
,	Other salaries and wages				
3	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
)	Other employee benefits				
)	Payroll taxes				
1	Fees for services (nonemployees):				
a	Management	3,692.	3,177.	515.	
b		19,120.	15,600.	3,520.	
	Accounting	19,120.	15,000.	5,520.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	690,616.	661 027	25,789.	
	column (A) amount, list line 11g expenses on Sch 0.)	22,432.	<u>664,827.</u> 22,432.	25,709.	
2	Advertising and promotion	20,280.	10,460.	9,820.	
3	Office expenses	20,200.	10,400.	9,020.	
1	Information technology				
5	Royalties				
) ,		16,349.	15,957.	392.	
	Travel	10,549.			
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	85,214.	85,214.		
)	Conferences, conventions, and meetings	05,214.	05,214.		
)	Interest				
•	Payments to affiliates				
2	Depreciation, depletion, and amortization	4,818.	4,120.	698.	
}	Other expenses. Itemize expenses not covered	7,0100	7,120.	050.	
-	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MEALS	1,270.	1,270.		
a b	BANK FEES	893.	1,270•	893.	
-					
с С					
d	All other expenses	1,803.	1,664.	139.	
	· · · · ·	1,016,723.	974,957.	41,766.	
; :	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	±,0±0,72J•	JIZ, JJI •	±1,100•	L. L
6	, , , , , , , , , , , , , , , , , , , ,				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here Figure 160 if following SOP 98-2 (ASC 958-720)				

11401109 784848 10966.001

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,236,429.	1	566,524.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	89,333.	4	435,000.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
◄	9	Prepaid expenses and deferred charges	60.	9	349.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	1 005
	15	Other assets. See Part IV, line 11	4 9 9 5 9 9 9	15	1,925.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,325,822.	16	1,003,798.
	17	Accounts payable and accrued expenses	73,291.	17	28,762.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab.		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	72 001	25	
	26	Total liabilities. Add lines 17 through 25	73,291.	26	28,762.
ŷ		Organizations that follow FASB ASC 958, check here 🕨 🗴			
JCe		and complete lines 27, 28, 32, and 33.	667 250		156 600
alar	27	Net assets without donor restrictions	667,250.	27	456,699.
ä	28	Net assets with donor restrictions	585,281.	28	518,337.
ũ		Organizations that do not follow FASB ASC 958, check here			
Ъ		and complete lines 29 through 33.			
ţs (29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	1,252,531.	31	075 026
ž	32	Total net assets or fund balances	1,325,822.	32	975,036. 1,003,798.
	33	Total liabilities and net assets/fund balances	I,JZJ,0ZZ.	33	$\frac{1,003,798}{1,003,798}$

Form 990 (2020)

Form 990 (2020)
Part X Balance Sheet

HACKS HACKERS

Form	990 (2020) HACKS HACKERS	45-	5351484	Pag	_{je} 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	739		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,016	,72	23.
3	Revenue less expenses. Subtract line 2 from line 1	3	-277	,49	95.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,252	, 53	31.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	975	,03	36.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			`	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C).			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
	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				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2c</u>		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Aud	it		
	Act and OMB Circular A-133?		<u>3a</u>		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audi			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2020)

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047
2020
Open to Public Inspection

