### **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Open to Public

Department of the Treasury

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

Inte	rnal Reve	nue Service	► Go to www.irs.gov/Form990 for instructions and the latest	information.		Inspection
Α	For the	2020 calend	dar year, or tax year beginning , 2020, and endin	g		, 20
В	Check if	applicable:	C Name of organization BIO-LINK DEPOT, INC.		D Emplo	yer identification number
	Address	change	Doing business as			47-5022749
	Name cl	hange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Teleph	one number
$\Box$	Initial ref	turn	9235 SAN LEANDRO STREET			510 686-3411
$\overline{\Box}$	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code			
$\overline{\Box}$	Amende		OAKLAND, CA 94603		<b>G</b> Gross	receipts \$ 751,077
$\overline{\Box}$		tion pending	F Name and address of principal officer:	H(a) Is this a gro	oup return fo	r subordinates? Yes No
_	, .ppout	g	Hank Stern, 13040 Skyline Blvd., Woodside, CA 94062	i i		es included? Yes No
ī	Tax-exe	mpt status:	✓ 501(c)(3) 501(c) ( ) <b>4</b> (insert no.) 4947(a)(1) or 527			st. See instructions
J		e: ► biolinkd		H(c) Group ex		
_	•	organization:				of legal domicile: CA
_	art I	Summa		2010	W Otato	or legal dornloile.
-	1		cribe the organization's mission or most significant activities: Bio-link	Donot provides	a conno	ction point for the Bay
Φ	'		chindustry to donate reusable science lab equipment and surplus supplies to			
ŭ				Science educato		ell classioonis. The
ш			cts, inspects and sorts the donations, and gives away to teachers at no cost.		050/ -f	
ove.	2		box ▶ ☐ if the organization discontinued its operations or disposed		1 1	
Ğ	3				3	11
တ	4		independent voting members of the governing body (Part VI, line 1b		4	11
ij	5		per of individuals employed in calendar year 2020 (Part V, line 2a)		5	3
Activities & Governance	6		per of volunteers (estimate if necessary)		6	130
Ă	7a		, , , , , , , , , , , , , , , , , , , ,		7a	0
	b	Net unrelat		7b	0	
				Prior Year	r	Current Year
ō	8	Contribution	ons and grants (Part VIII, line 1h)	9	87,848	723,643
Revenue	9	Program se	ervice revenue (Part VIII, line 2g)		522	0
ě	10	Investment	income (Part VIII, column (A), lines 3, 4, and 7d)		10	4
Œ	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		54,173	27,430
	12	Total reven	ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,0	42,553	751,077
	13	Grants and	I similar amounts paid (Part IX, column (A), lines 1-3)		0	0
	14		aid to or for members (Part IX, column (A), line 4)		0	0
s	15	-	her compensation, employee benefits (Part IX, column (A), lines 5–10)		57,429	67,486
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)		0	0
per	b		aising expenses (Part IX, column (D), line 25).			
Ж	17		enses (Part IX, column (A), lines 11a–11d, 11f–24e)	7	71,277	460,002
	18	•	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)		28,706	527,488
	19	-	ess expenses. Subtract line 18 from line 12		13,847	223,589
- se		11010114016	oo expendeer daeraar iine te nent iine 12	Beginning of Curre		End of Year
Net Assets or Fund Balances	20	Total asset	s (Part X, line 16)		21,176	1,841,381
Asse	21		ties (Part X, line 26)	1,0	4456	1189
e K	22		or fund balances. Subtract line 21 from line 20	1.6	16,720	1,840,192
	art II		re Block	1,0	10,720	1,040,102
			I declare that I have examined this return, including accompanying schedules and state	oments and to the	bost of n	ay knowledge, and belief it is
			e. Declaration of preparer (other than officer) is based on all information of which prepare			ly knowledge and belief, it is
		101				
Sig	an	Signatu	ure of officer	Nov 2021		
	ere			Date		
110	71 C		Stern, Board President r print name and title			
		1,		Date		☑ if PTIN
Pa	id	1	$A_{i}$ .		Check self-emp	<del>원</del> ".]
Pr	epare	er Alaska Ya		11/11/21		P02186226
	e On	ly Firm's nan			EIN ►	
		Firm's add		Phone	no.	
Ma	y the IF	≺S discuss t	his return with the preparer shown above? See instructions			. Yes No

