Form **990** (Rev. January 2020) 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.

Open to Public

OMB No. 1545-0047

A F	or the	2019 calendar year, or tax year beginning and ending	<u> </u>			
B c	heck if oplicabl	C Name of organization	D Employer identifi	cation number		
	Addre chang	NYAKA INC				
X	Name chang		**-***37	19		
	Initial return	Number and street (or P.0. box if mail is not delivered to street address) Room/s				
	Final return termin	2970 E LAKE LANSING ROAD	(517)575			
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,961,417.		
	_return	EASI LANSING, MI 40023	H(a) Is this a group r			
	⊥tion pendir	F Name and address of principal officer: I WESTGIE UACKSON KAGOK				
	`ax ax		H(b) Are all subordinates in 527 If "No," attach a	ncluded? Yes No		
		e: NWW.NYAKAGLOBAL.ORG	H(c) Group exemption			
			Year of formation: 2001			
	rt I	Summary				
	1	Briefly describe the organization's mission or most significant activities: ${ m TO}$ ${ m END}$ ${ m S}$	YSTEMATIC DEP	RIVATION,		
Governance		POVERTY AND HUNGER IN RURAL UGANDA.	70,			
rna	2	Check this box $lacktriangle$ if the organization discontinued its operations or disposed of ${f n}$	nore than 25% of its net as:			
ove			3	14		
<u>ა</u>		Number of independent voting members of the governing body (Part VI, line 1b)		13		
Activities &		Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	10		
ivit		Total number of volunteers (estimate if necessary)	<u>6</u>	105		
Act		Total unrelated business revenue from Part VIII, column (C), line 12		0.		
_	b	Net unrelated business taxable income from Form 990-T, line 39	Prior Year			
	8	Contributions and grants (Part VIII, line 1h)	1,694,115.	Current Year 1,903,594.		
ine			0.	0.		
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,506.	11,908.		
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	49,095.	11,869.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,746,716.	1,927,371.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.		
Ø		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	463,177.	493,833.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.		
xpe		Total fundraising expenses (Part IX, column (D), line 25) 255,033.				
Û		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,186,074.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,649,251.	1,623,007.		
		Revenue less expenses. Subtract line 18 from line 12	97,465.	304,364.		
S or			Beginning of Current Year	End of Year		
sset Bala	20	Total assets (Part X, line 16)	358,383.	691,502.		
Net Assets (Fund Balanc	21	Total liabilities (Part X, line 26)	29,023. 329,360.	56,522. 634,980.		
	rt II	Net assets or fund balances. Subtract line 21 from line 20	325,300.	034,500.		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	ntements, and to the best of m	knowledge and belief, it is		
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep		,ouge and zenei, it is		
		<u> </u>				
Sigr	1	Signature of officer	Date			
Her		TWESIGYE JACKSON KAGURI, EXECUTIVE DIRECTO	OR			
		Type or print name and title				
		Print/Type preparer's name Preparer's signature	Date Check [PTIN		
Paid		MARK L. LOCKWITZ, CPA MARK L. LOCKWITZ, C	P 08 / 14 / 20 self-emplo			
Prep		Firm's name MANER COSTERISAN PC	Firm's EIN	**-***7642		
Use	Unly	Firm's address 2425 E. GRAND RIVER, SUITE 1	D. E1	7 222 7500		
	Ale - 15	LANSING, MI 48912-3291	Phone no. 5 1	7-323-7500		
May	tne II	RS discuss this return with the preparer shown above? (see instructions)		X Yes No		

Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

1,099,073.

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Form 990 (2019) NYAKA INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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			
Ŭ	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,	۰		
'		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	- ′-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			 ₩
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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 VIII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's separate of consolidated limited statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ' '	- 21	
ıza		40-	Х	
	Schedule D, Parts XI and XII	12a	Λ	
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		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
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."			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domoctio government on trait ix, column (-y, interm in yes, complete scriedule i, Parts I and II	41		

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Form	990 (2019) NYAKA INC **-***	3719	Р	age '
Pa	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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		Х
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		Х
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		Х
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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35.0		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			

	Check in deficultie of contains a response of note to any line in this rait v								
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	10						
b	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?								

