

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.

A For the 2019 calendar year, or tax year beginning **NOV 1, 2019** and ending **OCT 31, 2020**

B Check if applicable:	C Name of organization 100 BLACK MEN OF THE BAY AREA INC	D Employer identification number 94-3065997
<input type="checkbox"/> Address change	Doing business as	E Telephone number (510) 763-3661
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1807 MARTIN LUTHER KING JR. WAY	G Gross receipts \$ 611,700.
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94612	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Final return/terminated	F Name and address of principal officer: DOUGLAS A. DAVIS 1807 MARTIN LUTHER KING JR. WAY, OAKLAND, CA	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<input type="checkbox"/> Amended return	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number
<input type="checkbox"/> Application pending	J Website: 100BLACKMENBA.ORG	L Year of formation: 1988 M State of legal domicile: CA
	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: SEE STATEMENT "A" ATTACHED			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3		15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		15
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5		0
	6 Total number of volunteers (estimate if necessary)	6		0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
	b Net unrelated business taxable income from Form 990-T, line 39	7b		0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	348,741.	611,700.	
	9 Program service revenue (Part VIII, line 2g)	0.	0.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	348,741.	611,700.	
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		5,000.	0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		61,546.	0.	
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
b Total fundraising expenses (Part IX, column (D), line 25)		3,171.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		439,589.	439,589.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	506,135.	439,589.		
19 Revenue less expenses. Subtract line 18 from line 12	-157,394.	172,111.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	191,573.	351,297.	
	21 Total liabilities (Part X, line 26)	54,942.	42,555.	
	22 Net assets or fund balances. Subtract line 21 from line 20	136,631.	308,742.	

Part II Signature Block

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

Sign Here	Signature of officer DOUGLAS A. DAVIS, CFO	Date	
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name GERRI SIEGEL	Preparer's signature GERRI SIEGEL	Date 09/14/21
	Firm's name G. SIEGEL & ASSOCIATES, LLC	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01225577
	Firm's address P.O. BOX 45139	Firm's EIN 46-1874007	
	LOS ANGELES, CA 90045-0139	Phone no. 424-218-3444	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No