990

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 2018

Department of the Treasury Internal Revenue Service

▶ 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 Inspection

| <u>A</u> | For the | 2018 calend | ar year, or tax year begir | nning | 01-01 | , 2019, and er | nding | 06-3 | 30 , 2019 | | | |
|---------------|--------------|---|--------------------------------------|--|-------------------|------------------------|---------------------------|--------------|-----------------------------|--|--|--|
| В | Check if a | applicable: | C Name of organization Out | & Equal | | | | ┚╸ | Employer identification no. | | | |
| | Address o | change | Doing business as DBA | Out & Equal Workplace | e Advocat | tes | | | 02-0681855 | | | |
| | Name cha | ange | Number and street (or P.O. b | ox if mail is not delivered to street address) | | | Room/suite | Е | Telephone number | | | |
| | Initial retu | rn | 1901 Harrison | St, Ste 1100, PMB 732 | 4 | | | | (415) 694-6500 | | | |
| | Final retur | rn/terminated | City or town, state or province | e, country, and ZIP or foreign postal code | | | | G | Gross receipts | | | |
| X | Amended | nended return Oakland, CA 94612 | | | | | | \$ 733,037 | | | | |
| П | Applicatio | n pending | F Name and address of princip | | | | H(a) Is this a group | return for s | | | | |
| | | | Same as C abov | re | | | H(b) Are all subor | dinates in | ncluded? Yes No | | | |
| ı | Tax-exem | pt status: | i — |) 4 (insert no.) 4947(a)(1) or | r 527 | | If "No," a | attach a li | st. (see instructions) | | | |
| J | Website: | ▶ www | v.outandequal.org | | | | H(c) Group exer | | | | | |
| ĸ | Form of o | rganization: X | | ssociation Other | L Ye | ear of formation: 2 | 003 M State | of legal of | domicile: CA | | | |
| Pa | rt I | Summar | y | | | | • | | | | | |
| | 1 | Briefly descri | ibe the organization's miss | sion or most significant activities: | To pro | vide leade | ership and p | rofe | ssional | | | |
| | | developm | | | | | | | | | | |
| nce | | | | | | | | | | | | |
| rna | | | | | | | | | | | | |
| Governance | 2 | Check this b | ox ▶ ☐ if the organizatio | n discontinued its operations or d | isposed of m | ore than 25% of | f its net assets. | | | | | |
| | 3 | Number of vo | oting members of the gove | erning body (Part VI, line 1a) | | | | 3 | 16 | | | |
| •ඊ ග | 4 | | - | rs of the governing body (Part VI, | line 1b) | | | 4 | 16 | | | |
| iťie | 5 | | | n calendar year 2018 (Part V, line | | | | 5 | 12 | | | |
| Activities | 6 | | r of volunteers (estimate if | • | , | | | 6 | 30 | | | |
| Aci | 7a | | | Part VIII, column (C), line 12 | | | | 7a | 0 | | | |
| | b | Net unrelate | d business taxable income | from Form 990-T. line 38 | | | | 7b | 0 | | | |
| | | | | , | | | Prior Year | \neg | Current Year | | | |
| | 8 | Contributions | 4,732 | .105 | 339,038 | | | | | | | |
| ě | | | • • | e 1h) | | <u> </u> | 2,552 | | 357,240 | | | |
| ent | 10 | - | | A), lines 3, 4, and 7d) | | | | ,737 | 1,701 | | | |
| Revenue | 11 | | | nes 5, 6d, 8c, 9c, 10c, and 11e) | | - | | ,134 | (33,615) | | | |
| _ | 12 | | | (must equal Part VIII, column (A), | | | 7,369 | | 664,364 | | | |
| | 13 | | | IX, column (A), lines 1-3) | | | 7,505 | ,,,,,, | 004,504 | | | |
| | 14 | | d to or for members (Part I | | | | | -+ | | | | |
| | 15 | | | 2,641 | 460 | 1,247,522 | | | | | | |
| es | 16a | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Ba Professional fundraising fees (Part IX, column (A), line 11e) | | | | | | | 1,247,322 | | | |
| Expenses | h | | sing expenses (Part IX, co | , , | | 3,359 | | | | | | |
| × | 17 | | ses (Part IX, column (A), li | • | | | 4,508 | 633 | 854,309 | | | |
| | 18 | | | t equal Part IX, column (A), line 25 | | | 7,150 | | 2,101,831 | | | |
| | 19 | - | , | 18 from line 12 | • | | | ,118 | (1,437,467) | | | |
| | _ | TROVENIGO 100 | o experiodo. Cabildot inic | TO HOME INC. | | | Beginning of Current | | End of Year | | | |
| ts o | 20 20 | Total assets | (Part X, line 16) | | | | 4,636 | | 5,343,481 | | | |
| Asse | 21 | | es (Part X, line 26) | | | | 1,053 | | 3,169,445 | | | |
| Net Assets or | 22 | | or fund balances. Subtract | line 21 from line 20 | | | 3,583 | | 2,174,036 | | | |
| | rt II | | re Block | | | | 3,303 | , 5 , 5 | 2,174,030 | | | |
| | | | | urn, including accompanying schedules and | l statements, and | d to the best of my kr | nowledge and belief, it i | s | | | | |
| true | correct, a | and complete. De | claration of preparer (other than of | fficer) is based on all information of which p | reparer has any | knowledge. | | | | | | |
| | | | | | | | | | | | | |
| Sig | n | Signatur | re of officer | | | | | Date | | | | |
| Hei | re | | | | | | | | | | | |
| | | Type or | print name and title | | | | | | | | | |
| | | - | · eparer's name | Preparer's signature | Da | ate | Check X | if PT | | | | |
| Pai | d | | • | i repaici s signatule | | | self-employe | | 01396479 | | | |
| | eparer | Firm's name | _ | ndorson CDAs | | | 1 | 8849360 | | | | |
| | Only | | _ | nderson CPAs | | | | U-7500 | , | | | |
| |) | riill's addres | _ | ncoln Avenue | | | Phone no. | 15-4F | 7-9770 | | | |
| May | the IRS | discuss this | | ael CA 94901 nown above? (see instructions) | | | 4. | | 7-8770 · · · ☐ Yes ☐ No | | | |

1,408,426

8) Out & Equal
Checklist of Required Schedules Part IV

| | | | Yes | No |
|------|--|------|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | 37 |
| _ | 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 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | 3 | | Λ |
| Ü | 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 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| - | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | Х |
| 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 | | Χ |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | | |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Χ |
| 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 | Χ | |
| 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 | | Х |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more | 44.0 | | v |
| ч | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| u | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| Δ. | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | 21 |
| - | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | Х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| 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 | | Χ |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E · · · · · · · · · · · · · · · · · · | 13 | | Χ |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? • • • • • • • • • • • • • • • • • • • | 14a | | Χ |
| 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 | Χ | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | 4- | | 3.7 |
| 40 | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | v |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | 16 | | Х |
| 17 | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | 2.5 |
| . • | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 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 |
| 20 a | | 20a | | Х |
| b | teme no un constitue de la con | 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 | | Χ |

Part 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 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 23 Χ 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 Χ b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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 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? 25b Χ 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 Χ 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Χ A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Χ An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 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? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes." complete Schedule R. Part II. III. 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization? If "Yes," complete Schedule R, Part V, line 2 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? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes Nο **1a** Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 16 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