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NYAKA INC

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	. (continuos)				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	[[100	110
	filed for the calendar year ending with or within the year covered by this return	2a	10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		-	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
За	5111			За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a		<u> </u>
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 Ad	ccoun	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		_X_
С	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	e orga	nization 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 contribution	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	Y		_		37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		d	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wat to file Form 8282?	ıs requ	iirea	70		Х
ч	IS INC. HIS IS A HEALT OF THE CORRESPONDED IN	7d		7c		-21
d e	If "Yes," Indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		2	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		<u>x</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter	ı	ı			
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	د				
40-	amounts due or received from them.)	11b		40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	10411 12b		12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	IZU				
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.			100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		<u>X</u>
	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	incon	ne?	16		_X_
	If "Yes," complete Form 4720, Schedule O.				200	

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13			
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	Х	
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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			77
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
0	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MI			
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	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request X 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, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	BLUE FOX AGILE ACCOUNTING - (321) 233-3311			
	2263 W. NEW HAVEN AVE #339, MELBOURNE, FL 32904			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

• 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.

(A)	(B)	J. 94	<u>_u</u>		C)	.,,	Jac	(D)	(E)	(F)
Name and title	Average	(40	not cl	Pos	ition		one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week		cer an	d a di	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e e			ated		organization	(W-2/1099-MISC)	from the
	related	ıstee	truste		ap.	bens		(W-2/1099-MISC)		organization
	organizations	nal tru	ional		ploye	ee com				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CATH INANIR	1.00	드	드	Į0	ž	王ə	프	· (C)		
DIRECTOR		Х						0.	0.	0.
(2) TABITHA MPAMIRA-KAGURI	3.00								-	-
DIRECTOR		Х)	0.	0.	0.
(3) JOY ADAMS	1.00									
DIRECTOR		Х			1			0.	0.	0.
(4) JOHN BREWSTER	1.00									
DIRECTOR		X						0.	0.	0.
(5) MARTHA KAHIRIMBANYI	1.00	1								
DIRECTOR		X						0.	0.	0.
(6) MARK MAHONEY	2.00	1						_		_
DIRECTOR		Х						0.	0.	0.
(7) ANDREW POMERVILLE	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(8) AMY SARCH	1.00								_	•
DIRECTOR	1 00	Х						0.	0.	0.
(9) LUCY STEINITZ	1.00	. ,							_	0
DIRECTOR	5.00	Х						0.	0.	0.
(10) BARBARA KROBERGER CO-CHAIR	3.00	х		х				0.	0.	0.
(11) KATHERINE TILLERY	5.00	Δ		Δ				0.	0.	0.
CO-CHAIR	3.00	Х		Х				0.	0.	0.
(12) ROBIN LANGLEY	3.00								0.	.
SECRETARY	3.00	х		х				0.	0.	0.
(13) EDWARD C. BRYNN	40.00	T								
CFO/TREASURER		х		х				39,583.	0.	1,188.
(14) TWESIGYE J. KAGURI	40.00							, , , , , , , ,		, , , , ,
EXECUTIVE DIRECTOR		Х		х				153,909.	0.	31,048.
(15) SARAH MCCUE	40.00									
coo						Х		101,875.	0.	0.
		1								
932007 01-20-20		•	•		•	•	•			Form 990 (2019

	A. Officers, Directors, Tru (A) me and title	(B) Average hours per week (list any hours for related organizations below	(do box, offic	not c	Posi heck r ss per d a di	ition	I than o	ne	ompensated Employee (D) Reportable	s (continued) (E) Reportable			(F)	
Na	` '	Average hours per week (list any hours for related organizations	box, offic	not c , unle:	Posi heck r	ition more son is	than o							d
		hours for related organizations	e or director		1 1	ICCIO			compensation from	compensatio			ount o	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	fro orga and	pensation the anization relate nization	e ion ed
										•				
										7				
									.01					
							C							
	ntinuation sheets to Part					C)	> >	295,367. 0. 295,367.		0. 0.		2,23	0.
	of individuals (including but from the organization	not limited to th	iose	liste	d ab	ove) who	o re	ceived more than \$100,	000 of reportable	•		Yes	2 No
line 1a? If "Yes	zation list any former offices," complete Schedule J for	such individual										3		х
and related org 5 Did any persor	ual listed on line 1a, is the ganizations greater than \$1 n listed on line 1a receive o	50,000? If "Yes, accrue comper	," co nsatio	<i>mple</i> on fr	ete S rom a	Sche any	<i>dule</i> unre	J fo	or such individualed organization or individ	lual for services		4	Х	
rendered to the Section B. Indeper	e organization? <i>If</i> "Yes." co	mplete Schedul	e J fo	or st	ıch p	oers	on .					5		X
1 Complete this	table for your five highest on. Report compensation for	•	•							•	ensat	ion fro	m	
the organization	(A) Name and busines			ONE		itir C	or with		(B) Description of s		С	(C omper		า
	of independent contractors ompensation from the orga		ot lin	nited	d to t	thos		ted	above) who received mo	ore than		Form 9	200	