Cat. No. 11282Y

Part		
	Check if Schedule O contains a response or note to any line in this Part III	$\Box$
1	Briefly describe the organization's mission:	
	Bio-Link Depot is a clearinghouse for science lab equipment and supplies donated by the Bay Area bio-tech industry, and made available at	no
	cost to educators for their classrooms, labs and schools.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	۸n
	If "Yes," describe these new services on Schedule O.	••
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
Ū	services?	No.
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	ı hı
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
	the total expenses, and revenue, if any, for each program service reported.	0.0
4a	(Code: ) (Expenses \$ 403,375 including grants of \$ ) (Revenue \$ )	
	The Depot redistributed (at no cost to the beneficiaries) 32,723 lbs of science and lab equipment and supplies valued at \$402,730 to over 10	0
	discrete educational facilities and programs, and more than 150 educators ultimately impacting over 37,000 students in 2020.	
4b	(Code:) (Expenses \$58,771_ including grants of \$) (Revenue \$)	
	Receiving, transporting, sorting and storing reusable and overstock science lab supplies and equipment donations from the local biotech	
	industry, hospitals and universities. In 2020 the Depot picked up or received 43 donations of equipment, materials and supplies diverting	
	over 16 tons of waste from the local landfills.	
4c	(Code: ) (Expenses \$ 313 including grants of \$ ) (Revenue \$ 27,430 )	
40	(Code:) (Expenses \$313 including grants of \$) (Revenue \$27,430 )  Sold donated equipment that was unusable by schools.	
4d	Other program services (Describe on Schedule O.)	_
-	(Expenses \$ including grants of \$ ) (Revenue \$ )	
40	Total program conting expenses Academy	

### 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	,	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2		~
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		~
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		~
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		_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III </i>	8		~
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		V
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V </i>	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		~
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
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		~
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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
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		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		~
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? <i>If "Yes," complete Schedule F, Parts II and IV </i>	15		~
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		~
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? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		~
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		~
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~
			000	

BIO-LINK DEPOT, INC. 47-5022749

Form 990 (2020)

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		,
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		~
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		~
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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		,
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		~
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? <i>If "Yes," complete Schedule L, Part II</i>	26		~
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		~
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		,
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	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		,
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	~	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule $M$	30		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		~
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? <i>If "Yes," complete Schedule R, Part I </i>	33		,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		~
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	~	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

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BIO-LINK DEPOT, INC. 47-5022749

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

Form 990 (2020)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	_		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country ►			
<b>-</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		ノ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		~
C		30		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
<b>L</b>	and services provided to the payor?	7a 7b		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	76		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the 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			
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:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	u		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		~
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	If "Yes," complete Form 4720, Schedule O.			

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 11 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 11 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b R Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b / 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a **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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . . . . . . . . . . . . . . . 15a 15b 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 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► California 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website ✓ Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.

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

20

Kristi Budzinski, 9235 San Leandro St. Oakland, CA 94603

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B)  Average hours per week (list any hours for related organizations below dotted line)	(do n box, office or direct	ot ch	Pos neck ss pe	c) sition more	one n an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Henry Stern	5								
President				~			0	0	0
(2) Kristi Budzinski	5								
Treasurer				~			0	0	0
(3) Dave Menshew	2								
Secretary				~			0	0	0
(4) Sara Ponzio	2								
Governace Chair				~			0	0	0
(5) Romit Soni	2								
Development Chair		~					0	0	0
(6) Elaine Johnson	1	_					0	0	0
(7) Kareen Dossa	1								
		~					0	0	0
(8) Michelle Nemits	4	_					0	0	0
(9) Nick Kapp	3								
		~					0	0	0
(10) Lucia Mokres	3	~					0	0	0
(11) Thomas R Steele	40								
Executive Director, Operations Chair		1		~	~		18,153	0	0
(12)									
(13)		-							
(14)									

Form 990 (2020)