18) Out & Equal Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 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? 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X | | | | Yes | No |
|--|-----------------|---|-----|-----|----|
| b If a least one is reported on line 2a, did the organization file ail required federal employment tax returns? Note, if the sum of lines ta and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the selendor. 3a Did the organization have unrelated business gross income of \$1,000 or more during the system? 3a All any time during the calendary ear, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country; even during the calendary ear, did the organization have an interest in, or a significant or other studenty over, a financial account in a foreign country; even as a bank account, securities account, or other financial accounts; (FBAR). 5b If "Yes," retains the name of the foreign country; 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? 5d Does the organization have amount gloss receipts that are normally greater than \$100,000, and did the organization touck with every solicitation an expense statement that such contributions or glits were not tax deductable? 6d If "Yes," indicates that may receive deductable contributions under section 170(c). 7d Did the organization touck with every solicitation an expense statement that such contributions or glits were not tax deductable? 7e Organizations that may receive deductable contributions under section 170(c). 8d If "Yes," indicate the number of Forms 82828 flield during the year 7e Unit the organization to receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7e Unit the organization section of the value of the go | th | umber of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to -dife (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year? a Harvis it filed a Form \$90-T for this year? If *No* to line 3b, provide an explanation in Schedule 0 a Harvy time during the calendar year, did the organization have an interest int, or a signature or other authority over, a filamental account in a foreign country (such as a bank account; sensitives account, or other financial account)? 4a Harvy time during the calendar year, did the organization that was or is a party for their financial account; (*PaR). 5b If *Yes,* enter the name of the foreign country. * 5c In the School of the organization and the organization at any time during the tax year? 5c In School of the year organization and the organization file Form 888-T? 5c If *Yes,* to line 5a or 50, did the organization file Form 888-T? 5c In School of the organization file Form 888-T? 6c If *Yes,* to line the organization induce with every solicitation an express statement that such contributions or gifts were not tax deductible. 6c If *Yes,* to line the organization to tax were not tax deductible as charitable contributions? 6c If *Yes,* to line the organization induce with every solicitation an express statement that such contributions or gifts were not tax deductible. 6c If *Yes,* to line organization reverse a superment in excess of 575 made party as a contribution and party for goods and services provided to the payor? 6c If *Yes,* indicate the number of Forms 8282 filed during the year 6d If *Yes,* indicate the number of Forms 8282 filed during the year 6d If *Yes,* indicate the number of Forms 8282 filed during the year 6d If *Yes,* indicate the number of Forms 8282 filed during the year 6d If *Yes,* indicate the number of Forms 8282 filed during the year 6d If *Yes,* indicate the number of Forms 8282 filed during the year 6d If *Yes,* indicate the number of Forms 8282 filed during | ne | s, filed for the calendar year ending with or within the year covered by this return 2a 12 | | | |
| 3a bid the organization have unrelieded business gross income of \$1,000 or more during the year? 3a bid if "Yes," has it filled a Form 990-T for this year? if "No" to line 3b, provide an explanation in Schedule O 3b bid if "Yes," has it filled a Form 990-T for this year? if "No" to line 3b, provide an explanation in Schedule O 3b bid if "Yes," in the filled a Form 990-T for this year? if "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; less than 5b bid in the second of the second in the second | as | ne is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Χ | |
| b If "Yes," has it fleed a Form 990-T for this year? If "No" to fine 3b, provide an explanation in Schedule O Al 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. 4a Al 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. 5b If "Yes," refer the name of the foreign country. 5ce instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party norify the organization that twas or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization she annual gross receipts that are normally greater than \$100,000, and did the organization she to tax deductibles as charitable contributions? 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization shall may receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7c Did the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a Xi 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7a Yes, Yes, Yes, Yes, Yes, Yes, Yes, Yes, | lf | sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 4a A lamy time during the calendary 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 accounts (FBAR). 5 Was the organization apart by a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization have by a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization have your by a prohibited tax shelter transaction? 5 b Did any taxable party nority the organization file Form 8886-17? 6 b Did any taxable party nority the organization that it was or is a party to a prohibited tax shelter transaction? 5 c If "Yes" to line 5 acr 5b, did the organization file Form 8886-17? 6 b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization hould with every solicitation an exposes statement that such contributions or gifts were not tax deductible? 6 a did the organization include with every solicitation are reposes statement that such contributions or gifts were not tax deductible? 6 b Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 b Organization state may receive deductible on the value of the goods or services provided? 7 c Did the organization only the donor of the value of the goods or services provided? 7 to Uffect, in the companization on the probability of the organization on sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 8282? 7 c Did the organization on receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 d If "Yes," indicate the number of Forms 8282 filed during the year 9 life the organization on received a contribution of qualified intellectual property, did the organization file Form 8280 as required? 9 proposed for the proposed property of t | е | anization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Χ |
| a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes", "enter the name of the foreign country. 5e instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization file form 8886-17 5c If "Yes" to line Sa or 5b, did the organization file Form 8886-17 5c Does the organization solicit any contributions that were not tax deductible as charitable contributions? 6c a Does the organization include with every solicitation an express statement that such contributions or gills were not tax deductible organization and express that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gills were not tax deductible organization and express of \$75 made party as a contribution or gills were not tax deductible or a such as a services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 If "Yes," did the organization organization and services provided to the payor? 7 If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 88202? 8 If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 88202? 9 If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To gill the organization received a contribution of qualified intellectual property, did the organization file Form 8990 as required? 9 If the organization received a contribution of cast, seats, septemes, or there whickes, did the organizat | 3," | is it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
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| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization maintaining donor advised funds. 10 Did the sponsoring organization make any taxable distributions under section 4966? 8 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders 11 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 Section 501(c)(29) qualified nonprofit health insurance Issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? 13 Did | | | | | |
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| 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 | | | | | |
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| Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 | | · · · · · · · · · · · · · · · · · · · | | | |
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| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | · · | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | 122 | | |
| Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13a 13b 13c 14a Dif "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 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. | | | 12a | | |
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| Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 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 in Schedule O 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. | | | 132 | | |
| 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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 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 If "Yes," see instructions and file Form 4720, Schedule N. | | · · · · · · · · · · · · · · · · · · · | 154 | | |
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| c Enter the amount of reserves on hand | | | | | |
| Did the organization receive any payments for indoor tanning services during the tax year? | • | 1 | | | |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 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 If "Yes," see instructions and file Form 4720, Schedule N. | | | 14a | | Χ |
| 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 | | · · · · · · · · · · · · · · · · · · · | | | |
| excess parachute payment(s) during the year | | · · · · · · · · · · · · · · · · · · · | ~ | | |
| If "Yes," see instructions and file Form 4720, Schedule N. | | | 15 | | Χ |
| | | | | | |
| , | | | 16 | | Х |
| If "Yes," complete Form 4720, Schedule O. | | · • | | | |

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

| 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 | | | |
| | 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 in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 16 | | | |
| 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 | | Χ |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | Χ |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Χ |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Χ |
| 6 | Did the organization have members or stockholders? | 6 | | Χ |
| 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 | | Χ |
| 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 | | Χ |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | | | |
| а | The governing body? | 8a | Χ | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Χ | |
| 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 in Schedule O | 9 | | Χ |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| I0a | Did the organization have local chapters, branches, or affiliates? | 10a | | Χ |
| 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 | Χ | |
| 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 | Χ | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • • • | 12b | Χ | |
| 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 | Χ | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Χ | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Χ | |
| 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 | Χ | |
| b | Other officers or key employees of the organization | 15b | | Χ |
| | 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 taxable entity during the year? | 16a | | X |
| 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 | | | |
| 2 | organization's 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 California | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) | | | |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | | | |
| | financial statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: | | | |
| | Daye Couch (415)694-6500, 1901 Harrison St. Ste 1100, PMB 7324, Oakland, CA 94612 | | | |