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-*<u>*</u>*3719 Page **9

Form 990 (2019) NYAKA INC
Part VIII Statement of Revenue

		Check if Schedule O contains a response or note t	to any line	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
10.10	4.	Fodorated compaigns	$\overline{}$				
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a					
Sra Ton		Membership dues 1b					
S, (-	514.				
a ii	(Related organizations 1d					
S, (•	Government grants (contributions)					
Sign	f	All other contributions, gifts, grants, and					
e E		similar amounts not included above 1f 1,816,	080.				
ĔÖ	,	Noncash contributions included in lines 1a-1f	$\neg \neg$				
οu		Total. Add lines 1a-1f		1,903,594.			
0 6			ss Code	1,000,001			
	_		ss Code				
Se	2 8	·	\longrightarrow				
ē Z	k		\longrightarrow				ļ
Program Service Revenue	(;					
ame	(I					
P. S.	6	•			~()	,	
P.	f	All other program service revenue			-07		
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest, and	···· P				
	Ü			9,868			9,868.
		other similar amounts)		5,000.)		7,000.
	4	Income from investment of tax-exempt bond proceeds		- (
	5	Royalties	P				
		(i) Real (ii) Pe	ersonal				
	6 a	Gross rents 6a		~			
	k	Less: rental expenses 6b					
	(Rental income or (loss) 6c					
		Net rental income or (loss)					
			Other				
		assets other than inventory 7a 2,493.					
	K	Less: cost or other basis and sales expenses 7b 453.					
ğ							
ther Revenue		Gain or (loss) 7c 2,040		0.010			0.040
æ		Net gain or (loss)	<u> </u>	2,040.			2,040.
Je	8 8	Gross income from fundraising events (not					
₹		including \$87,514. of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a 33,	593.				
	ŀ	Less: direct expenses 8b 33,	593.				
		Net income or (loss) from fundraising events		0.			
		Gross income from gaming activities. See	···· •				
	9 6		J				
		Part IV, line 19					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	<u> </u>				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a 11,	869.				
	k	Less: cost of goods sold 10b	0.				
		Net income or (loss) from sales of inventory	▶	11,869.	11,869.		
			ss Code	,	<u>, </u>		
sn	11 a						
e eo	116		+				
Miscellaneous Revenue	k		\longrightarrow				
3e	•						
Ais	•	All other revenue					
	•	Total. Add lines 11a-11d		1 22 5 5 5	44.655	-	
	12	Total revenue. See instructions	🕨 🏻	1,927,371.	11,869.	0.	11,908.

932009 01-20-20

Form 990 (2019) NYAKA INC Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must cor	nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	225,728.	174,458.	24,507.	26,763.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	227,530.	77,434.	126,016.	24,080.
8	Pension plan accruals and contributions (include	4		W '	
	section 401(k) and 403(b) employer contributions)	1,843. 2,913.	1,124.	295.	424.
9	Other employee benefits	2,913.	1,777.	466.	670.
10	Payroll taxes	35,819.	21,850	5,731.	8,238.
11	Fees for services (nonemployees):		.01		
а	Management		(0)		
b	Legal	65.000		20.645	20 645
С	Accounting	65,290.	6	32,645.	32,645.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	112,544.		56,272.	56,272. 1,432.
12	Advertising and promotion	6,227.	3,798.	997.	1,432.
13	Office expenses	85,353.	52,066.	13,657.	19,630.
14	Information technology	16,851.	10,279.	2,696.	3,876.
15	Royalties	10.070	44 -	2 224	
16	Occupancy	18,872.	11,511.	3,021.	4,340.
17	Travel	116,486.	58,243.		58,243.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,125.	3,736.	980.	1,409.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,191.		1,191.	
23	Insurance	2,668.	1,627.	427.	614.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM EXPENSES	681,170.	681,170.		
b	FUNDRAISING EXPENSES	16,397.	, - , - , - , - , - , - , - , - , - , -		16,397.
c		. ,			- · · · · · ·
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,623,007.	1,099,073.	268,901.	255,033.
26	Joint costs. Complete this line only if the organization	•	•		•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					5 000 (2242)