Part	VII Section A. Officers, Directors, 7	Trustees,	Key	Em	plo	yee	s, an	d F	lighest Compe	nsated En	nplo	yees (continued	
					•	C)							
	(A)	(B)	(do n	not of		ition	e than o	ano	(D)	(E)		(F)	
	Name and title	Average	١,				is both		Reportable	Reportabl		Estimated amount	
		hours per week	office	er and		lirect	or/trus	<del></del>	compensation from the	compensat from relate		of other compensation	
		(list any	Indi or d	Inst	Officer	Key	High	Former	organization	organizatio	ns	from the	
		hours for related	Individual to	Ē	cer	Key employee	nest	ner	(W-2/1099-MISC)	(W-2/1099-M	IISC)	organization and related organizations	
		organizations	학학	onal		ploy	com					related organizations	
		below dotted line)	Individual trustee or director	Institutional trustee		ee	pen						
		dotted in ic)	Ф	tee			Highest compensated employee						
(15)													
(13)			1										
(16)													
X			1										
(17)													
J			1										
(18)													
(19)													
(20)													
(2.1)													
(21)			-										
(22)													
(22)			-										
(23)													
120/			1										
(24)													
32													
(25)													
1b	Subtotal							<b>&gt;</b>	0		0	(	
С	Total from continuation sheets to Part	VII, Section	n A					<b>&gt;</b>	18,153		0	(	
d	· · · · · · · · · · · · · · · · · · ·							<u> </u>	18,153		0	(	
2	Total number of individuals (including but		d to th	nose	e list	ted	above	e) w		e than \$100	0,000	of	
	reportable compensation from the organ	ization >							0			Vaa Na	
•	Did it											Yes No	
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," complete of the area of the </i>								loyee, or nignes	-		3 /	
4	For any individual listed on line 1a, is the												
4	organization and related organizations												
	individual											4 1	
5	Did any person listed on line 1a receive of									tion or indiv	idual		
	for services rendered to the organization											5 🗸	
Secti	on B. Independent Contractors												
1	Complete this table for your five high												
	compensation from the organization. Rep	ort comper	satio	n foi	r the	e ca	lenda	r ye	ar ending with or	within the o	orgar	ization's tax year	
	(A)								(B)			(C)	
	Name and business add	iress							Description of serv	rices		Compensation	
N/A													
2	Total number of independent contractor	ore (includi	na bi	ıt n	O <sup>†</sup>	limit	ed to		nose listed above	e) who			
_	received more than \$100.000 of compens	•	_					, (11	0	S) WIIO			

BIO-LINK DEPOT, INC. 47-5022749

### Part VIII Statement of Revenue

Form 990 (2020)

		Check if Schedule	Осо	ntains a re	spon	se or note to ar	ny line in this Pa	ırt VIII		🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b				1b					
۾ ۾	С	Fundraising events			1c					
r A	d	Related organization	ns .		1d					
<u>a</u> '⊆	е	Government grants	(cont	tributions)	1e	12,659				
Sin	f	All other contribution	ns, gi	fts, grants,						
utic		and similar amounts no	ot incl	uded above	1f	710,984				
호된	g	Noncash contribution								
on d		lines 1a-1f			1g	\$ 664,984				
2 E	h	Total. Add lines 1a-	-1f .			<u> </u>	723,643			
4						Business Code				
ا ق	2a						0	0	0	0
le er	b									
n S	С									
gram Ser Revenue	d									
Program Service Revenue	e	A.IIII								
₫	f	All other program se					0			
	g	Total. Add lines 2a-					0			
	3	Investment income other similar amoun					4	4	0	0
	4	Income from investr					0	4	0	0
	5				-		0			
		rioyanics	· ·	(i) Rea		(ii) Personal				
	6a	Gross rents	6a	()		(, , , , , , ,				
	b	Less: rental expenses	6b							
	C	Rental income or (loss)								
	d	Net rental income o		s)		▶				
	7a	Gross amount from		(i) Securit		(ii) Other				
	, ,	sales of assets								
		other than inventory	7a							
ē	b	Less: cost or other basis								
Revenue		and sales expenses .	7b							
ě		Gain or (loss)	7с							
	d	Net gain or (loss)				🕨				
Other	8a	Gross income fro		ındraising						
0		events (not including								
		of contributions re								
	_	1c). See Part IV, line			8a					
		Less: direct expens			8b					
	С	Net income or (loss)			g eve	nts ▶				
	9a	Gross income 1			00					
	h	activities. See Part			9a 9b					
		Less: direct expens Net income or (loss)				 es ▶				
					LIVILIE	<u>/</u>				
	iva	Gross sales of in returns and allowan		ory, less	10a	27,743				
	b	Less: cost of goods			10a	313				
	C	Net income or (loss)					27,430	27,430	0	0
S			, 5.1			Business Code	27,130	27,130		
ا و و	11a									
nu	b									
scellaneo Revenue	c									
Miscellaneous Revenue	d	All other revenue								
Σ	е	Total. Add lines 11a	a–11c	1		•				
	12	Total revenue. See					751,077	27,434	0	0

Page 9

### Part IX Statement of Functional Expenses

Section 501(d	c)(3) and 501(c)(4)	organizations must	complete all columns.	All other organizations	must complete column	ı (A).
	Chack if Schodule	O contains a rosr	once or note to any l	ing in this Dort IV		