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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.
- 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| | Check this box if neither the organization nor any related | l organization | comp | ensa | ated | any | curren | t offi | cer, director, or tru | stee. | |
|--|--|--|-----------------------------------|---|---------|--------------|------------------------------|-------------------------|------------------------------|---------------------|-----------------------------------|
| (a) (b) (c) | | | | | | | | | | _ | |
| Chairperson | | Average hours per | | Average box, unless person is both an hours per officer and a director/trustee) compensat | | | | Reportable compensation | Reportable compensation from | Estimated amount of | |
| Chairperson | | related organizations below dotted | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization | | from the organization and related |
| (2) Reza_Rahaman | | 1.00 | v | | v | | | | | _ | |
| Vice Chairperson | (0) | 1.00 | Λ | | Λ | | | | 0 | 0 | 0 |
| [3] Deborah Schmall Secretary Secret | | | X | | X | | | | 0 | 0 | 0 |
| (4) Annette Friskopp 1.00 Treasurer X X 0 0 0 (5) Amy Hanneman 0.50 0 0 0 0 Director X 0 0 0 0 (6) Allyn Shaw 0.50 0 0 0 0 Director X 0 0 0 0 (7) Donna Rosen 0.50 0 0 0 0 Director X 0 0 0 0 (8) Tammy Smith 0.50 0 0 0 0 Director X 0 0 0 0 (9) Erik Day 0.50 0 0 0 0 Director X 0 0 0 0 (10)Trippe Davis 0.50 0 0 0 0 Director X 0 0 0 0 (11)Margot Slattery 0.50 0 0 0 0 Director X 0 0 | (3) Deborah Schmall | 1.00 | х | | Х | | | | 0 | 0 | 0 |
| (5) Amy Hanneman | | 1.00 | | | | | | | | | |
| Director | Treasurer | | Х | | Х | | | | 0 | 0 | 0 |
| Director | | 0.50 | X | | | | | | 0 | 0 | 0 |
| The content of the | | 0.50 | Х | | | | | | 0 | 0 | 0 |
| [8] Tammy Smith 0.50 Director X (9) Erik Day 0.50 Director X 0 0 0 | (7) Donna Rosen | 0.50 | Х | | | | | | 0 | 0 | 0 |
| 9 Erik Day | (8) Tammy Smith | 0.50 | | | | | | | | | 0 |
| 10 Trippe Davis | (9) Erik Day | 0.50 | | | | | | | | | 0 |
| (11)Margot Slattery | (10)Trippe Davis | 0.50 | | | | | | | 0 | 0 | 0 |
| (12)Apoorva Gandhi 0.50 Director X 0 0 0 (13)Sander Van't Noordende 0.50 0 0 0 0 Director X 0 0 0 0 (14)Jim Norberg 0.50 0 0 0 0 | (11)Margot Slattery | 0.50 | | | | | | | | | |
| Director X 0 0 0 (13)Sander Van't Noordende 0.50 X 0 0 0 Director X 0 0 0 0 (14)Jim Norberg 0.50 0 0 0 0 0 | | | X | | | | | | 0 | 0 | 0 |
| Director X 0 0 0 (14)Jim_Norberg | | 0.50 | Х | | | | | | 0 | 0 | 0 |
| (14)Jim_Norberg0.50 | | 0.50 | X | | | | | | 0 | 0 | 0 |
| DITECTOR A | (4.0) = 1 = | 0.50 | Х | | | | | | 0 | | 0 |

| Form 990 (2018) Out & Equal | | | | | | | | | 02-06818 | 55 | F | Page 8 |
|---|----------------------|-----------------------------------|-----------------------|------------|--------------|------------------------------|--------|-------------------------|----------------------------------|------|-----------------------|--------|
| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | |
| 40 | | | | (C Posi | | | | (2) | (F) | | (5) | |
| (A) | (B) | (do n | ot che | | | an one | | (D) | (E) | _ | (F) | |
| Name and title | Average hours per | | | | | ooth an rustee) | | Reportable compensation | Reportable compensation from | | stimated nount of | |
| | week (list any | | | | П | | | from | related | | other | |
| | hours for related | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization | organizations (W-2/1099-MISC) | | pensati rom the | |
| | organizations | dual | ıtion | " | mpla | est co | 역 | (W-2/1099-MISC) | (, , | org | janizatio | on |
| | below dotted line) | trust | al tru | | уее | ompe | | | | | id relate anizatio | |
| | 1110) | e e | stee | | | ensat | | | | Oig | ariizado | 110 |
| | | | | | | ed | | | | | | |
| | | | | | | | | | | | | |
| (15)Michael Cox | 0.50 | | | | | | | | | | | |
| Director | | Х | | | | | | 0 | 0 | | | 0 |
| (16)Rolddy Leyva | 0.50 | | | | | | | | | | | |
| Director | | Х | | | | | | 0 | 0 | | | 0 |
| (17)Rachel Rubin | 37.50 | | | 37 | | | | 06 500 | | | | |
| COO (18)Erin Uritus | 37.50 | | | Х | | | | 96,500 | 0 | | 7, | 720 |
| CEO | 27.30 | | | X | | | | 166,300 | 0 | | 13, | 108 |
| (19)Karen Selisse Berry | 37.50 | | | | | | | | | | | |
| CEO | | | | | | | Х | 9,544 | 0 | | 20, | 281 |
| (20)Steve Roth | <u>37.50</u> | | | | | | | | | | | |
| Sr. Director of Global Initiatives | | | | | | | X | 47,713 | 0 | | 5, | 089 |
| (21) | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | |
| <u>(24)</u> | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | |
| 1b Sub-total | | | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Sectio | | | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 320,057 | 0 | | 46, | 198 |
| Total number of individuals (including but not limited) | | | | | | | ore th | | • | | | |
| reportable compensation from the organization | | | - | | | | | | 1 | | | |
| | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, director, | | | loye | e, or | high | est co | mpe | ensated | | | | |
| employee on line 1a? If "Yes," complete Schedule J | | | | | | | | | | 3 | X | |
| 4 For any individual listed on line 1a, is the sum of rep | | | | | | | | | | | | |
| organization and related organizations greater than S | | - | | • | | | | | | 4 | 37 | |
| individual · · · · · · · · · · · · · · · · · · · | | | | | | | | | | 4 | X | |
| for services rendered to the organization? If "Yes," c | | | - | | | - | | | | 5 | | Х |
| Section B. Independent Contractors | · · | | | | ' | | | | | | | |
| Complete this table for your five highest compensate | ed independe | nt con | tract | ors t | hat re | eceive | ed mo | ore than \$100,000 | of | | | |
| compensation from the organization. Report comper | nsation for the | e calen | ndar | year | endi | ing wi | th or | within the organiza | ation's tax | | | |
| year. | | | | | | | | | | | | |
| (A) | | | | | | | | (B) | | | (C) | |
| Name and business address | | | | | | | | Description of | services | Comp | ensatio | n |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | 1 | | | | |
| 2 Total number of independent contractors (including the | out not limite - | l to th- | , cc 1: | oto d | aha: | (O)I | 20 | | | | | |
| 2 Total number of independent contractors (including be received more than \$100,000 of compensation from | | | se III | sied | auu\ | ve) Wr | Ю | | | | | |

02-0681855

Part VIII

Out & Equal Statement of Revenue

| | | Check if Schedule O contains a response or no | te to any line in this | Part VIII | <u></u> | <u></u> | <u> </u> |
|---|-----|--|------------------------|----------------------|---|---|---|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| | 1a | Federated campaigns 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues 1b | | | | | |
| وَ ق | С | Fundraising events 1c | | | | | |
| iifts ar A | d | Related organizations 1d | | | | | |
| ini ini | е | Government grants (contributions) 1e | | | | | |
| ri S | f | All other contributions, gifts, grants, | | | | | |
| ξģ | | and similar amounts not included above 1f | 339,038 | | | | |
| nd C | g | Noncash contributions included in lines 1a-1f: \$ | 10,000 | | | | |
| | h | Total. Add lines 1a-1f | | 339,038 | | | |
| _ | | | Business Code | | | | |
| anne | 2a | Program events | 900099 | 218,500 | 218,500 | | |
| Rev | b | Program sponsorships | 900099 | 31,050 | 31,050 | | |
| ice | С | Program service fees | 900099 | 73,301 | 73,301 | | |
| Ser | d | Other income | 900099 | 34,389 | 34,389 | | |
| ra La | е | | | | | | |
| Program Service Revenue | l | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 357,240 | | | |
| | 3 | Investment income (including dividends, interest, and other similar amounts) | ▶ | 1,701 | | | 1,701 |
| | 4 | Income from investment of tax-exempt bond proce | | | | | |
| | 5 | Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | l | Gross rents | | | | | |
| | l | Less: rental expenses · · · · | | | | | |
| | l | Rental income or (loss) · · · | | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7a | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | assets other than inventory | | | | | |
| | b | Less: cost or other basis | | | | | |
| | | and sales expenses · · · · | | | | | |
| | | Gain or (loss) | | | | | |
| ø | l | Net gain or (loss) | | | | | |
| Other Revenue | ва | Gross income from fundraising | | | | | |
| eve | | events (not including \$ | | | | | |
| <u>ج</u> ج | | of contributions reported on line 1c). See Part IV, line 18 | 24 050 | | | | |
| the state | h | Less: direct expenses b | 34,850 68,594 | | | | |
| O | 1 | • | | /22 744 | \ | | (22.744) |
| | 1 | Gross income from gaming activities. | | (33,744) | | | (33,744) |
| | " | See Part IV, line 19 · · · · · · · · a | | | | | |
| | b | Less: direct expenses b | | | | | |
| | 1 | · | | | | | |
| | | Gross sales of inventory, less | - | | | | |
| | .va | returns and allowances a | 208 | | | | |
| | b | Less: cost of goods sold b | 79 | | | | |
| | | Net income or (loss) from sales of inventory • • | > | 129 | 129 | | |
| | | Miscellaneous Revenue | Business Code | | | | |
| | 11a | | | | | | |
| | b | | | | | | |
| | С | | | | | | |
| | d | All other revenue | | | | | |
| | l | Total. Add lines 11a-11d · · · · · · · · · · · · | + | | | | |
| | 12 | Total revenue. See instructions | | 664,364 | 357,369 | 0 | (32,043) |