-*3719 Page **11** Form 990 (2019)
Part X Balance Sheet NYAKA INC

aı ı	t X	Balance Sneet					
		Check if Schedule O contains a response or n	ote to an	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			289,934.	1	454,887
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			12,250.	3	111,520
	4	Accounts receivable, net			35,559.	4	23,990
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial o	ontributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified pe				
		under section 4958(f)(1)), and persons describ	ed in sec	ion 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	78,30
	8	Inventories for sale or use			1,364.	8	54
	9	D ::				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	15,449.	. \		
	b	Less: accumulated depreciation	. 10b	12,574.	3,103.	10c	2,87
	11	Investments - publicly traded securities			3,290.	11	2,87 3,99
	12	Investments - other securities. See Part IV, line			-()/	12	
	13	Investments - program-related. See Part IV, line		12,883.	13	15,37	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			> .	15	
	16	Total assets. Add lines 1 through 15 (must ed		4 14	358,383.	16	691,50
	17	Accounts payable and accrued expenses			28,023.	17	55,52
	18					18	
	19	Grants payable		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or for		, , , , , , , , , , , , , , , , , , ,			
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		_		22	
	23	Secured mortgages and notes payable to unre			1,000.	23	1,00
	24	Unsecured notes and loans payable to unrelat		· · · · · · · · · · · · · · · · · · ·	-	24	-
	25	Other liabilities (including federal income tax,	W				
		parties, and other liabilities not included on lin	-				
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			29,023.	26	56,52
		Organizations that follow FASB ASC 958, cl	neck her	e ▶ X			
		and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions			131,865.	27	294,00
	28	Net assets with donor restrictions			197,495.	28	340,97
		Organizations that do not follow FASB ASC					
		and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current fund	ls			29	
	30	Paid-in or capital surplus, or land, building, or				30	
	31	Retained earnings, endowment, accumulated				31	
	32	Total net assets or fund balances			329,360.	32	634,98
	33	Total liabilities and net assets/fund balances			358,383.	33	691,50

Form 990 (2019) NYAKA INC **-***3719 Page 12

Pa	rt 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		<u>27,3</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		23,0		
3	Revenue less expenses. Subtract line 2 from line 1	3	304,364.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	29,3		
5	Net unrealized gains (losses) on investments	5	1,256.			
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)) rt XII Financial Statements and Reporting	10	6	3 4 ,9	80.	
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				Щ.	
				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 Were the organization's financial statements compiled or reviewed by an independent accountant?	Ο.				
2a	2	3	<u> X</u>			
	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?			X	_	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis 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?			: X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin		I .		,,	
	Act and OMB Circular A-133?			3	<u> </u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				(
	DUDIIC		For	m 990	(2019)	
	10					

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **Employer identification number** **-***3719 NYAKA INC Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1359251.	1263275.	1094541.	1694115.	1903594.	7314776.
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	1359251.	1263275.	1094541.	1694115.	1903594.	7314776.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				. 1		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,				-07		
	column (f)						1559474.
6	Public support. Subtract line 5 from line 4.						5755302.
	ction B. Total Support			0.			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	1359251.	1263275.	1094541.	1694115.	1903594.	7314776.
	Gross income from interest,						
	dividends, payments received on			5			
	securities loans, rents, royalties,)_			
	and income from similar sources	1,321.	7,769.	9,766.	5,307.	9,868.	34,031.
9	Net income from unrelated business	,	70	,	,	,	,
_	activities, whether or not the		.65				
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	31,716.	63,431.	24,793.	54,945.	33,593.	208,478.
11	Total support. Add lines 7 through 10			,	, , , , , ,		7557285.
	Gross receipts from related activities,	etc. (see instruction	ns)			12	91,607.
	First five years. If the Form 990 is for						<u> </u>
	organization, check this box and stor						ightharpoonup
Sec	ction C. Computation of Publi						·····
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	76.16 %
	Public support percentage from 2018					15	75.98 %
	33 1/3% support test - 2019. If the o					ore, check this box	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation		,	
17a							
	7a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances test						
~		-					
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization			•			
	ato roanidationi ii ano organizatio	ala not official	10, 10c	-, , , OI 17 L		dule A (Form 990	

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to				~U	7	
	the organization without charge				() 7		
6	Total. Add lines 1 through 5						
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			.(0			
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b			3			
	Public support. (Subtract line 7c from line 6.)						<u> </u>
	ction B. Total Support	ı		Ι	T	ı	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on		, ,				
	securities loans, rents, royalties,	`					
_	and income from similar sources	- . C)					
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses	<i>M</i> ,					
	acquired after June 30, 1975	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					<u> </u>
	Add lines 10a and 10b Net income from unrelated business	V					_
••	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
	or loss from the sale of capital						
12	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is fo	r the organization's	first socond this	d fourth or fifth to	I	501(0)(3) 02000:	I
17	check this box and stop here	· ·		•	•		·
Sec	ction C. Computation of Publi						
	Public support percentage for 2019 (column (f))		15	%
	Public support percentage from 2018	, (,,	,			16	%
	ction D. Computation of Inves						<u> </u>
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box as						
b	33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section 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 (b) and (c) 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") "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (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 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.)