6 Compensation not included above to disqualified persons (as defined under section 4959(f)(f)) and persons (as defined under section 4959(f)(f)) and persons described in section 4959(f)(f)) and persons described in section 4959(f)(f)) and 1909 (f) an		Check if Concadic C contains a response	or mote to arry mile	in this raiting.		
and domestic governments. See Part IV, line 21 . 0			(A) Total expenses	Program service	Management and	Fundraising
2 Grants and other assistance to domestic individuals. See Part N, line 22 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1		0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   0   0   0   0   0   0   0   0   0	2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign individuals. See Part IV, lines 17 is and 16 o o o compensation of current officers, directors, trustees, and key employees 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.	•		0	0		
Foreign individuals. See Part IV, lines 15 and 16	3					
5 Compensation of current officers, directors, trustees, and key employees			0	0		
trustees, and key employees			0	0		
persons (as defined under section 4958(f)(1) and persons described in section 4958(p(3)(8) . 0	5		18,153	7016	5569	5569
persons described in section 4958(c)(3)(B) . 0	6					
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits			0			
section 401(k) and 403(b) employer contributions)  Other employee benefits	7	=	37,671	21,120	16,551	0
9 Other employee benefits	8	·	0			
11 Fes for services (nonemployees): a Management	9		6414	0	6414	0
a Management b Legal . 0 0 c Accounting . 15,960 6115 9845 0 d Lobbying . 0 0 e Professional fundraising services. See Part IV, line 17 f Investment management fees . 0 0 g Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  12 Advertising and promotion . 178 89 89 0 13 Office expenses . 93 0 33 0 13 Office expenses . 93 0 33 0 14 Information technology . 224 0 224 0 224 0 15 Royalties . 0 0 16 Occupancy . 34,180 24,309 7450 2421 17 Travel . 0 1 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 1 19 Conferences, conventions, and meetings . 250 0 0 250 0 10 Interest . 0 0	10	Payroll taxes	5248	0	5248	0
b Legal	11	Fees for services (nonemployees):				
C Accounting 15,960 6115 9845 0 0	а	<del>-</del>				
d Lobbying				0445	20.45	
e Professional fundraising services. See Part IV, line 17 f Investment management fees	-			6115	9845	0
f   Investment management fees   0   0   0   0   0   0   0   0   0						
g Other, (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  12 Advertising and promotion						
(A) amount, list line 11g expenses on Schedule O.)  Advertising and promotion						
13 Office expenses 93 0 93 0 93 0 0 14 Information technology 224 0 0 224 0 0 224 0 0 15 Royalties	J		0			
14 Information technology	12	Advertising and promotion	178	89	89	0
15 Royalties	13		93	0	93	0
16 Occupancy				0	224	0
17       Travel       0       0       0       0       18       Payments of travel or entertainment expenses for any federal, state, or local public officials       0       0       250       0				04.000	7.150	0.404
18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings				24,309	7450	2421
for any federal, state, or local public officials  19			U			
19 Conferences, conventions, and meetings .	10		0			
20       Interest       0         21       Payments to affiliates       0         22       Depreciation, depletion, and amortization       0         23       Insurance       2354       0         24       Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)       4         a       Prog transport, open house, disposals, equipment       2164       767       1397       0         b       Business fees & licenses, Merch processing fees       311       0       311       0         c       Donated science equipment & supplies       402,730       402,730       0       0         d       Business Use tax       1558       0       1558       0         e       All other expenses       0       0       0         25       Total functional expenses. Add lines 1 through 24e       527,488       462,146       57,353       7990         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)       .       .	19			0	250	0
Depreciation, depletion, and amortization 0  Insurance		_	0			
2354   0   2354   0   2354   0   2354   0   2354   0   2354   0   2354   0   2354   0   2354   240   Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)    a Prog transport, open house, disposals, equipment   2164   767   1397   0   0   0   0   0   0   0   0   0	21	Payments to affiliates	0			
Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a Prog transport, open house, disposals, equipment  b Business fees & licenses, Merch processing fees  c Donated science equipment & supplies  d Business Use tax  for 1397  Other expenses  111  Other expenses  402,730  402,730  Other expenses  All other expenses  Total functional expenses. Add lines 1 through 24e  25 Total functional expenses. Add lines 1 through 24e  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  In the content of the cost of the	22		0			
above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a Prog transport, open house, disposals, equipment 2164 767 1397 0  b Business fees & licenses, Merch processing fees 311 0 311 0  c Donated science equipment & supplies 402,730 402,730 0 0  d Business Use tax 1558 0 1558 0  e All other expenses 0 0 0  25 Total functional expenses. Add lines 1 through 24e 527,488 462,146 57,353 7990  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)	23	Insurance	2354	0	2354	0
a Prog transport, open house, disposals, equipment  b Business fees & licenses, Merch processing fees  c Donated science equipment & supplies  d Business Use tax  e All other expenses  Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  following SOP 98-2 (ASC 958-720)  b Business (Jees & licenses, Merch processing fees  311  0 311  0 311  0 311  0 311  0 311  0 402,730  0 402,730  0 402,730  0 527,488  462,146  57,353  7990  10  10  11  12  13  14  15  15  15  15  16  16  17  13  18  19  10  10  10  10  10  10  10  10  10	24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
b Business fees & licenses, Merch processing fees  c Donated science equipment & supplies  d Business Use tax  for All other expenses  Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  following SOP 98-2 (ASC 958-720)	2		2164	767	1307	0
c Donated science equipment & supplies 402,730 402,730 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	_					0
d Business Use tax 1558 0 1558 0 e All other expenses 0 0 0  25 Total functional expenses. Add lines 1 through 24e 527,488 462,146 57,353 7990  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)				_		0
e All other expenses 0 0 0  25 Total functional expenses. Add lines 1 through 24e 527,488 462,146 57,353 7990  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)	d	Rusiness Use tay		·	1558	0
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)	е			0		0
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)			527,488	462,146	57,353	7990
	26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				5 <b>000</b> (2222