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b, 7b, (B) (C) Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, 632,957 377,448 121,597 133,912 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 425,056 328,965 27,996 68,095 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 27,775 3,757 24,018 9 14,300 81,508 57,838 9,370 10 55,825 80,226 9,120 15,281 Fees for services (non-employees): 11 а С 55,617 55,617 d Professional fundraising services. See Part IV, line 17 f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 51,298 50,903 395 12 Advertising and promotion 2,571 2,571 13 9,768 2,542 31,148 18,838 14 Information technology <u>15,2</u>22 20,382 2,036 3,124 15 16 122,665 19,291 29,052 171,008 17 140,200 105,773 29,287 5,140 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 3,814 3,006 656 152 20 21 22 Depreciation, depletion, and amortization 13,862 9,964 1,538 2,360 23 747 8,856 3,156 4,953 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 228<u>,</u>720 Event production 228,687 13 20 а Telephone/internet 20,600 13,013 4,884 2,703 10,795 230 171 C Printing/copying 11,196 Bad debt expense 42,210 8,010 34,200 All other expenses 52,827 51,267 1,560 Total functional expenses. Add lines 1 through 24e 25 2,101,831 1,408,426 380,046 313,359 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)

Page **10**

Out & Equal

02-0681855

Page **11**

Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this Part X | | | <u></u> |
|-----------------------------|-----|--|-------------------|-----|-------------|
| | | | (A) | | (B) |
| | | | Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | 1,092,123 | 1 | 2,524,231 |
| | 2 | Savings and temporary cash investments | 604,497 | 2 | 522,556 |
| | 3 | Pledges and grants receivable, net | 2,477,255 | 3 | 1,900,162 |
| | 4 | Accounts receivable, net | , , | 4 | , , |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. | | | |
| | | Complete Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section | | | |
| | | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and | | | |
| | | sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary | | | |
| | | organizations (see instructions). Complete Part II of Schedule L | | 6 | |
| S | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | 2,636 | 8 | 11,956 |
| Ass | 9 | Prepaid expenses and deferred charges | 199,862 | 9 | 101,776 |
| | 10a | Land, buildings, and equipment: cost or | | | , |
| | | other basis. Complete Part VI of Schedule D 10a 173,063 | | | |
| | b | Less: accumulated depreciation 10b 150,208 | 26,732 | 10c | 22,855 |
| | 11 | Investments - publicly traded securities | 115,432 | 11 | 146,145 |
| | 12 | Investments - other securities. See Part IV, line 11 | · | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 118,444 | 15 | 113,800 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 4,636,981 | 16 | 5,343,481 |
| | 17 | Accounts payable and accrued expenses | 221,051 | 17 | 298,846 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 718,410 | 19 | 2,870,599 |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| es | 22 | Loans and other payables to current and former officers, directors, | | | |
| ≣ | | trustees, key employees, highest compensated employees, and | | | |
| Liabilities | | disqualified persons. Complete Part II of Schedule L | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties · · · · · · · · · · · · · · · · · · · | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D | 114,141 | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 1,053,602 | 26 | 3,169,445 |
| | | Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗵 and | | | |
| ces | | complete lines 27 through 29, and lines 33 and 34. | | | |
| <u>a</u> | 27 | Unrestricted net assets | 1,788,112 | 27 | 291,259 |
| Ва | 28 | Temporarily restricted net assets | 1,795,267 | 28 | 1,882,777 |
| <u>n</u> | 29 | Permanently restricted net assets | | 29 | |
| Ę | | Organizations that do not follow SFAS 117 (ASC 958), check here | | | |
| õ | | complete lines 30 through 34. | | | |
| set | 30 | Capital stock or trust principal, or current funds | | 30 | |
| Net Assets or Fund Balances | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| _ | 33 | Total net assets or fund balances | 3,583,379 | 33 | 2,174,036 |
| | 34 | Total liabilities and net assets/fund balances | 4,636,981 | 34 | 5,343,481 |

| | 1990 (2018) Out & Equal | <u>02-06818</u> | 55 | Pa | age 12 |
|----|---|-----------------|------|-------|-------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | <u> - 🗌</u> |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | - 1 | | 664,3 | 364 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | . 2 | 2, | 101,8 | 331 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | - 3 | (1, | 437,4 | 167) |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | - 4 | 3, | 583,3 | 379 |
| 5 | Net unrealized gains (losses) on investments | - 5 | | 28,3 | 124 |
| 6 | Donated services and use of facilities | - 6 | | | |
| 7 | Investment expenses | - 7 | | | |
| 8 | Prior period adjustments | - 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | - 9 | | | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | - 10 | 2, | 174,0 | 036 |
| Pa | rt XII Financial Statements and Reporting | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u></u> | | | <u>. 📙</u> |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | | |
| | Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | - 2a | | Χ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | |
| | Separate basis Gonsolidated basis Both consolidated and separate basis | | | | |
| b | , i | | - 2b | 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: | | | | |
| | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | - 2c | | Χ |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | | |
| | Schedule O. | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | | |
| | the Single Audit Act and OMB Circular A-133? | | - 3a | | Х |
| b | , | | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | - 3b | | |

EEA

Form **990** (2018)

SCHEDULE A

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.

2018

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization Employer identification number Out & Equal 02-0681855 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). 1 2 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: 5 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 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from 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 12 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. a 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. 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. 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. d U 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 organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Page 2 Schedule A (Form 990 or 990-EZ) 2018

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 | tion A. Public Support | | | | | | |
|----------|---|---|-----------------|-----------|------------------|-----------------|------------------|
| Caler | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 3,414,877 | 3,681,633 | 3,747,407 | 4,437,162 | 5,098,859 | 20,379,938 |
| 2 | Tax revenues levied for the organization'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 · · · · · · | 3,414,877 | 3,681,633 | 3,747,407 | 4,437,162 | 5,098,859 | 20,379,938 |
| 5 | The portion of total contributions by | | | | | | |
| | each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included on | | | | | | |
| | line 1 that exceeds 2% of the amount | | | | | | |
| _ | shown on line 11, column (f) | | | | | | |
| <u>6</u> | Public support. Subtract line 5 from line 4 · · · tion B. Total Support | | | | | | 20,379,938 |
| | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 7 | Amounts from line 4 | 3,414,877 | | | ` ' | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from | 3,414,677 | 3,001,033 | 3,141,401 | 4,437,162 | 3,096,639 | 20,379,936 |
| | similar sources | 2,640 | 2,092 | 2,806 | 3,261 | 5,438 | 16,237 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 68,446 | 61,928 | 208,212 | 282,489 | 315,804 | 936,879 |
| 11 | Total support. Add lines 7 through 10 | , | | · | | , | 21,333,054 |
| 12 | Gross receipts from related activities, etc. (se | ee instructions) | | | | 12 | 22,957,209 |
| 13 | First five years. If the Form 990 is for the or organization, check this box and stop here | · | | • | ` ' ' ' | | ▶□ |
| | tion C. Computation of Public Su | | | | | · I | |
| 14 | Public support percentage for 2018 (line 6, c | • | | • | | 14 | 95.53 % |
| 15 | Public support percentage from 2017 Sched | | | | | 15 | 96.33 % |
| 16a | 33 1/3% support test - 2018. If the organiza | | • | | • | | . . |
| | box and stop here. The organization qualified | | | | | | ▶ 🏻 |
| b | 33 1/3% support test - 2017. If the organiza | | | | | | . □ |
| 170 | this box and stop here. The organization qu | | | | | | |
| 17a | 10%-facts-and-circumstances test - 2018.10% or more, and if the organization meets t | • | | | | • | |
| | · · · · · · · · · · · · · · · · · · · | | | | | 4 | |
| | Part VI how the organization meets the "facts organization | | - | • | | | ▶ □ |
| b | 10%-facts-and-circumstances test - 2017. | | | | | | |
| D | 15 is 10% or more, and if the organization m | J | | | , , | | |
| | Explain in Part VI how the organization meet | | | • | • | , | |
| | • | | | | | , | ▶ □ |
| 18 | Private foundation. If the organization did n | | | | | | - Ц |
| | instructions | | | | | | ▶ □ |
| | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2018 02-0681855 Page 3