_		Yes	No
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	10b		

Par	t IV 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 (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI now control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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			
	supported organizations played in this regard.	3		
Sec	tion 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).			
а	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 government entity (see instru	uctions))	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	igsquare	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a	igsqcut	
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.

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explain in P	art VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must cor	nplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	0		
	factors (explain in detail in Part VI):	YK)	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	/ integra	ated Type III supporting orga	nization (see
	instructions).			•

Schedule A (Form 990 or 990-EZ) 2019

Par	ιv	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _(continued)	
Secti	on D -	Distributions		,	Current Year
1	Amour	nts paid to supported organizations to accomplish exer	mpt purposes		
2	Amour	nts paid to perform activity that directly furthers exemp	t purposes of supported		
	organi	zations, in excess of income from activity			
3	Admin	istrative expenses paid to accomplish exempt purpose	s of supported organizations	}	
4	Amour	nts paid to acquire exempt-use assets	-		
5	Qualifi	ed set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total a	annual distributions. Add lines 1 through 6.			
8	Distrib	utions to attentive supported organizations to which th	e organization is responsive		
	(provic	de details in Part VI). See instructions.			
9	Distrib	utable amount for 2019 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distrib	utable amount for 2019 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2019 (reason-			
	able ca	ause required- explain in Part VI). See instructions.		.0,	
3	Excess	s distributions carryover, if any, to 2019		~()\	
а	From 2	2014			
b	From 2	2015			
С	From 2	2016	0		
d	From 2	2017	1		
е	From 2	2018			
f	Total	of lines 3a through e			
g	Applie	d to underdistributions of prior years	S		
h	Applie	d to 2019 distributable amount			
i	Carryo	over from 2014 not applied (see instructions)			
j	Remai	nder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	utions for 2019 from Section D,	2		
	line 7:	\$			
а	Applie	d to underdistributions of prior years			
b	Applie	d to 2019 distributable amount			
С	Remai	nder. Subtract lines 4a and 4b from 4			
5	Remai	ning underdistributions for years prior to 2019, if			
	any. S	ubtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in Part VI. See instructions.			
6	Remai	ning underdistributions for 2019. Subtract lines 3h			
	and 4b	o from line 1. For result greater than zero, explain in			
	Part V	I. See instructions.			
7	Exces	s distributions carryover to 2020. Add lines 3j			
	and 4d	D.			
8	Break	down of line 7:			
а	Excess	s from 2015			
b	Excess	s from 2016			
		s from 2017			
		s from 2018			
		s from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Complemental Information
rait VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
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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

2019

Name of the organization	Employer identification number
NYAKA INC	**-***3719
Organization type (check one):	

or gameation type (or to	, gainzation type (chook one).			
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			
Check if your organizat	ion is covered by the General Rule or a Special Rule.			
	01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General Rule	SUL			
For an organiz	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or			
	any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
proporty) non	ally one contributer. Complete if all a life deal in the model of a contribution of contributions.			
Special Rules				
	ration described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under			
	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			
	ibutor, 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; 0-EZ, line 1. Complete Parts I and II.			
For an organiz	cation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the			
	stributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the			
	cruelty to children or animals. Complete Parts I, II, and III.			
For an organiz	ration described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the			
year, contribu	tions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box			
is checked, er	nter here the total contributions that were received during the year for an exclusively religious, charitable, etc.,			
	t complete any of the parts unless the General Rule applies to this organization because it received nonexclusively			
religious, char	itable, etc., contributions totaling \$5,000 or more during the year \$			
Caution: An organization	on 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),			
	on that isn't covered by the general hale and/or the Special hales doesn't life Schedule B (Form 990, 990-E2, or 990-FF), 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			
	eet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

NYAKA INC

Name of organization **Employer identification number** **-***3719

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person **Payroll** 249,829. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 X Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person **Payroll** 168,731. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIR **Total contributions** Type of contribution 4 X Person **Payroll** 187,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person **Payroll** 40,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Х 6 Person Payroll 350,000. Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

NYAKA INC **-***3719

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$69,162.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Q1011C	\$	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
11		\$113,119.	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.)