Department of the Treasury Internal Revenue Service					Attach to Form 990 or F v/Form990 for instruction			nformation.		Open to Public Inspection
Name	of th	e organizati		ee te tit tit eige					Employer	identification number
		Ū		S HACKERS						5-5351484
Part	I	Reason	for Public C	Charity Status.	(All organizations must o	omplete th	his part.) S	ee instruction		
The or	ganiz	ation is not a	private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1					on of churches described			1)(A)(i).		
2		A school des	cribed in secti	ion 170(b)(1)(A)(ii).(Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).		
4		A medical res	earch organiza	ation operated in co	njunction with a hospital	described	l in sectio	on 170(b)(1)(A	(iii). Enter	the hospital's name,
_		city, and stat	e:							
5					llege or university owned	l or operat	ed by a go	overnmental u	init describe	ed in
_	_			Complete Part II.)						
6	_			-	nental unit described in					
7 🗋	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
• □				omplete Part II.)						
8 [_	-			(1)(A)(vi). (Complete Par	-				
9 🗌					in section 170(b)(1)(A)(
			or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or
10 🛛		university: An organizati	on that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ne memberet	nin fees and	d gross receipts from
		-		•	t to certain exceptions; a				-	-
					-					-
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
11	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).									
12					ively for the benefit of, to				arry out the	purposes of one or
	I	more publicly	v supported org	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box in
	I	lines 12a thro	ough 12d that o	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	d 12g.	
а		Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving
		the suppor	ted organizatio	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
		organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b				-	l or controlled in connect			-		-
			-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ige the supp	ported
				t complete Part IV,						
с			-		g organization operated				illy integrate	ed with,
4			-). You must complete I				utod organi-	ration(a)
d			-		porting organization oper				-	
			-		zation generally must sat nplete Part IV, Sections	-		-		/eness
е					written determination fro				II. Type III	
č			•		nally integrated supporti			Type I, Type	n, rype m	
fE	Enter		of supported o							
			• •	about the supporte						
	(i)	Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the organized (iv) Is the organized (iv) (iv) (iv) (iv) (iv) (iv) (iv) (iv)	anization listed ing document?	(v) Amount c	-	(vi) Amount of other
		organizatior	١		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
Total										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

2020.05000 HACKS HACKERS

Schedule A (Form 990 or 990-EZ) 2020 HACKS HACKERS

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

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)		•	12	
13						i01(c)(3)	
	organization, check this box and stop	-			•		
See	ction C. Computation of Publi						
14	Public support percentage for 2020 (li	ine 6, column (f), c	divided by line 11, o	column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2020. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2019. If the c	organization did no	ot check a box on l	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	blicly supported o	organization		
b	10% -facts-and-circumstances test	-		• • • •			
	more, and if the organization meets th		-				
	organization meets the facts-and-circu	umstances test. Tl	he organization qua	alifies as a publicly	/ supported organi	zation	
18	Private foundation. If the organizatio	<u>n did not check a</u>	box on line 13, 16	a, 16b, 17a, or 17t	b, check this box a	nd see instruction	s ►
					Sch	edule A (Form 990) or 990-EZ) 2020

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Schedule A (Form 990 or 990 EZ) 2020 HACKS HACKERS

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	25,227.	190,750.	486,180.	1443466.	738,709.	2884332.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,575.	9,805.		1,650.	0.	15,030.
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513	·					·
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	28,802.	200,555.	486,180.	1445116.	738,709.	2899362.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						2899362.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	28,802.	200,555.	486,180.	1445116.	738,709.	2899362.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3.	32.	22.	651.	519.	1,227.
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	3.	32.	22.	651.	519.	1,227.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			1.			1.
13	Total support. (Add lines 9, 10c, 11, and 12.)	28,805.	200,587.	486,203.	1445767.	739,228.	2900590.
14	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, f	ourth, or fifth tax y	/ear as a section 5	01(c)(3) organizatic	on,
		-				-	
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (li	ne 8, column (f), d	ivided by line 13, c	olumn (f))		15	99.96 %
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	<u>99.97 %</u>
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	20 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	.04 %
18	Investment income percentage from 2	2019 Schedule A,	Part III, line 17			18	.03 %
19a	33 1/3% support tests - 2020. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17	
	more than 33 1/3%, check this box an	nd stop here. The	organization qualif	ies as a publicly s	upported organiza	tion	► X
b	33 1/3% support tests - 2019. If the						nd
	line 18 is not more than 33 1/3%, che						▶∐
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19a	a, or 19b, check th			
03202	23 01-25-21				Sche	edule A (Form 990	or 990-EZ) 2020

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

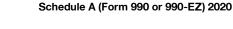
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Ра	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c	ľ	
Sec	ction 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 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office 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	rs, ed		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
0	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	5 1 5 11 5			
	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,	0		
Sec	supervised, or controlled the supporting organization. ction C. Type II Supporting Organizations	2		L
			Vee	
	Mana a mainth, af the annualization is diverticed and material during the territory along a maintik, af the diverticed		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			
Sor	the supported organization(s). ction D. All Type III Supporting Organizations	1		L
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		L