Part III

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

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

| Se | ction A. Public Support | | | | | | |
|----------|--|---|----------------------|-----------------------|-----------------------|----------|-----------|
| Cal | endar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 • | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Se | ction B. Total Support | | | | | | |
| | endar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b · · · · · · · · · · | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on • • • | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| | First five years. If the Form 990 is for the orgorganization, check this box and stop here | | | • | (/ (/ | | ▶ 🔲 |
| | ction C. Computation of Public Su | • | | | | | |
| | Public support percentage for 2018 (line 8, co | | • | ,, | | 15 | % |
| 16 | Public support percentage from 2017 Schedu | | | | | 16 | % |
| | ction D. Computation of Investme Investment income percentage for 2018 (line | | | dump (f\) | | 17 | 0/ |
| 17 18 | Investment income percentage for 2018 (line Investment income percentage from 2017 Sci | | | | | 18 | <u>%</u> |
| | 33 1/3% support tests - 2018. If the organiza | | | | | L L | 70 |
| | 17 is not more than 33 1/3%, check this box a | and stop here. The | e organization quali | fies as a publicly so | upported organization | on | ▶ □ |
| b | 33 1/3% support tests - 2017. If the organization 18 is not more than 33 1/3%, check this b | | | | | | ▶ □ |
| 20 | Private foundation. If the organization did no | | - | | | | |

Schedule A (Form 990 or 990-EZ) 2018 Out & Equal 02-0681855 Page 4

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")? *If* "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).
 - **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**.
 - 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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|-----|--|----------|---------|--------------|
| | Iule A (Form 990 or 990-EZ) 2018 Out & Equal 02-068185! Tri IV Supporting Organizations (continued) | <u> </u> | F | age 5 |
| ı a | Supporting Organizations (continued) | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | 103 | 110 |
| | 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 | | |
| h | A family member of a person described in (a) above? | 11b | | |
| | A 0 5 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 11c | | |
| | 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 | | |
| | organizations and what conditions of restrictions, if any, applied to such powers during the tax year. | • | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| 2 | | | | |
| | 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, | | | |
| 500 | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | V | NI. |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| 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? <i>If "No," explain in Part VI how</i> | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | | | |
| 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 in | structio | ons). | |
| 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 ins | structi | ons). |
| 2 | Activities Test. Answer (a) and (b) below. | I | 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? <i>If</i> "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> | 2.0 | | |
| | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| • | or and and the perior to regularly appeared a majority of the embers, an estate, of | | | |

trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in Part VI the role played by the organization in this regard.*

3a

Schedule A (Form 990 or 990-EZ) 2018 Out & Equal 02-0681855 Page 6

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organic | ganiza | ations | |
|--|----------|-------------------------|-----------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | trust or | Nov. 20, 1970 (explai | n in Part VI). See |
| instructions. All other Type III non-functionally integrated supporting organiz | ations | must complete Sectior | ns A through E. |
| Section 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 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | • | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other | • | | |
| factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 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 | | |
| Section 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 | _ | ted Type III supporting | organization (see |
| instructions). | J | 71 11 | , 5 |

EEA Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Out & Equal 02-0681855 Page 7

| Par | t V Type III Non-Functionally Integrated 509(a)(3 |) Supporting Organiz | ations (continued) | |
|----------|--|-----------------------------|--|---|
| Sec | tion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exem | | | |
| 2 | Amounts paid to perform activity that directly furthers exempt | purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| | Administrative expenses paid to accomplish exempt purposes | s of supported organizati | ons | |
| | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | organization is respons | ive | |
| | (provide details in Part VI). See instructions. | | | |
| | Distributable amount for 2018 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| S | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
| 1 | Distributable amount for 2018 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2018 | | | |
| | (reasonable cause required - explain in Part VI). See | | | |
| | instructions. | | | |
| | Excess distributions carryover, if any, to 2018 | | | |
| | From 2013 | | | |
| | From 2014 | | | |
| | From 2015 | | | |
| | From 2016 | | | |
| | From 2017 | | | |
| | Total of lines 3a through e | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2018 distributable amount | | | |
| i | Carryover from 2013 not applied (see instructions) | | | |
| <u>j</u> | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2018 from | | | |
| | Section D, line 7: \$ | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2018 distributable amount | | | |
| | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2018, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | |
| | greater than zero, explain in Part VI . See instructions. | | | |
| 6 | Remaining underdistributions for 2018. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2019. Add lines 3j | | | |
| | and 4c. | | | |
| | Breakdown of line 7: | | | |
| | Excess from 2014 | | | |
| | Excess from 2015 | | | |
| | Excess from 2016 Excess from 2017 | | | |
| a | LAUGAA HUHLZULL | | | |

e Excess from 2018

. . . .

| Part 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

Name of the organization

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

2018

Employer identification number

Out & Equal 02-0681855 Organization type (check 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 organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

02-0681855

Out & Equal 02-0681855 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (d) (a) (c) Νo. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 1 **Payroll** Noncash 95,000 (Complete Part II for noncash contributions.) (b) (d) (a) (c) Νo. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person X 2 **Payroll** Noncash 50,000 (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person 3 **Payroll** Noncash X 79,560 (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person X 4 **Payroll** П Noncash 75,000 (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person X 5 **Payroll** Noncash 345,200 (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 Total contributions Type of contribution No. Person Χ 6 **Payroll** Noncash 225,000 (Complete Part II for noncash contributions.)

Page 2 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) **Employer identification number** Name of organization 02-0681855 Out & Equal Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Νo. Name, address, and ZIP + 4 Total contributions Type of contribution **Person** 7 **Payroll** Noncash П 191,500 (Complete Part II for noncash contributions.) (b) (d) (a) (c) Type of contribution Νo. Name, address, and ZIP + 4 **Total contributions** Person X 8 **Payroll** Noncash 169,000 (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. **Person** 9 **Payroll** Noncash 134,000 (Complete Part II for noncash contributions.)

| | | \$111,949 | (Complete Part II for noncash contributions.) |
|------------|-----------------------------------|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 11_ | | \$\$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 12 | | \$ 12,200 | Person 🗵 Payroll 🗌 Noncash 🗍 |

(c)

Total contributions

\$

(b)

Name, address, and ZIP + 4

(a)

No.

10

(Complete Part II for noncash contributions.)

(d)

Type of contribution

Χ

Person

Payroll

Noncash

Name of organization

Employer identification number

02-0681855

Out & Equal 02-0681855 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (d) (a) (c) Νo. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 13 **Payroll** Noncash X 10,000 (Complete Part II for noncash contributions.) (b) (d) (a) (c) Νo. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 Total contributions Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Name of organization

Out & Equal

02-0681855

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| 3_ | Airline miles | _ | |
| | | \$ | 01-01-2019 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| _13 | Appliances | | |
| | | \$ | 01-01-2019 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | _ _ _ | |
| | | _ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | _ | |
| | | _ \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | _ | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | _ | |
| | | _ \$ | |
| | | | |

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Attach to Form 990 or Form 990-EZ.