Name of organization

Employer identification number

-*3719

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 600	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	.600	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of or	ganization		Employer identification number				
NYAKA	INC		**-***3719				
Part III		through (e) and the following line en charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gi	gift				
	Transferee's name, address, ar	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, ar	nd ZIP + 4	Relationship of transferor to transferee				
		· cC					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			_				
		(e) Transfer of gi	gift				
	Transferee's name, address, ar	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, ar	nd ZIP + 4	Relationship of transferor to transferee				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NYAKA INC

Employer identification number **-***3719

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be ι	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose o	onferring
_			
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	<u> </u>	1
	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of	
	day of the tax year.	401	Held at the End of the Tax Year
	Total number of conservation easements		
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		I I
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	organization during the tax
4	year ▶Number of states where property subject to conservation ea	Cat is located by	
4 5	Does the organization have a written policy regarding the per		
3	violations, and enforcement of the conservation easements if		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	Start and volunteer mound devoted to morning, moderning,	Thanking of violations, and officially const	sivation casements daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	ion easements during the year
-	► \$		ion sacomento daring the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	`	
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	•	
	organization's accounting for conservation easements.	-	
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Otl	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for put	blic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items	S.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB A	_	
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2019

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		15,449.	12,574.	2,875.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	Learm 000 Part V colum	an (P) line 10c)		2.875.

Part VII Investments - Other Securities.			J/LJ Tage
Complete if the organization answered "Yes" of	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	5 000 D 1 W 1	11 0 5 000 5 17 17	
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line (b) Book value	(c) Method of valuation. Cost or end-	of vear market value
. , .	(b) DOOK value	(c) Welliod of Valuation Cost of end-	or year market value
(1)		1	
(2)			
(3)		<u> </u>	
(4)			
(5)			
(6)		1.01	
(7)		1.0	
(8)	•		
(9)	<i>C</i>		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	· · · · · ·	A	
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part Y line 15	
	Description	Tru. See Form 990, Fart X, line 13.	(b) Book value
	1.60		(a) Dook value
(2)	\)		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)	>	
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 000 Port V line 25	
(a) Description of lightity	on i onn 990, Part IV, IIIIE	THE OF THE SEC FORM 990, Part A, IIII 25.	(b) Book value
······································			(S) DOOK VAIGO
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
<u>(9)</u>			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	,		
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under	FASB ASC 740. Check h	ere if the text of the footnote has been pro	vided in Part XIII X

Schedule D (Form 990) 2019 NYAKA INC **-**3719 Page 4

| Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Pai	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	venue per ne	turri.	
1	Table or an arrive and allow a report of the form and allowed the second		1	1,962,220.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		•	1/302/2201
a	Net unrealized gains (losses) on investments	1,256.		
b	Donated services and use of facilities 2b			
c	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.)	33,593.		
e			2e	34,849.
3	Subtract line 2e from line 1		3	1,927,371.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			, - , -
a .	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.) 4b			
c			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,927,371.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Ex	penses per F	eturr).
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	1,656,600.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments 2b			
С	Other losses 2c			
d	Other (Describe in Part XIII.)	33,593.		
е	Add lines 2a through 2d		2e	33,593.
3	Subtract line 2e from line 1		3	1,623,007.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Fart I, line 18.) rt XIII Supplemental Information.		5	1,623,007.
	* (4	101 5 11/1: 4	· · ·	(II
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and		; Part X	K, line 2; Part XI,
iines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informati	on.		
рΔΙ	RT V, LINE 4:			
	(I V) BIND II			
THE	E INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUN	DS IS TO	PROV	/IDE A
PRI	EDICTABLE STREAM OF FUNDING TO SUPPORT PROGRAMS AN	D OPERATI	ONS.	
	•			
PAI	RT X, LINE 2:			
IN	THE PREPARATION OF TAX RETURNS, TAX POSITIONS ARE	TAKEN BA	SED	ON
	·			
INT	TERPRETATION OF FEDERAL, STATE AND LOCAL INCOME TA	X LAWS. M	ANAC	SEMENT
PEI	RIODICALLY REVIEWS AND EVALUATES THE STATUS OF UNC	ERTAIN TA	X PC	SITIONS
ANI	MAKES ESTIMATES OF AMOUNTS, INCLUDING INTEREST A	ND PENALT	IES,	,
<u>UL</u> :	TIMATELY DUE OR OWED. NO AMOUNTS HAVE BEEN IDENTIF	IED, OR R	ECOI	RDED, AS
<u>UN</u> (CERTAIN TAX POSITIONS. FEDERAL, STATE, AND LOCAL T.	AX RETURN	S G	ENERALLY