3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's*

<u>supported organizations played in this regard.</u> Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** ____ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental entit	y (see instruction <u>s).</u>
---	--	---	-------------------------	------------------------------------	-------------------------------

18

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

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.*

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Schedule A (Form 990 or 990-EZ) 2020

3

2a

2b

3a

3b

Yes No

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in</i> Part VI). See instructions.				
Sect	All other Type III non-functionally integrated supporting organizations mu	ust complete s	Sections A through E. (A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4		4			
	Add lines 1 through 3.	5			
5	Depreciation and depletion	- 5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
_7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
	Discount claimed for blockage or other factors				
U	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3		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			
Sect	ion 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			d Type III supporting orga	nization (see	
'	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see				

 Schedule A (Form 990 or 990-EZ) 2020
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 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2020

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instructions).

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	Section D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3 3				
4	Amounts paid to acquire exempt-use assets		4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5				
6	Other distributions (describe in Part VI). See instructions.		6				
7	Total annual distributions. Add lines 1 through 6.		7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.		8				
9	Distributable amount for 2020 from Section C, line 6		9				
10	Line 8 amount divided by line 9 amount		10				
		(i)	(ii)	(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020			
1	Distributable amount for 2020 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2020 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2020						
a	From 2015						
b	From 2016						
c	From 2017						
d	From 2018						
e	From 2019						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2020 distributable amount						
i	Carryover from 2015 not applied (see instructions)						
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2020 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2020 distributable amount						
C	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2020, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2020. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2021. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2016						
	Excess from 2017						
	Excess from 2018						
	Excess from 2019						
е	Excess from 2020						

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 HACKS HACKERS

	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c, line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; and Part (See instructions.)	4b, 4c, 5a, 6, 9a, 9b, 9c 3; Part IV, Section E, lin	, 11a, 11b, and 11c; F es 1c, 2a, 2b, 3a, and	Part IV, Section B, lines	1 and 2; Part IV, Section C V, Section B, line 1e; Part	, V,
2028 01-25-2	1		21	Sched	ule A (Form 990 or 990-E2	2) 202

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

4	5	_	5	3	5	1	4	8	4
-	-		-	-	-	-	-	~	-

me of the o	organization

Organization type (check one):

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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a 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

X 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from
any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Name of organization

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Employer identification number

45-5351484

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CRAIG NEWMARK FUND OF THE BANK OF AMERICA CHARITABLE GIFT FU 100 FEDERAL STREET BOSTON, MA 02110	- \$ <u>150,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE BECKER FOUNDATION 700 LARKSPUR LANDING CIRCLE NO 1 LARKSPUR, CA 94939	\$\$25,000.	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
3	THE CITY UNIVERSITY OF NEW YORK 425 E 25TH ST NEW YORK, NY 10010	- \$\$410,000.	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
4	FACEBOOK <u>1 HACKER WAY</u> MENLO PARK, CA 94025	\$ <u>30,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MEEDAN <u>1355 MARKET SUITE 488</u> <u>SAN FRANCISCO, CA 94103</u>	- \$\$75,000.	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
<u>6</u>	DEUTSCHE GESELLSCHAFT FUR INTERNATIONALE ZUSAMMENARBEIT (GIZ) GMBH FRIEDRICH-EBERT-ALLEE 32 + 36 53113 BONN, GERMANY	\$29,986.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25		- I Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

HACKS HACKERS

45-5351484

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	TRUTH AND TRUST ONLINE LTD 2 CARLTON GARDENS LONDON, UNITED KINGDOM	\$18,723.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
023452 11-25		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

24 2020.05000 HACKS HACKERS Page **2**

Name of organization

HACKS HACKERS

Employer identification number

45-5351484

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ 023453 11-25-20 Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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2020.05000 HACKS HACKERS

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Page 4

ame of or	rganization		Employer identification number				
ACKS	HACKERS		45-5351484				
Part III) through (e) and the following line entricharitable, etc., contributions of \$1,000 or I	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the ye				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gift					
-	Transferee's name, address, a	nd 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					
	Transferos's name address at	Relationship of transferor to transferee					
	Transferee's name, address, and ZIP + 4						
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
-	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
3454 11-25-	-20	26	Schedule B (Form 990, 990-EZ, or 990-PF) (20				

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2020.05000 HACKS HACKERS

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С

and 3b)

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Statement of Activities Outside the United State

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, o

Attach to Form 990.

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

Employer identification number 45-5351484 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X No the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2 United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region 0 0 Ο. 3 a Subtotal **b** Total from continuation 0 0 0. sheets to Part I Totals (add lines 3a

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

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Schedule F (Form 990) 2020

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)C	OMB No. 1545-0047
53 or 16.	2020
	Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

SCHEDULE	F
(Form 990)	

HACKS HACKERS

3 Enter total number of other organizations or entities

	EAST ASIA AND THE PACIFIC	TO SUPPORT WIKICRED.	10,000.	WIRE TRANSFER	٥.	
		recognized as charities by the t			•	
3 Enter total number of		or counsel has provided a sect	ion 501(c)(3) equ	invalency letter		 1

(e) Amount

HACKS HACKERS 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.

(c) Region

(d) Purpose of

grant

Schedule F (Form 990) 2020

(a) Name of organization

(b) IRS code section

and EIN (if applicable)

1

(f) Manner of

of cash grant cash disbursement

(g) Amount of

noncash

assistance

(h) Description

of noncash

assistance

Page 2

(i) Method of

valuation (book, FMV,

appraisal, other)

Schedule F (Form 990) 2020

HACKS HACKERS

(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance

Schedule F (Form 990) 2020

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Schedule F (Form 990) 2020

(g) Description of noncash assistance Page 3

(h) Method of valuation (book, FMV, appraisal, other)

45-5351484

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020	HACKS	HACKERS
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Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE ORGANIZATION HAS A REVIEW PROCESS FOR ALL APPLICANTS FOR GRANTS

AWARDED BY THE ORGANIZATION.

Schedule F (Form 990) 2020

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SCHEDULE I	G	arants and Oth	ner Assistan	ce to Orgar	nizations.		OMB No. 1545-0047
(Form 990)	Go	vernments, ar	nd Individual	s in the Ŭn	ited States		2020
Department of the Treasury	Compl	ete if the organizatio	Attach to Form		irt IV, line 21 or 22.		Open to Public
Internal Revenue Service		Go to www.ir	rs.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization HACKS HA	CKERS						Employer identification number $45 - 5351484$
Part I General Information on Grants							
1 Does the organization maintain records criteria used to award the grants or ass	sistance?	-			-		
2 Describe in Part IV the organization's p	rocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to	_				anization answered "א	/es" on Form 990, Part	IV, line 21, for any
recipient that received more than					(f) Method of		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MEEDAN							
1355 MARKET SUITE 488	20-4504068	E01(0)(2)	15 500	0	FAIR MARKET		TO ASSIST WITH THE NEWSQ PROJECT.
SAN FRANCISCO, CA 94103	20-4504068	501(C)(3)	15,502.	· ·	VALUE		PROJECT.
MARVELOUS INC							
236 WEST PORTAL AVE #860					FAIR MARKET		TO SUPPORT MISINFOSEC
SAN FRANCISCO, CA 94127	83-1385577		13,000.	0.	VALUE		WORKING GROUP.
COLLAR COLLAR DECEMBER COLLARS							
SOCIAL SCIENCE RESEARCH COUNCIL ONE PIERREPONT PLAZA					FAIR MARKET		TO ASSIST WITH THE NEWSQ
BROOKLYN, NY 11201	13-1325070		50,000.	0	VALUE		PROJECT.
	13 1323070				VILIOL		
KENSHO TECHNOLOGIES							
17 DUNSTER ST SUITE 300					FAIR MARKET		
CAMBRIDGE, MA 02138	46-2927593		7,200.	0.	VALUE		TO SUPPORT WIKICRED.
MUCKROCK FOUNDATION							
411A HIGHLAND AVE					FAIR MARKET		
SOMERVILLE, MA 02144	81-1485228		7,500.	0.	VALUE		TO SUPPORT WIKICRED.
ART FEMINISM INC							
PO BOX 625					FAIR MARKET		
BALTIMORE, MD 21203	83-2919353		9,000.	0.	VALUE		TO SUPPORT WIKICRED.
2 Enter total number of section 501(c)(3)	and government or	anizations listed in the	,		1	1	▶
3 Enter total number of other organizatio			······			·····	······
LHA For Paperwork Reduction Act Notic	e, see the Instruction	ons for Form 990.					Schedule I (Form 990) 2020

Schedule I (Form 990) HACKS HACKERS		
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chedule I (Form 990) HACKS HACI			and Demostic Or				ED-0001404 Pa
Part II Continuation of Grants and Other A (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		-
JNIVERSITY OF WASHINGTON 185 STEVENS WAY NE					FAIR MARKET		
SEATTLE, WA 98195	91-6001537		9,534.	0	VALUE		TO SUPPORT WIKICRED.
SEATTLE, WA 90195	91-0001337		9,554.	· ·	VALUE		IO SOFFORI WIRICRED.
HACKSGT							
2211 STUDENT CENTER COMMONS 350 FER					FAIR MARKET		TO ASSIST WITH NEWSQ
ATLANTA, GA 30332	47-1737235		10,000.	0.	VALUE		PROJECT.
,							

Schedule I (Form 990)

032102 11-02-20

HACKS HACKERS Schedule I (Form 990) 2020

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ASH SUBGRANT	2	18,500.	0.	FAIR MARKET VALUE	TO SUPPORT WIKICRED.

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION HAS A REVIEW PROCESS FOR ALL APPLICANTS FOR GRANTS AWARDED

BY THE ORGANIZATION.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection Employer identification number

45-5351484

HACKS HACKERS

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MISSION OF HACKS/HACKERS INCLUDES THE FOLLOWING:

A. TO FOSTER, ENCOURAGE AND PROMOTE THE EDUCATIONAL, SCIENTIFIC,

LITERARY, AND CHARITABLE PURPOSES OF

HACKS/HACKERS;

PROMOTE PHILANTHROPY IN SUPPORT OF HACKS/HACKERS; в.

PROVIDE FIDUCIARY OVERSIGHT AS TO THE INVESTMENT OF ASSETS MANAGED

FOR HACKS/HACKERS;

APPROVE HACKS/HACKERS' ANNUAL OPERATING BUDGET;

CREATE A NETWORK OF JOURNALISTS AND TECHNOLOGISTS WHO RETHINK THE

FUTURE OF NEWS AND INFORMATION AND SPREAD

INFORMATION AND IDEAS TO THAT NETWORK; KNOWLEDGE,

F. CREATE A DIGITAL COMMUNITY OF PEOPLE WHO SEEK TO INSPIRE EACH OTHER,

SHARE INFORMATION, AND COLLAHORATE TO

INVENT THE FUTURE OF MEDIA AND JOURNALISM.

G. ENGAGE IN AND CARRY ON ANY OTHER ACTIVITY IN ANY MANNER CONNECTED

WITH OR INCIDENTAL TO, OR CALCULATED TO

AID, OR ACCOMPLISH ANY OF THE AFORESAID PURPOSES. PROMOTE, ASSIST,

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

THE DRAFT 990 IS CIRCULATED TO THE GOVERNING BOARD FOR APROVAL BEFORE

FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

PERIODIC REVIEW OF AGREEMENTS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

35 2020.05000 HACKS HACKERS

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization HACKS HACKERS	Page 2 Employer identification number 45-5351484
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, A CONFLICT OF INTEREST POLICY, AND FI	INANCIAL
STATEMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER CONTRACTORS:	
PROGRAM SERVICE EXPENSES	664,827.
MANAGEMENT AND GENERAL EXPENSES	25,789.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	690,616.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	690,616.
032212 11-20-20 Sch	nedule O (Form 990 or 990-EZ) 2020

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