Complete if the organization is described below. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

 Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number** Out & Equal 02-0681855 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) Volunteer hours for political campaign activities (see instructions) Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 · · · · · · · · ▶ \$ 2 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 3 l No If "Yes." describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C Enter the amount directly expended by the filing organization for section 527 exempt function 2 Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, 3 Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-(1) (2) (3) (4) (5) (6)

| Sche | edule C (Form 990 or 990-EZ) 2018 Out & Equal | | | | 02-0681 | 855 Page 2 |
|------|---|------------------------|---------------------------------------|-----------------------|-----------------------|-------------------|
| Pa | art II-A Complete if the organization | on is exempt ur | ider section 501 | (c)(3) and filed | Form 5768 (elec | tion under |
| | section 501(h)). | | | | | |
| Α | Check I if the filing organization belongs to | , | | n affiliated group me | mber's name, | |
| | address, EIN, expenses, and sha | | | | | |
| В | Check ▶ ☐ if the filing organization checked b | | | - | 1 | |
| | | bying Expenditures | | | (a) Filing | (b) Affiliated |
| | (The term "expenditures" | • | · · · · · · · · · · · · · · · · · · · | | organization's totals | group totals |
| 1a | , , , , | | • •, | | | |
| b | , , , , | • (| , ,, | | | |
| С. | , , , , | , | | | | |
| d | - 111 | | | | | |
| e | | , | | | | |
| f | 2000)g | from the following tab | ole in both | | | |
| | columns. | 1 | | | | |
| | If the amount on line 1e, column (a) or (b) is: | | nontaxable amount | is: | | |
| | Not over \$500,000 | + | ount on line 1e. | | | |
| | Over \$500,000 but not over \$1,000,000 | • | 15% of the excess ov | | | |
| | Over \$1,000,000 but not over \$1,500,000 | | 10% of the excess ov | | | |
| | Over \$1,500,000 but not over \$17,000,000 | • | 5% of the excess over | er \$1,500,000. | | |
| | Over \$17,000,000 | \$1,000,000. | | | | |
| 9 | · · | • | | | | |
| h | , | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter | | | 4700 | | |
| j | If there is an amount other than zero on either lin | · | · · | | | |
| | reporting section 4911 tax for this year? | | ng Period Under s | | | Yes No |
| | (Some organizations that made a s | _ | • | • • | of the five columns | holow |
| | | • • | | - | | below. |
| | 36 | e tile separate ili | structions for line | ss za tiliougii zi. | , | |
| | Lobb | wing Evnanditures | During 4-Year Avera | aina Bariad | | |
| | Lobi | ying Expenditures | During 4- rear Avera | ging Penou | | |
| | Calendar year (or fiscal year | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
| | beginning in) | | | | | |
| | | | | | | |
| 2a | Lobbying nontaxable amount | | | | | |
| h | Lobbying ceiling amount | | | | | |
| - | (150% of line 2a, column (e)) | | | | | |
| | Total labbying averagitures | | | | | |
| С | Total lobbying expenditures | | | | | |
| ٦, | Grassroots nontaxable amount | | | | | |
| u | Grassioots horitaxable diffount | | | | | |
| е | Grassroots ceiling amount | | | | | |

EEA Schedule C (Form 990 or 990-EZ) 2018

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2018 Out & Equal 02-0681855 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (a) (b) For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Χ Χ Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Χ Χ d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? Χ Grants to other organizations for lobbying purposes? f Direct contact with legislators, their staffs, government officials, or a legislative body? Χ a Χ Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? h Χ Other activities? i Total. Add lines 1c through 1i i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? Χ 2a If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year 2h 2c C 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying Taxable amount of lobbying and political expenditures (see instructions) Part IV **Supplemental Information** Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information. 01. General Explanation Attachment

Activities included employees conducting public education about the importance of LGBTQ non-discrimination protections in Washington DC.

EEA Schedule C (Form 990 or 990-EZ) 2018

SCHEDULE D (Form 990)

Department of the Treasury

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.

Internal Revenue Service Name of the organization ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

| Out | | 02-0681855 |
|-----|--|---------------------------------------|
| Pai | rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts | S. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 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 advised | |
| | funds are the organization's property, subject to the organization's exclusive legal control? | · · · · · · · · · · · · · · · · · · · |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used | |
| | only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose | |
| _ | conferring impermissible private benefit? | · · · · · · · · · · L Yes L No |
| Pa | rt II Conservation Easements. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | |
| | Preservation of land for public use (e.g., recreation or education) | |
| | Protection of natural habitat Preservation of a certified hist | oric structure |
| | Preservation of open space | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conse | |
| | easement on the last day of the tax year. | Held at the End of the Tax Year |
| а | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| С | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 7/25/06, and not on a | |
| _ | historic structure listed in the National Register | 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization | tion during the |
| | tax year • | |
| 4 | Number of states where property subject to conservation easement is located | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? | · · · · · · · · · · · · · · · · · · · |
| | · | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation ex | asements during the year |
| 7 | Amount of expanses incurred in monitoring inspecting handling of violations, and enforcing consequation except | conte during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easen \$\begin{align*}\$\$\$ | lents during the year |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i | |
| Ü | and section 170(h)(4)(B)(ii)? $\cdots \cdots \cdots$ | , |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and expense statemer | |
| | balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that de | |
| | organization's accounting for conservation easements. | |
| Pai | rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other | er Similar Assets. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and b | alance sheet |
| | works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further | |
| | public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. | |
| b | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balar | nce sheet |
| | works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further | erance of |
| | public service, provide the following amounts relating to these items: | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | ▶ \$ |
| | (ii) Assets included in Form 990, Part X | |
| 2 | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro | |
| | following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: | |
| а | Revenue included on Form 990, Part VIII, line 1 | ▶ \$ |
| h | Assets included in Form 990 Part X | . s |

| | ule D (Form 990) 2018 Out & Equal | | | 02-068185 | | Page 2 |
|-----|---|-------------------------------|-----------------------------|------------------------------|------------------|------------|
| Pai | rt III Organizations Maintaining Col | lections of Art, Hist | orical Treasures, | or Other Similar Assets | (continue | <u>ed)</u> |
| 3 | Using the organization's acquisition, accession, and | d other records, check any | of the following that are a | a significant use of its | | |
| | collection items (check all that apply): | | | | | |
| а | Public exhibition | = | ange programs | | | |
| b | Scholarly research | e U Other | | | | |
| С | Preservation for future generations | | | | | |
| 4 | Provide a description of the organization's collection | ns and explain how they fu | ther the organization's e | xempt purpose in Part | | |
| | XIII. | | | | | |
| 5 | During the year, did the organization solicit or receive | e donations of art, historic | al treasures, or other sim | nilar | _ | _ |
| | assets to be sold to raise funds rather than to be ma | | anization's collection? | | Yes | No |
| Pa | rt IV Escrow and Custodial Arranger | | | | _ | |
| | Complete if the organization answ | vered "Yes" on Form | 990, Part IV, line 9 | , or reported an amount o | on Form | |
| | 990, Part X, line 21. | | | | | |
| 1a | Is the organization an agent, trustee, custodian or of | ther intermediary for contri | butions or other assets n | not | _ | _ |
| | included on Form 990, Part X? | | | | Yes | No |
| b | If "Yes," explain the arrangement in Part XIII and cor | mplete the following table: | | | | |
| | | | | Amoun | ıt | |
| С | 99 | | | · · 1c | | |
| d | Additions during the year | | | 1d | | |
| е | Distributions during the year | | | 1e | | |
| f | Ending balance | | | 1f | | |
| 2a | Did the organization include an amount on Form 990 | 0, Part X, line 21, for escro | w or custodial account li | ability? | · Yes | ☐ No |
| | If "Yes," explain the arrangement in Part XIII. Check | here if the explanation ha | s been provided on Part | XIII | | |
| Pa | rt V Endowment Funds. | | | | | |
| | Complete if the organization answ | vered "Yes" on Form | 990, Part IV, line 1 | 0. | | |
| | _ | (a) Current year (b) | Prior year (c) Two yea | rs back (d) Three years back | (e) Four years I | back |
| 1a | Beginning of year balance | | | | | |
| b | Contributions | | | | | |
| С | Net investment earnings, gains, and | | | | | |
| | losses | | | | | |
| d | Grants or scholarships | | | | | |
| е | Other expenditures for facilities and | | | | | |
| | programs | | | | | |
| f | Administrative expenses | | | | | |
| g | End of year balance | | | | | |
| 2 | Provide the estimated percentage of the current year | ar end balance (line 1g, col | umn (a)) held as: | | | |
| а | Board designated or quasi-endowment | % | | | | |
| b | Permanent endowment | | | | | |
| С | Temporarily restricted endowment | % | | | | |
| | The percentages on lines 2a, 2b, and 2c should equ | ual 100%. | | | | |
| 3a | Are there endowment funds not in the possession of | f the organization that are | held and administered fo | or the | | |
| | organization by: | | | | Yes | No |
| | (i) unrelated organizations | | | | 3a(i) | |
| | (ii) related organizations | | | | 3a(ii) | |
| b | If "Yes" on line 3a(ii), are the related organizations list | isted as required on Sched | ule R? | | 3b | |
| 4 | Describe in Part XIII the intended uses of the organi | | | | | |
| Pa | rt VI Land, Buildings, and Equipmen | nt. | | | | |
| | Complete if the organization answ | vered "Yes" on Form | 990, Part IV, line 1 | 1a. See Form 990, Part እ | ر, line 10. | |
| | Description of property | (a) Cost or other basis | (b) Cost or other basis | (c) Accumulated | (d) Book value | |
| | | (investment) | (other) | depreciation | | |
| 1a | Land | | | | | |
| b | Buildings | | | | | |
| С | Leasehold improvements | . 34,076 | | 34,076 | | |
| d | Equipment | 138.987 | | 116,132 | 22 . | 855 |