REMAIN OPEN FOR EXAMINATION BY THE VARIOUS TAXING AUTHORITIES FOR A PERIOD

932054 10-02-19

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name	of the	organizati	on

Employer identification number

****-***3719**

NYAKA I.					**-***3	
Fundraising Activities. required to complete this part	Complete if the organization answ	ered "Y	es" or	n Form 990, Part IV, line	17. Form 990-EZ	filers are not
1 Indicate whether the organization rais		na activ	ities. (Check all that apply.		
a Mail solicitations	- · · · · · · · · · · · · · · · · · · ·	-		overnment grants		
b Internet and email solicitations				nment grants		
c Phone solicitations		ıl fundra				
d In-person solicitations	g Opeoid	ii iuiiuie	iisii ig (CVCIIIG		
2 a Did the organization have a written o	er aral agraement with any individua	l (inclus	ina of	ficere directore tructoe	0 0r	
					Yes	No
key employees listed in Form 990, Pa					·	
b If "Yes," list the 10 highest paid indiv		Jani to	agreer	nents under which the i	undraiser is to be	
compensated at least \$5,000 by the	organization.					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	Did aiser ustody trol of utions?	(iv) Gross receipts to	n) Amount paid for retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No	()		
				21		
			1			
			5			
)				
	. 60					
	10.					
Q	V					
Total			<u> </u>			
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit	contrib	utions	or has been notified it is	s exempt from reç	gistration

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

Schedule G (Form 990 or 990-EZ) 2019

-*3719 Page 2 Schedule G (Form 990 or 990-EZ) 2019 NYAKA INC Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NEW YORK CITY MARATHON (add col. (a) through NEW YORK CITTONEARATHOODE col. (c)) (event type) (total number) (event type) 97,750. 17,176. 6,181. 121,107. Gross receipts 68,320. 14,574. 4,620 87,514. 2 Less: Contributions 29,430. 2,602. 1,561 33,593. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 1,209. 1,209. 1,000. 144 1,144. Food and beverages 8 Entertainment 430 352. 28, 31,240.Other direct expenses $33,59\overline{3}$. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes Yes % % Yes Volunteer labor No No No

	7 Direct expense summary. Add lines 2 through 5 in column (d)		
	Net gaming income summary. Subtract line 7 from line 1, column (d)		
9	Enter the state(s) in which the organization conducts gaming activities:		
	a Is the organization licensed to conduct gaming activities in each of these states? D If "No," explain:	Yes	No
	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? of "Yes," explain:	Yes	No

Schedule G (Form 990 or 990-EZ) 2019

932082 09-11-19

Sch	edule G (Form 990 or 990-EZ) 2019 NYAKA INC	- ^ ^ ^ 3 / 19	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	□ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	70
•	Effect the flathe and address of the person who prepares the organization organization of garming special events books and records.		
	Name ▶		
	Name		
	Address ►		
	Address -		
150	Does the examination have a contract with a third party from whom the examination receives gaming revenue?	Yes	No
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	163	140
	If IIVes II sucked the successful of security various various by the successful to the successful to		
D	of "Yes," enter the amount of gaming revenue received by the organization and the amount		
	of gaming revenue retained by the third party >		
C	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation > \$		
	Description of services provided		
	Beschiption of services provided P		
	• • • • • • • • • • • • • • • • • • • •		
	Disease of the contract of the		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		<u> </u>
	retain the state gaming license?	L Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
D -	organization's own exempt activities during the tax year ▶ \$		
Ра	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	'art III, lines 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

art IV Supplemental Information (continued)	
art iv Supplemental information (continued)	
	A
	<u> </u>
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**()	
	
	Schedule G (Form 990 or 990

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

2019

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

Name of the organization

NYAKA INC

Part I Questions Regarding Compensation

Employer identification number

-*3719

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		<u> </u>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		<u>X</u>
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		_ <u>X</u> _
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	l a		1