# Part X Balance Sheet Check if Schedule

		Check if Schedule O contains a response or	note to any line in this Par	tΧ		
			·	(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing		58,560	1	39,273
	2	Savings and temporary cash investments		32,725	2	7729
	3	Pledges and grants receivable, net	<u> </u>	0	3	2350
	4			0	4	0
	5	Loans and other receivables from any current of				
	·	trustee, key employee, creator or founder, subst				
		controlled entity or family member of any of thes		0	5	0
	6	Loans and other receivables from other disqua	lified persons (as defined			
		under section 4958(f)(1)), and persons described		0	6	0
şţs	7	Notes and loans receivable, net	0	7	0	
Assets	8	Inventories for sale or use		1,527,174	8	1,789,428
Ä	9	Prepaid expenses and deferred charges	, ,	2600	9	2600
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation	<b>10b</b> 0	0	10c	0
	11			0	11	0
	12	Investments—other securities. See Part IV, line	0	12	0	
	13	Investments-program-related. See Part IV, line	0	13	0	
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		0	15	0
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)	1,621,059	16	1,841,380
	17	Accounts payable and accrued expenses		4456	17	1189
	18	Grants payable	0	18	0	
	19	Deferred revenue	0	19	0	
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete I	Part IV of Schedule D	0	21	0
Liabilities	22	Loans and other payables to any current or trustee, key employee, creator or founder, subst	antial contributor, or 35%			
jab		controlled entity or family member of any of thes	· -	0		0
_	23	Secured mortgages and notes payable to unrela	· · · · · · · · · · · · · · · · · · ·	0	23	0
	24	Unsecured notes and loans payable to unrelated	d third parties	0	24	0
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D	-	0	25	0
	26			4456	26	1189
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33.	ck here ► ∐			
<u>la</u>	27				27	
ñ	28				28	
nu-		Organizations that do not follow FASB ASC 9	58, check here ▶ 🗹			
٦٢	00	and complete lines 29 through 33.				(00.5==)
ts c	29	Capital stock or trust principal, or current funds	<u> </u>	35,988	_	(38,665)
se	30	Paid-in or capital surplus, or land, building, or ed		E0	30	00.100
As	31	Retained earnings, endowment, accumulated in		53,441	31	89,429
<u>f</u>	32	Total net assets or fund balances		1,616,603		1,840,192
_	33	Total liabilities and net assets/fund balances .		1,621,059	33	1,841,381

Form **990** (2020)

Part	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		75	1,077
2	Total expenses (must equal Part IX, column (A), line 25)	2		52	7,488
3	Revenue less expenses. Subtract line 2 from line 1	3		22	3,589
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,61	6,603
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			(117)
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				
	. ,	10		1,84	0,192
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain	in		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled	or		
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on	ı a		
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs				
	the audit, review, or compilation of its financial statements and selection of an independent accountant				~
	If the organization changed either its oversight process or selection process during the tax year, exp	olain	on		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	h in t			
	Single Audit Act and OMB Circular A-133?		3a		~
b					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	dits .	3b		

Form **990** (2020)