22,855

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

| chedule D (Form 990 |) 2018 Out | & Equal | 02-0681855 | Page 3 |
|---------------------|------------|---------|------------|--------|

| Part VII | Investments - Other Securities. | d "Voo" on Form 000 Po | | Dort V line 12 |
|----------------|--|-------------------------|---|----------------|
| | Complete if the organization answere | | | |
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market | |
| (1) Financial | derivatives | | | |
| (2) Closely-he | eld equity interests | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| Part VIII | Investments - Program Related. | | | |
| I dit viii | Complete if the organization answere | d "Yes" on Form 990 Pa | art IV line 11c. See Form 990 | Part X line 13 |
| | | | | |
| | (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market | |
| (1) | | | , | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | Other Assets. | III)/ II E 000 D | | D ()/ !: 45 |
| | Complete if the organization answere | | art IV, line 11d. See Form 990, | |
| (4) | ., | Description | | (b) Book value |
| | of unexpired airline vouchers | | | 113,80 |
| (2) | | | | |
| (3) | | | | |
| (4) (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 15.) | | | 113,80 |
| Part X | Other Liabilities. | | | |
| | Complete if the organization answere | d "Yes" on Form 990, Pa | art IV, line 11e or 11f. See Forr | n 990, Part X, |
| | line 25. | | | |
| 1. | (a) Description of liability | (b) Book value | | |
| (1) Federal i | income taxes | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII • • • • • • • □

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

| | e D (Form 990) 2018 | | | 2-0681 | |
|------|---|----------|----------------------------|---------|--------------------|
| Par | | | - | Return | - |
| | Complete if the organization answered "Yes" on Form 990, P | an iv | , line 12a. | 1 . 1 | |
| | Total revenue, gains, and other support per audited financial statements | | | 1 | 925,018 |
| | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | امدا | 00.101 | | |
| | Net unrealized gains (losses) on investments | 2a | 28,124 | | |
| | Recoveries of prior year grants | 2b | 232,530 | | |
| | Other (Describe in Part XIII.) | 2c 2d | | - | |
| | Add lines 2a through 2d · · · · · · · · · · · · · · · · · · | | | 2e | 260 654 |
| | Subtract line 2e from line 1 | | | 3 | 260,654 664,364 |
| | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1 1 | | 3 | 004,304 |
| | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| | Other (Describe in Part XIII.) | 4b | | | |
| | Add lines 4a and 4b | | | 4c | |
| | | | | 5 | 664,364 |
| | Reconciliation of Expenses per Audited Financial Stater | | | - | |
| - | Complete if the organization answered "Yes" on Form 990, F | | | | |
| | Total expenses and losses per audited financial statements | | <u> </u> | 1 | 2,334,361 |
| | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| | Donated services and use of facilities | 2a | 232,530 | | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d · · · · · · · · · · · · · · · · · · | | | 2e | 232,530 |
| 3 | Subtract line 2e from line 1 | | | 3 | 2,101,831 |
| ı | 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 | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| С | Add lines 4a and 4b · · · · · · · · · · · · · · · · · · · | | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | | 5 | 2,101,831 |
| Par | XIII Supplemental Information. | | | | |
| ovic | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line | s 1b an | d 2b; Part V, line 4; Part | X, line | |
| Par | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a | addition | al information. | | |
| | | | | | |
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EEA Schedule D (Form 990) 2018

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Out & Equal 02-0681855 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number (c) Number of (d) Activities conducted in the (e) If activity listed in (d) is (f) Total (a) Region of offices in employees. region (by type) (such as. a program service, expenditures for the region agents, and fundraising, program services, describe specific type of and investments investments, grants to recipients independent service(s) in the region in the region located in the region) contractors in the region (1)South America Program services Event 159,769 East Asia and the (2)Pacific Event 79,884 Program services (3) (4) (5) (6) (7) (8) (10)(11) (12) (13)(14) (15)(16)(17) Sub-total 239,653 Total from continuation sheets to Part I Totals (add lines 3a and 3b) 239,653 Out & Equal 02-0681855

Page 2

| Part II | | | rganizations or Entities (received more than \$5,00 | | | | | d "Yes" on Foi | m 990, |
|------------|-------------------------------|--|---|----------------------|--------------------------|---------------------------------|--|---|--|
| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
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| (16) | | | | | | | | | |
| 2 E | | | ove that are recognized as charitie | | ntry, recognized as tax | -exempt | I | l | 1 |
| | - | | ovided a section 501(c)(3) equival | | | | <u> </u> | | |
| 3 ⊟ | Inter total number of other o | rganizations or entities | | | | | > | | |

Schedule F (Form 990) 2018

Out & Equal 02-0681855

Schedule F (Form 990) 2018 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed.

| li additional space is needed. | | | | | 1 | (b) Mathad of |
|--------------------------------|--------------------------|-------------------------------------|--|----------------------------------|---------------------------------------|--|
| (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
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| | (b) Region | (b) Region (c) Number of recipients | (b) Region (c) Number of recipients (d) Amount of cash grant | recipients cash grant cash | recipients cash grant cash noncash | recipients cash grant cash noncash of noncash assistance |

Schedule F (Form 990) 2018 Out & Equal Part IV Foreign Forms

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

EEA Schedule F (Form 990) 2018

Out & Equal 02-0681855 Schedule F (Form 990) 2018 Page 5 Part V **Supplemental Information** Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. 01. General Explanation Attachment Out& Equal has held two international events: a strategy session in Brazil and a forum in China.

EEA Schedule F (Form 990) 2018

SCHEDULE G (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 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

| Name of the organization | | | | | | Employer ide | ntification number |
|---|-----------------------|----------------|----------------|-------------------------|-------------------------------|------------------|---------------------|
| Out & Equal | | | | | | 02-06 | 81855 |
| Part I Fundraising Activities | . Complete if | the organi | zation an: | swered "Yes" on | Form 99 | 0, Part IV, | line 17. |
| Form 990-EZ filers are no | t required to co | mplete this | part. | | | | |
| 1 Indicate whether the organization rais | sed funds through | any of the fol | lowing activi | ties. Check all that ap | ply. | | |
| a Mail solicitations | 3 | | - | of non-government gra | | | |
| b Internet and email solicitations | | | | of government grants | anto | | |
| = | | | | | | | |
| c Phone solicitations | | g ∐ | Special fund | draising events | | | |
| d In-person solicitations | | | | | | | |
| 2a Did the organization have a written or | - | - | , | - | | _ | _ |
| or key employees listed in Form 990, | Part VII) or entity | in connection | with profes | sional fundraising ser\ | ices? | ∐ Y | es 🗌 No |
| b If "Yes," list the 10 highest paid indivi- | duals or entities (f | undraisers) p | ursuant to a | greements under whic | h the fundr | aiser is to be | |
| compensated at least \$5,000 by the | organization. | | | | | | |
| | | | | | | | |
| | | (iii) Did fun | draiser have | _ | (v) Amo | ount paid to | (vi) Amount paid to |
| (i) Name and address of individual | (ii) Activity | | r control of | (iv) Gross receipts | (or retained by) | (or retained by) | |
| or entity (fundraiser) | (11) / 10.11.15 | | utions? | from activity | fundraiser listed in col. (i) | | organization |
| | | Yes | No | | | OI. (I) | |
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| Total | | | | | | | |
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| 3 List all states in which the organization | i is registered or ii | censed to so | ICIL CONTINUL | ions of has been noun | ed it is exe | empt from | |
| registration or licensing. | | | | | | | |
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Page 2

| | | gross receipts greater than | \$5.000. | | | | |
|-----------------|--|---|--|---|----------------------------|--|--|
| | gross recorpts greater than | | (a) Event #1 ExFo | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through | |
| | | | (event type) | (event type) | (total number) | col. (c)) | |
| Revenue | 1 | Gross receipts | 34,850 | | | 34,850 | |
| Ľ | 2 | Less: Contributions Gross income (line 1 minus | | | | | |
| | | line 2) | 34,850 | | | 34,850 | |
| | 4 | Cash prizes | | | | | |
| | 5 Noncash prizes · · · · · · | | | | | | |
| enses | 6 | Rent/facility costs | | | | | |
| Direct Expenses | 7 | Food and beverages · · · · · | | | | | |
| Öİ | 8 | Entertainment | | | | | |
| | 9 Other direct expenses · · · · · | | 68,594 | | | 68,594 | |
| | 10 | Direct expense summary. Add lines | 68,594 | | | | |
| Da | 11 rt | Net income summary. Subtract line 1 Gaming. Complete if the or | | Vac" on Form 000 Port I | | (33,744) | |
| ГС | | than \$15,000 on Form 990 | • | res on rolli 990, Parti | v, line 19, or reported in | nore | |
| enne | | | , iii lo oa. | | | | |
| enne | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) | |
| Revenue | 1 | | | | (c) Other gaming | | |
| Revenue | 1 | Gross revenue | | | (c) Other gaming | | |
| | 1 2 | | | | (c) Other gaming | | |
| Expenses | | Gross revenue | | | (c) Other gaming | | |
| | 2 | Gross revenue | | | (c) Other gaming | | |
| ect Expenses | 2 | Gross revenue | (a) Bingo | bingo/progressive bingo | | | |
| ect Expenses | 2 3 4 | Gross revenue | | | (c) Other gaming Yes% No | | |
| ect Expenses | 2 3 4 5 | Gross revenue | (a) Bingo | bingo/progressive bingo | | | |
| ect Expenses | 2 3 4 5 | Gross revenue | (a) Bingo Yes% No 2 through 5 in column (d) | bingo/progressive bingo | ☐ Yes% ☐ No | | |
| ect Expenses | 2 3 4 5 6 7 8 | Gross revenue | (a) Bingo Yes % No 2 through 5 in column (d) act line 7 from line 1, column | bingo/progressive bingo Yes % No nn (d) | ☐ Yes% ☐ No | | |
| Direct Expenses | 2 3 4 5 6 7 8 Erris | Gross revenue | (a) Bingo Yes% No 2 through 5 in column (d) act line 7 from line 1, column conducts gaming activition | bingo/progressive bingo Yes % No nn (d) | ☐ Yes% ☐ No | col. (a) through col. (c)) | |
| Direct Expenses | 2 3 4 5 6 7 8 Erris | Gross revenue | (a) Bingo Yes% No 2 through 5 in column (d) act line 7 from line 1, column conducts gaming activition | bingo/progressive bingo Yes % No nn (d) | ☐ Yes % ☐ No | col. (a) through col. (c)) | |
| Direct Expenses | 2 3 4 5 6 7 8 Err Is Is If " W | Gross revenue | (a) Bingo Yes % No 2 through 5 in column (d) act line 7 from line 1, column on conducts gaming activities in each of | bingo/progressive bingo Yes % No nn (d) | Yes | col. (a) through col. (c)) | |
| Direct Expenses | 2 3 4 5 6 7 8 Err Is Is If " W | Gross revenue | (a) Bingo Yes % No 2 through 5 in column (d) act line 7 from line 1, column on conducts gaming activities in each of | bingo/progressive bingo Yes % No nn (d) | Yes | col. (a) through col. (c)) | |

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Compensation Information

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

Out & Equal 02-0681855 Questions Regarding Compensation Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b 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 Indicate which, if any, of the following the filing 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 X Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations 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: **a** Receive a severance payment or change-of-control payment? 4a Χ Χ **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? Χ **c** Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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. 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: Χ Χ If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe

in Part III

payments not described on lines 5 and 6? If "Yes," describe in Part III

compensation contingent on the net earnings of:

If "Yes" on line 6a or 6b, describe in Part III.

6b

7

8

Χ

Χ

Χ

Χ

8

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) Bleaddown of W-2 and/or 1099-Wisc compensation (I) Base compensation (II) Bonus & incentive compensation (III) Other reportable c | (F) Compensation in column (B) reported as deferred on prior Form 990 0 0 0 0 0 |
|--|--|
| 1 CEO (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 0 0 0 |
| Erin Uritus (i) 166,300 0 0 0 13,108 179,408 2 CEO (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 0 0 |
| 2 CEO (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 |
| Steve Roth (i) 47,713 0 0 0 5,089 52,802 3 Sr. Director of Globa (ii) 0 0 0 0 0 0 4 (ii) (iii) 0 0 0 0 0 0 | 0 |
| 3 Sr. Director of Globa (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | <u>-</u> |
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| Provide 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. |
|--|
| 01. Listed persons compensation information (Part I, line 4) |
| Compensation deferred under 457(f) arrangements is includable in the gross income of the participant or beneficiary for the |
| first taxable year in which there is no substantial risk of forfeiture. As part of an agreement executed in December 2014, |
| the organization has established a supplemental executive retirement plan for its chief executive officer (CEO). Payout |
| occured from this plan in 2017-2019. |
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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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization 02-0681855 Out & Equal 01. Amended return information The audit for the six month period ended 6/30/19 was not complete as of May 15, 2020, the due date for this return. As such, this return is an amendment which reflects the adjustments made during the audit which was released subsequently. 02. General explanation attachment Out & Equal changed their fiscal year end from 12/31 to 6/30 effective 6/30/19. This return is for the period 1/1/2019 - 6/30/2019. 03. Form 990 governing body review (Part VI, line 11) The form 990 is prepared by an outside CPA firm. The draft form is submitted to management for their review and comments. After the final adjustments, management will give a copy to the CEO for review and approval. After receiving approval from the CEO, the return will be filed. 04. Conflict of interest policy compliance (Part VI, line 12c) Our Board members signed a Conflict of Interest form when they joined the Board and the Executive Committee manages the potential conflict of interest on an on-going basis. 05. CEO, executive director, top management comp (Part VI, line 15a) Independent consultants make recommendations for CEO salary based on research and comparisons of Nonprofit organizations nationally and in the San Francisco bay area, including budgets, functions and sizes of the organization. The consultants submit their analysis and proposal to the President of the Board of Out & Equal who discuss in detail the outcome and make their recommendation to the

Executive Committee of the Board for their approval.

Schedule O (Form 990 or 990-EZ) (2018)

Page 2

Employer identification number Name of the organization Out & Equal 02-0681855 07. Other officer or key employee compensation (Part VI, line 15bA) Compensation study for all positions was completed in 2018. Each position has an industry appropriate and employees are compensated within that range based on experience and performance. 08. Governing documents, etc, available to public (Part VI, line 19). Out & Equal provides either an electronic copy or a hard copy upon request. Copies are sent via email or US Postal service.