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

Schedule J (Form 990) 2019

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficition	(6)(1)-(0)	reported as deferred on prior Form 990
(1) TWESIGYE J. KAGURI	(i)	150,909.	3,000.	0.	4,345	26,703.	184,957.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)				.(/)			
	(ii)							
	(i)				•			
	(ii)			25				
	(i)			10				
	(ii)							
	(i)			. <u>O</u>				
	(ii)		• • •	9				
	(i) (ii)							
-	(i)							
	(ii)		· (1					
	(i)	•						
	(ii)	~						
	(i)		7					
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information	
ovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also	complete this part for any additional information.
.07	

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

NYAKA INC

Employer identification number **-***3719

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: ALL STUDENTS WITH TWO MEALS EACH DAY. NYAKA VOCATIONAL SECONDARY SCHOOL (NVSS) EDUCATED ITS FOURTH CLASS OF STUDENTS (TOTAL OF 154 STUDENTS IN 2019). NVSS COMPLETED CONSTRUCTION ON EVERYTHING EXCEPT THE MULTI-PURPOSE DINING HALL AND THE CHEMISTRY/PHYSICS LAB. THERE WERE 4,008 LIBRARY PATRONS IN 2019. THE GRANDMOTHER PROGRAM BUILT 12 SMOKELESS KITCHEN AND PIT LATRINE) COMPLETE HOMES (A HOUSE, 16 SMOKELESS KITCHENS, AND 16 PIT LATRINES IN2019 TOTAL APPROXIMATELY 60,000 PEOPLE BENEFITED FROM THE ORGANIZATION PART VI SECTION A LINE AND TABITHA DIRECTOR MPAMIRA-KAGURI ARE HUSBAND TWESIGYE KAGURI EXECUTIVE AND WIFE. PART VI SECTION LĪNE FORM 990, THE ORGANIZATION CHANGED ITS NAME TO NYAKA INC (FROM NYAKA AIDS ORPHANS PROJECT INC) FORM 990, PART VI, SECTION A, LINE 7A: EACH DIRECTOR SHALL CAST ONE VOTE PER CANDIDATE, AND MAY VOTE FOR AS MANY CANDIDATES AS THE NUMBER OF CANDIDATES TO BE ELECTED TO THE BOARD. THE CANDIDATES RECEIVING THE HIGHEST NUMBER OF VOTES UP TO THE NUMBER OF DIRECTORS TO BE ELECTED SHALL BE ELECTED TO SERVE ON THE BOARD.

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

UPON RECEIPT OF THE 990 ALL BOARD MEMBERS WILL REVIEW THE RETURN. UPON LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization NYAKA INC	**-***3719
APPROVAL, THE 990 WILL BE SIGNED AND FILED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
WRITTEN REPORTS ARE REQUIRED TO BE SUBMITTED FOR EACH BOAR	D MEETING AND ALL
REPORTS AND POTENTIAL CONFLICTS ARE DISCUSSED BY THE BOARD	AT LARGE.
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD RETAINED THE FIRM OF MATHERS ASSOCIATES TO ADVIS	E ON THE TERMS OF
EMPLOYMENT, COMPENSATION, AND RELATED MATTERS PRIOR TO HIS	ING.
FORM 990, PART VI, SECTION C, LINE 19:	
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC THROUGH C	UR WEBSITE AND
THE MICHIGAN ATTORNEY GENERAL'S OFFICE. OTHER INFORMATION	IS AVAILABLE ON
REQUEST.	
<u>'</u>	
101.	



Pursuant to the provisions of Act 162, Public Acts of 198	2, the undersigned corporation executes the following Certificate:
ne identification number assigned by the Bureau is:	800924627
ne name of the corporation is:	NYAKA AIDS ORPHANS PROJECT INC.
he Articles of Incorporation is hereby amended to read as follov	rs:
he name of the corporation as amended, is: NYAKA INC	Article I
Effective Date: 04/29/2020	SUI
The foregoing amendment to the Articles of Incorporation was	duly adopted on: 01/01/2020 by the
ritten consent of all directors pursuant to Section 525 of the A	gt.
nis document must be signed by an authorized officer or agent:	
igned this 29th Day of April, 2020 by:	
Signature	tle Title if "Other" was selected
WESIGYE JACKSON KAGURI Pr	esident
y selecting ACCEPT, I hereby acknowledge that this electronic on the best of my knowledge the information provided is true in Decli	•

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS FILING ENDORSEMENT

This is to Certify that the CERTIFICATE OF AMENDMENT TO THE ARTICLES OF INCORPORATION

for

NYAKA INC

ID Number: 800924627

received by electronic transmission on April 29, 2020

, is hereby endorsed.

Filed on April 30, 2020 , by the Administrator.

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 30th day of April, 2020.

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau