### Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection , 2020, and ending For the 2020 calendar year, or tax year beginning , **20** 2023 Check if applicable: D Employer identification number Address change Out & Equal 02-0681855 1901 Harrison St. #1100 PMB 7324 Telephone number Name change Oakland, CA 94612 (415) 694-6500 Initial return Final return/terminated **G** Gross receipts \$ Amended return 7,499,451 F Name and address of principal officer: Dave Couch H(a) Is this a group return for subordinates Application pending **H(b)** Are all subordinates included? If "No," attach a list. See instructions Same As C Above Yes No Tax-exempt status: X 501(c)(3) 4947(a)(1) or 501(c) ( ) ◀ (insert no.) Website: ► www.outandequal.org H(c) Group exemption number 2003 M State of legal domicile: CA Form of organization: X Corporation Other > L Year of formation: Part I Summary Briefly describe the organization's mission or most significant activities: To provide leadership and professional development, education and research to create workplaces free from discrimination Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... 3 Number of independent voting members of the governing body (Part VI, line 1b)..... 0 5 21 Total number of volunteers (estimate if necessary)..... 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12..... **b** Net unrelated business taxable income from Form 990-T, Part I, line 11..... 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 1,795,554 3,931,335. 4,795,283 Program service revenue (Part VIII, line 2g)..... 562,594. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 2,728. 2,996. 2,526. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 37,364 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 12 6,630,929 499,451 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . 2,904,583. 2,925,185 **16a** Professional fundraising fees (Part IX, column (A), line 11e)..... **b** Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 4,471,041. 1,139,700. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).... 7,375,624. 4,064,885. Revenue less expenses. Subtract line 18 from line 12..... 3,434,566. -744,695**Beginning of Current Year End of Year** 20 Total assets (Part X, line 16)..... 8,984,112. 3,789,728. 21 Total liabilities (Part X, line 26)..... 2,363,214. 4,067,574. Net assets or fund balances. Subtract line 21 from line 20..... 22 1,426,514. 4,916,538. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Here Dave Couch **CFO** Type or print name and title Print/Type preparer's name 5|13|22 **Paid** Douglas E. Cook, CPA/MPA self-employed P01521705 Preparer Cook & Company, A Prof2 Use Only Firm's address One Sansome St Ste 3500 Firm's EIN ► 47-2626541

San Francisco, CA 94104  Phone no. 415-621-1112

X Yes

No

Par	נ ווו	Statement of Program Service Accomplishments  Charlet if Cabadula O captains a year and a structure in this Day't III		
	Driofly	Check if Schedule O contains a response or note to any line in this Part III.		
1		fly describe the organization's mission:		
		provide leadership and professional development, education and research to	<u>crea</u>	te_
	wor.	rkplaces free from discrimination.		
2	Did th	he organization undertake any significant program services during the year which were not listed on the prior		
_		n 990 or 990-EZ?	s X	No
		es," describe these new services on Schedule O.	• <u>^</u>	140
		the organization cease conducting, or make significant changes in how it conducts, any program services? Ye	s X	No
3		es," describe these changes on Schedule O.	5 <u>N</u>	NO
1		cribe the organization's program service accomplishments for each of its three largest program services, as measured b	v ovnon	
4	Section	ion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	y expens	ses. ses.
	and re	revenue, if any, for each program service reported.	•	,
4 a	(Code	de: ) (Expenses \$ 2,610,181. including grants of \$ ) (Revenue \$ 3,5	562,59	94.)
	Con	nvened the 21st annual Workplace Summit virtually in October 2020, with ove	r 4,2	00
	att	tendees. Delivered the 13th Executive Forum virtually to LGBTQ+ Executives	with	245
		tendees, focusing on professional development and action planning tied to k		
		sues facing companies and the LGBTQ+ community. Delivered 89 Learning & Dev		ent
	web	pinars to Out & Equal partner organizations. Other programs include region	al al	
		pact programs focused on the Asia Pacific region, Latin America, and the So		n
		ates in the US; improving the pipeline of diverse leaders worldwide; and		
		velopment of the Global Hub.		. – – –
				. – – –
				. – – –
4 b	(Code	de: ) (Expenses \$ including grants of \$ ) (Revenue \$		)
<b>4</b> c	(Code	de: ) (Expenses \$ including grants of \$ ) (Revenue \$		)
40	(Oouc	The factor of th		—′
				- – – –
				- – – –
۷ ۸	Othor	er program services (Describe on Schedule O.)		
4 U		penses \$ including grants of \$ ) (Revenue \$	١	
1 -			)	
4 e	rotal	l program service expenses ► 2,610,181.		

## Form 990 (2020) Out & Equal Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Χ	
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) 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 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? <i>If 'Yes,' complete Schedule D, Part II</i>	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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		Х
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? <i>If 'Yes,' complete Schedule D, Part VI</i> .	11 a	Х	
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.	11 b		Х
c	: Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
c	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Χ
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions.	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

# Form 990 (2020) Out & Equal 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		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23	Х	
24 a	a 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		Х
ŀ	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		i
(	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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		Х
ŀ	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	former officer, director, trusteé, key employee, créator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
ā	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
ŀ	<b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		X
(	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part l</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Χ
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ł	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		<del></del>
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	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	38	Х	
Pai	rt 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	. No
1 a	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		163	140
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
(	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Χ	
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Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 21			
Ŀ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	olf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
	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)?	4 a		Х
k	olf 'Yes,' enter the name of the foreign country			
<b>.</b>	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	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?	6 a		Х
	If 'Yes.' did the organization include with every solicitation an express statement that such contributions or gifts were			71
7	not tax deductible?	6 b		
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?	7 a	Χ	
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Χ	
C	EDID the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	_		v
_	Form 8282?	7с		X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
	as required?	7 g		
ŀ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
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 organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
k	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	p If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		
ć	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	ısa		
ŀ	·			
	Denter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	of 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on 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?	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 16 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent.... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a 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?..... 7 a 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?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... 8 a X X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?............. Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ... See .Schedule .0 ...... 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? a The organization's CEO, Executive Director, or top management official.. See . Schedule.. 0...... X 15 a **b** Other officers or key employees of the organization...See .Schedule . 0..... 15 b X 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?.... 16 a 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 16b organization's exempt status with respect to such arrangements?. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > CA 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 X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

Dave Couch 1901 Harrison St. #1100 PMB 7324 Oakland CA 94612

### 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

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

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

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

		(C)								
(A) Name and title	(B) Average hours per	thar	Position (do not chec than one box, unless is both an officer a director/trustee				i	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) Erin Uritus	50_			•				006 554	•	10.066
CEO	0			Χ				296,574.	0.	43,366.
(2) Deena Fidas Chief Prog. & Part. Ofcr.	_ <u>50</u> _ 0				Х			182,822.	0.	19,462.
(3) Stephen Huey Dir. Corp. Eng.	_ <u>50</u> _					Х		1/0 150	0.	10 206
	50					Λ		149,150.	0.	19,206.
	0					Х		132,662.	0.	27,791.
(5) Rachel Rubin	50							,		,
C00	0						Х	149,978.	0.	5,943.
(6) Noam Shelef	50									
Dir. of Comm.	0					Χ		138,180.	0.	15,899.
(7) Dave Couch	<u>50</u>									
CFO	0			Χ				117,980.	0.	4,478.
(8) Kiera Jackson	50_									
Dir. of Events	0					Χ		109,165.	0.	9,984.
(9) Deborah Miller	50									
Controller	0					Χ		106,727.	0.	4,810.
(10) Ken Janssens, Dir. &	1									
Chairman	0	X		Χ				0.	0.	0.
(11) Erik Day, Dir. &	1							_		
Vice President	0	X		Χ				0.	0.	0.
(12) Margot Slattery, Dir. & Secretary	$-\frac{1}{0}$	Х		Х				0.	0.	0.
(13) Annette Friskopp, Dir. &	1									
Treasurer	0	Χ		Χ				0.	0.	0.
(14) Reza Rahaman	1									
Director	0	X						0.	0.	0.

	(B)			((						
(A) Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other			
	(list any hours	or di	nstit	Officer	Key	High empl	Forr	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization
	for related	Individual trustee or director	nstitutional trustee	cer	Key employee	loyer	ner			and related organizations
	organiza - tions	o tr	nalt		oloye	omp				
	below dotted	Istee	rust		ත්	)ens				
	line)		8			Highest compensated employee				
(15) Trippe Davis	1									
Director	0	Χ						0.	0.	0.
(16) Michael Cox	1							0.	•	<u> </u>
Director	0	Χ						0.	0.	0.
(17) Apoorva Gandhi	1							• • •		<del>                                     </del>
Director	0	Х						0.	0.	0.
(18) Amy Hanneman	1									
Director	0	Χ						0.	0.	0.
(19) Rolddy Leyva	1							0.	•	<u> </u>
Director	0	Χ						0.	0.	0.
(20) Yvette Miley	1							<b>.</b>	<u> </u>	<u> </u>
Director	0	Χ						0.	0.	0.
(21) Sander Van Noordende	1							<b>.</b>	<u> </u>	<u> </u>
Director	0	Χ						0.	0.	0.
(22) Allyn Shaw	1							<b>.</b>	<u> </u>	<u> </u>
Director	0	Χ						0.	0.	0.
(23) George Kalogridis	1	- 22						· ·	<u> </u>	<u> </u>
Director	0	Х						0.	0.	0.
(24) Jennifer Henderson	1									
Director	0	Х						0.	0.	0.
(25) Ryan Derry	1									
Director	0	Х						0.	0.	0.
1 b Subtotal							<b>&gt;</b>	1,383,238.	0.	150,939.
c Total from continuation sheets to Part VII, Secti	on A						▶	0.	0.	
d Total (add lines 1b and 1c)							<b>&gt;</b>	1,383,238.	0.	150,939.
2 Total number of individuals (including but not limited	to those I	isted	abov	/e) v	who	receiv	ved		0 of reportable com	pensation
from the organization > 9										
										Yes No
3 Did the organization list any former officer, direct	tor, truste	e, ke	ey er	nplo	oyee	e, or l	high	nest compensated	employee	
on line 1a? If 'Yes,' compléte Schedule J for suc	h individu	al								<b>3</b> X
4 For any individual listed on line 1a, is the sum of	reportab	le co	mpe	nsa	tion	and	oth	er compensation	from	
the organization and related organizations greated such individual	er than \$1	50,00	00?	lf 'Υ	es,	com	ple	te Schedule J for		4 X
								4	tautatura	
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e compen s,' comple	te So	ched	om a lule	any J fo	unre r suc	iate :h p	erson		<b>5</b> X
Section B. Independent Contractors										<u> </u>
1 Complete this table for your five highest compen compensation from the organization. Report compen	sated inde	epen	dent	cor	ntra	ctors	tha	t received more the	nan \$100,000 of	ır
		tile ci	aiciic	uai j	ycai	Criun	ilg v	(B)	•	(C)
(A) Name and business address  (B) Description of services									of services	Compensation
PSAV 23918 Network Place Chicago, IL 60673 Audio Visual										959,070.
Hargrove 1 Hargrove Drive Lanham, MD 20706 Audio Visual									359,892.	
Gaylord Nat'l Resort 201 Waterfront St. Na		Harb	or,	MD	20	745		Event venue		225,468.
South Lawn Strategies 615 Detroit Street S								Event talent	procurement	101,674.
2 Total number of independent contractors (including b	out not limi	ited to	o tho	se l	isted	d abov	ve)	who received more	than	
\$100,000 of compensation from the organization • 4										

# Form 990 (2020) Out & Equal Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to a	ny line in this Part V	'III		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts, Grants Amounts	b c	Federated campaigns				
Contributions, Gifts, Grants and Other Similar Amounts	e f	Government grants (contributions) 1 e  All other contributions, gifts, grants, and similar amounts not included above 1 f 3, 931, 335  Noncash contributions included in	<u>-</u> - -			
Contril and Of	•	lines 1a-1f	3,931,335.			
Je		Business Code				
en	2 a	Sponsorship Fees 900099	2,430,505.	2,430,505.		
Program Service Revenue	b c		1,132,089.	1,132,089.		
šer	d					
E	е					
gre		All other program service revenue				
Pro	g	Total. Add lines 2a-2f	3,562,594.			
	3	outer entities and arrest terms of the second secon	2,996.			2,996.
	4	Income from investment of tax-exempt bond proceeds	<b>-</b>			
	5	Royalties	<b>&gt;</b>			
		(i) Real (ii) Personal				
	6 a	Gross rents 6a				
	b	Less: rental expenses 6b				
	С	Rental income or (loss) 6c				
		Net rental income or (loss)	•			
		(i) Securities (ii) Other				
	7 a	Gross amount from sales of assets				
		other than inventory   7a				
	b	Less: cost or other basis				
		and sales expenses 7b	_			
		Gain or (loss)				
	d	Net gain or (loss)	•			
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).				
Re		See Part IV, line 18				
er	h	Less: direct expenses 8b	<del>-</del>			
т		Net income or (loss) from fundraising events	•			
O		Gross income from gaming activities. See Part IV, line 19				
	b	Less: direct expenses 9b	†			
		Net income or (loss) from gaming activities	<b>&gt;</b>			
		· · · · · · · · · · · · · · · · · · ·				
		Gross sales of inventory, less returns and allowances	_			
		Net income or (loss) from sales of inventory	>			
	C	Business Code				
S	11 .		2 - 2 - 2			2 525
scellaneous Revenue	па.	Other Income 900099  All other revenue	2,526.			2,526.
	b		1			
6 E	С		1			
בו ש	d	All other revenue				
Σ	е	Total. Add lines 11a-11d	2,526.			
	12	Total revenue. See instructions	7,499,451.	3,562,594.	0.	5,522.

### Part IX Statement of Functional Expenses

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

Do l 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	913,186.	504,739.	346,729.	61,718.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,530,482.	1,103,084.	220,548.	206,850.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	190,776.	124,990.	49,233.	16,553.
9	Other employee benefits	109,616.	76,277.	23,128.	10,211.
10	Payroll taxes	181,125.	124,261.	37,813.	19,051.
11	Fees for services (nonemployees):				
á	Management				
ŀ	<b>)</b> Legal				
(	: Accounting	125,202.		125,202.	
(	Lobbying				
•	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	296,201.	130,111.	166,090.	
12	Advertising and promotion.	3,879.	1,527.	2,352.	
13	Office expenses	29,585.	13,151.	14,551.	1,883.
14	Information technology	81,119.	52,003.	29,116.	,
15	Royalties	,	,	·	
16	Occupancy	107,360.	63,804.	37,631.	5,925.
17	Travel	3,259.	2,769.	490.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	591.	525.	66.	
20	Interest			•	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,385.		14,385.	
	Insurance	15,783.		15,783.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
á	Other_expenses	180,940.	37,641.	142,188.	1,111.
	Venue & event production costs	146,396.	146,396.		
(	Event speakers & entertainers	135,000.	135,000.		
(	Allocation of shared costs		93,903.	-102,537.	8,634.
	All other expenses		0.000		
25	<b>Total functional expenses.</b> Add lines 1 through 24e	4,064,885.	2,610,181.	1,122,768.	331,936.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

		Check if Schedule O contains a response or note to	any line	in this Part X	<u></u>	<u></u> .	<u></u>	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year	
	1	Cash - non-interest-bearing			1,857,744.	1	5,407,765.	
	2	Savings and temporary cash investments			537,394.	2	625,797.	
	3	Pledges and grants receivable, net			980,257.	3	1,513,223.	
	4	Accounts receivable, net		4	881,362.			
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	tor, or 35%		5			
	6	Loans and other receivables from other disqualified p		-				
	Ū	section 4958(f)(1)), and persons described in section		6				
	7	Notes and loans receivable, net		· · · ·		7		
Ø	8	Inventories for sale or use		<u> </u>		8		
Assets	9	Prepaid expenses and deferred charges	202,457.	9	237,324.			
As			1 1		202,437.	,	231,324.	
,		·		110,148.				
	b	Less: accumulated depreciation		29,195.	19,302.	10 c	80,953.	
	11	Investments — publicly traded securities			143,779.	11	178,092.	
	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			48,795.	15	59,596.	
	16	Total assets. Add lines 1 through 15 (must equal line	3,789,728.	16	8,984,112.			
	17	Accounts payable and accrued expenses	177,097.	17	473,766.			
	18	Grants payable			1 110 050	18		
	19	Deferred revenue		<u> </u>	1,443,852.	19 20	2,818,123.	
۸,	20	·	Tax-exempt bond liabilities					
ië.	21	Escrow or custodial account liability. Complete Part				21		
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribution controlled entity or family member of any of these pe	ncer, aire utor, or 3! rsons	5%		22		
_	23	Secured mortgages and notes payable to unrelated the		<u> </u>		23		
	24	Unsecured notes and loans payable to unrelated third	•	<u> </u>	340,600.	24	775,685.	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to relati plete Par	ted third parties, rt X of Schedule D.	401,665.	25		
	26	Total liabilities. Add lines 17 through 25			2,363,214.	26	4,067,574.	
ıces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	; ► [	X				
<u>a</u>	27	Net assets without donor restrictions			579,754.	27	3,452,436.	
ã	28	Net assets with donor restrictions			846,760.	28	1,464,102.	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here				· · ·	
ö	29	Capital stock or trust principal, or current funds			29			
şţ	30	Paid-in or capital surplus, or land, building, or equipm				30		
SSE	31		Retained earnings, endowment, accumulated income, or other funds					
t A	32	Total net assets or fund balances		<u> </u>	1,426,514.	31 32	4,916,538.	
Š	33	Total liabilities and net assets/fund balances		<u></u>	3,789,728.	33	8,984,112.	
<u>-</u>			TFFA01111		3, 103, 120.		Earm <b>990</b> (2020)	

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,4	99,4	151.
2	Total expenses (must equal Part IX, column (A), line 25).	2	4,0	64,8	385.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,4	34,5	566.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			514.
5	Net unrealized gains (losses) on investments	5			008.
6	Donated services and use of facilities	6			150.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	4,9	16,5	538.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:  Separate basis  Both consolidated and separate basis	d on a			
	b Were the organization's financial statements audited by an independent accountant?		2b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	te			
	X Separate basis Consolidated basis Both consolidated and separate basis				
•	c 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?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3	a 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?		3 a		Х
I	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		
BAA	TEEA0112L 10/19/20		Form	990	(2020)

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

		organization					Employer identific	ation number		
Out	. &	Equal					02-068185			
Pai	tΙ	Reason for Public Cha	rity Status. (All o	rganizations must	comple	ete this	s part.) See instruc	ctions.		
The	orgai	nization is not a private found	lation because it is: (	For lines 1 through 12,	check o	nly one	box.)			
1		A church, convention of church	es, or association of ch	nurches described in sect	tion 1 <b>70</b> (	b)(1)(A)(	i).			
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).								
4		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . 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.)								
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	X	An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II.)	art of its support from a	governm	ental uni	t or from the general pu	blic described		
8		A community trust described	in section 170(b)(1)(	A)(vi). (Complete Part I	l.)					
9	同	An agricultural research organiz	zation described in sec	tion 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant colle	ege		
-	Ш	or university or a non-land-gran								
		university:								
10		An organization that normally from activities related to its investment income and unrel June 30, 1975. See section 5	exempt functions, sub lated business taxable	ject to certain exception encome (less section)	ns; and	(2) no r	nore than 33-1/3% of i	ts support from gross		
11		An organization organized ar	nd operated exclusive	ly to test for public safe	ety. See	section	1 509(a)(4).			
12		An organization organized ar or more publicly supported o	rganizations describe	d in <b>section 509(a)(1)</b> c	r sectio	n 509(a)	)(2). See section 509(a	ut the purposes of one <b>a)(3).</b> Check the box in		
ā	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.  Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must									
ŀ	complete Part IV, Sections A and B.  Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C.									
(	:	Type III functionally integrated organization(s) (see instruction	A supporting organizat	ion operated in connection	n with, ar	nd functio	onally integrated with, its	supported		
(	i 🗌	Type III non-functionally integrated. The of	r <b>ated.</b> A supporting org organization generally	anization operated in cor must satisfy a distribu	nection	with its s	supported organization(s	) that is not		
•	•	instructions). You must complete this box if the organization	ation received a writte	en determination from t	the IRS	that it is	a Type I, Type II, Typ	e III functionally		
4	Fn	integrated, or Type III non-futer the number of supported of								
		ovide the following information	•							
	,	me of supported organization	(ii) EIN	(iii) Type of organization	(iv)	s the	(v) Amount of monetary	(vi) Amount of other		
	•		<b>(.7</b> =	(described on lines 1-10 above (see instructions))	organizat in your g docur	ion listed overning	support (see instructions)	support (see instructions)		
					Yes	No				
(A)										
(B)										
(C)										
(D)										
(E)										
<b>-</b>										

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

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

Sec	tion A. Public Support		.,	·	•		
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	3,747,407.	4,437,162.	4,732,105.	1,819,164.	3,931,335.	18,667,173.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	3,747,407.	4,437,162.	4,732,105.	1,819,164.	3,931,335.	18,667,173.
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)						961,845.
6	Public support. Subtract line 5 from line 4						17,705,328.
Sec	tion B. Total Support						1.7.0070201
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
7	Amounts from line 4	3,747,407.	4,437,162.	4,732,105.	1,819,164.	3,931,335.	18,667,173.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,806.	3,261.	5,438.	2,728.	2,996.	17,229.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,	., .	,	,	,	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI.				78,200.	2,526.	80,726.
	Total support. Add lines 7 through 10						18,765,128.
12	Gross receipts from related activ	vities, etc. (see ins	structions)				18,801,147.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶□
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20						94.35 %
	Public support percentage from						98.38 %
16a	<b>33-1/3% support test—2020.</b> If t and <b>stop here.</b> The organization	he organization di qualifies as a pul	d not check the bolicly supported o	ox on line 13, an rganization	d line 14 is 33-1/3	3% or more, check	this box     ∴
b	<b>33-1/3% support test—2019.</b> If the and <b>stop here.</b> The organization	ne organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this I	box and stop here	Explain in Part	VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-an	meets the facts-a d-circumstances	nd-circumstances test. The organiza	test, check this lation qualifies as	box and <b>stop here</b> a publicly support	e. Explain in Part ed organization	VI how the ►
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see in	structions ►

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

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

Sec	tion A. Public Support	ote neted peren,	picase complete i	<u> </u>			
	lar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(a) 2010	(5) 2517	(0) 2010	(a) 2313	(6) 2023	(i) Total
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						
	<b>Total.</b> Add lines 1 through 5 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.)						
	tion B. Total Support						
	dar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	<b>(f)</b> Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	<b>First 5 years.</b> If the Form 990 is organization, check this box and						
	tion C. Computation of Pul						
	Public support percentage for 20	•	.,,		•	<u> </u>	%
	Public support percentage from 2				<u></u>		90
Sec	tion D. Computation of Inv						
17		· ·		-		-	%
18	Investment income percentage f	rom <b>2019</b> Schedu	le A, Part III, line	17			%
	<b>33-1/3% support tests—2020.</b> If t is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organ	ization qualifies a	as a publicly supp	orted organization	▶ ∐
	<b>33-1/3% support tests—2019.</b> If t line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization	, check this box	and <b>stop here.</b> Th	e organization qu	alifies as a public	ly supported organ	ization <b>-</b>

#### Part IV Supporting Organizations

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

#### **Section A. All Supporting Organizations**

JE	ction A. An Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3	Ba Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
	<b>b</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 <b>Part VI</b> when and how the organization made the determination.	3b		
	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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4	la Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
	<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
	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 <b>Part VI</b> 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.	4c		
5	ia Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
	<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If 'Yes,' provide detail in Part VI</i> .	6		
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).	7		
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).	8		
g	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 <b>Part VI</b> .	9a		
	<b>b</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? <i>If</i> 'Yes,' provide detail in <b>Part VI.</b>	9b		
	c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI.</b>	9с		
10	la Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below.	10a		
	<b>b</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.).	10b		
RΔ	A TEFAMMI 01/20/21 Schedule A (Form 99	ח הי ס	an E7	2020

Pai	t IV	Supporting Organizations (continued)			
				Yes	No
		the organization accepted a gift or contribution from any of the following persons?			
č	the g	son who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, overning body of a supported organization?	11a		
ŀ	A fan	nily member of a person described in line 11a above?	11b		
(	A 35%	controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in <b>Part VI.</b>	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	or mo office orgar than were	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported nization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers g the tax year.	1		
2	that o	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	tion (	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the			
	supp	orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations	<u> </u>		<u>I</u>
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization'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	1		
	orgar	nization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	the o	nization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in <b>Part VI</b> how</i> rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tin	ason of the relationship described in line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played is regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
		7			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
á	a ∐ ⊤	the organization satisfied the Activities Test. Complete line 2 below.			
ŀ	<b>,</b> ∐ ⊤	he organization is the parent of each of its supported organizations. Complete line 3 below.			
(	: [] T	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	uctions	s).
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
á	suppo orgai	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> nizations and explain how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted			
		tantially all of its activities.	2a		
ł	more reaso	ne activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the organization's position that its supported organization(s) would have engaged in these activities or the organization's involvement.	2b		
3		nt of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	Did th	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If 'Yes' or 'No,' provide details in <b>Part VI</b> .	3a		
ŀ	<b>)</b> Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizati	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No ns mus	v. 20, 1970 (explain in t complete Sections A	n Part VI). <b>See</b> through E.
Sec	tion 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		
Sec	tion 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):			
ā	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
(	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
-	Discount claimed for blockage or other factors     (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 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> 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 inte (see instructions).	egrated	Type III supporting or	ganization

Schedule A (Form 990 or 990-EZ) 2020

10

10 Line 8 amount divided by line 9 amount

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continu	ıed)	
Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details		
	in <b>Part VI</b> ). See instructions.	8	
9	Distributable amount for 2020 from Section C, line 6	9	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
i Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
<b>b</b> Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

BAA

Schedule A (Form 990 or 990-EZ) 2020

02-0681855

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.)

#### Part II, Line 10 - Other Income

Nature and Source	<u> </u>		2020		2019	 2018	 2017	 2016
Other Income	Total	\$ \$	2,526. 2,526.	\$ \$	78,200. 78,200.	\$ 0.	\$ 0.	\$ 0.

#### **Additional Explanation of Other Income**

From time to time, miscellaneous amounts are received during the course of performing the organization's tax exempt purpose.

## SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Out	t & Equal			02-0681855
Par	rt I Organizations Maintaining Donor	Advised Funds or Other S	Similar Funds or Acc	ounts.
	Complete if the organization answ	rered 'Yes' on Form 990, Pa	art IV, line 6.	
_		(a) Donor advised fund	s <b>(b)</b> F	unds 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 are the organization's property, subject to the organization.			
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit	s, and donor advisors in writing the	nat grant funds can be use	ed only
	impermissible private benefit?	or the donor or donor advisor, or	ior any other purpose con	Yes No
Par				
. u.	Complete if the organization answ	vered 'Yes' on Form 990, Pa	art IV, line 7.	
1				
	Preservation of land for public use (for example	le, recreation or education)	Preservation of a histor	rically important land area
	Protection of natural habitat		Preservation of a certif	ied historic structure
	Preservation of open space	_		
2	Complete lines 2a through 2d if the organization he last day of the tax year.	eld a qualified conservation contribute	tion in the form of a conserv	vation easement on the
			H	leld at the End of the Tax Year
	a Total number of conservation easements			
	<b>b</b> Total acreage restricted by conservation easem			
(	c Number of conservation easements on a certification	ed historic structure included in (a	a)	
(	<b>d</b> Number of conservation easements included in structure listed in the National Register			
3	Number of conservation easements modified, transtax year ►	sferred, released, extinguished, or te	rminated by the organizatio	n during the
4	Number of states where property subject to conserv	vation easement is located ►		
5	Does the organization have a written policy reg	arding the periodic monitoring, in	spection, handling of viola	ations,
_	and enforcement of the conservation easement			
6	Staff and volunteer hours devoted to monitoring, in		-	
7	Amount of expenses incurred in monitoring, inspec  ▶\$	ting, handling of violations, and enfo	orcing conservation easeme	ents during the year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the require	ements of section 170(h)(	4)(B)(i) 
9	In Part XIII, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements.	the organization's financial state	ements that describes the	organization's accounting for
Par	Organizations Maintaining Collection Complete if the organization answ	tions of Art, Historical Tre rered 'Yes' on Form 990, Pa	<b>asures, or Other Sim</b> art IV, line 8.	nilar Assets.
1 a	a If the organization elected, as permitted under historical treasures, or other similar assets held Part XIII the text of the footnote to its financial	d for public exhibition, education.	or research in furtherance	balance sheet works of art, e of public service, provide in
ŀ	b If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	FASB ASC 958, to report in its republic exhibition, education, or research	evenue statement and bala earch in furtherance of publi	ance sheet works of art, ic service, provide the
	(i) Revenue included on Form 990, Part VIII, I			
	(ii) Assets included in Form 990, Part X			
	amounts required to be reported under FASB A	ASC 958 relating to these items:		
	a Revenue included on Form 990, Part VIII, line			
ŀ	<b>b</b> Assets included in Form 990, Part X	<u></u>		▶\$

Schedule D (Form 990) 2020 Out 8				02-068			Page 2
Part III Organizations Mainta	ining Collec	ctions of Art, Histo	orical Treasures, o	r Other Similar Ass	ets (c	ontinu	ied)
3 Using the organization's acquisition items (check all that apply):	n, accession, an	d other records, check a	any of the following that n	nake significant use of its	collectio	n	
a Public exhibition		<b>d</b> Loan	or exchange program				
<b>b</b> Scholarly research		e Other					
c Preservation for future gener	rations	_					
4 Provide a description of the organize Part XIII.	zation's collection	ons and explain how the	y further the organization	's exempt purpose in			
5 During the year, did the organiza to be sold to raise funds rather to	ation solicit or i han to be mair	receive donations of an	t, historical treasures, organization's collection	or other similar assets	Yes		No
Part IV Escrow and Custodia line 9, or reported an	I Arrangem amount on	<b>ents.</b> Complete if f Form 990, Part X,	the organization an Iine 21.	swered 'Yes' on Fo	rm 99	0, Par	t IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodiar	or other intermediary	for contributions or oth	er assets not included	Yes	Г	No
<b>b</b> If 'Yes,' explain the arrangement					Amoun		
<b>c</b> Beginning balance					7 11110411		
<b>d</b> Additions during the year							
e Distributions during the year							
f Ending balance							
<b>2a</b> Did the organization include an a					Yes		No
<b>b</b> If 'Yes,' explain the arrangement				- 1		_	⊣'''
bili res, explain the arrangement	t iii i ait Xiii. C	meek here ii the expla	nation has been provide	su offi art Affi		· · · · · L	_
Part V Endowment Funds. C	`amplata if t	ho organization ar	swored 'Ves' on F	orm 990 Part IV lin	20.10	-	
rait v Elidowillelit rulius.	(a) Current					Four years	e hack
<b>1 a</b> Beginning of year balance	(a) Guireili y	(b) Filor yea	(C) TWO years bac	(u) Tillee years back	(e)	rour years	2 Dack
<b>b</b> Contributions					+		
<b>b</b> Contributions					+		
c Net investment earnings, gains,							
and losses					+		
e Other expenditures for facilities					+		
and programs							
f Administrative expenses							
<b>g</b> End of year balance							
2 Provide the estimated percentag	e of the currer	t year end balance (lir	ne 1g, column (a)) held	as:			
<b>a</b> Board designated or quasi-endowm	nent ►	8					
<b>b</b> Permanent endowment ▶	%						
c Term endowment ►	90						
The percentages on lines 2a, 2b, a	nd 2c should ec	ual 100%.					
				-l f 1l			
<b>3a</b> Are there endowment funds not in a organization by:	the possession	of the organization that a	are neid and administered	d for the	ſ	Yes	No
(i) Unrelated organizations					. 3a(i)		
(ii) Related organizations							<del>                                     </del>
<b>b</b> If 'Yes' on line 3a(ii), are the rela					3b		
4 Describe in Part XIII the intended	-	·			. 05		
Part VI Land, Buildings, and			one rando.				
Complete if the organ			m 990 Part IV line	112 See Form 99	n Par	գ X lir	na 10
<u>-</u>							
Description of property	ļ.	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(a) i	Book va	ilue
<b>1 a</b> Land		(	2222 (00.0.)	2.77. 2.3184.011			
<b>b</b> Buildings	-						
c Leasehold improvements	<u> </u>						
d Equipment	-						
<b>e</b> Other	<b>-</b>		110,148.	29,195.		80	,953.
Total. Add lines 1a through 1e. (Colum		ual Form 990. Part X.					, 953.
	(.,		. (=),				, , , , , , ,

BAA Schedule D (Form 990) 2020

(a) Description of security or category (including name of security)	(b) Book value	O, Part IV, line 11b. See Form 9 (c) Method of valuation: Cost or end-	
(1) Financial derivatives	.,,		,
(2) Closely held equity interests.			
(3) Other			
(A) (B) (C) (D) (E)			
` (C)			
`` (D)			
<u>:                                    </u>			
(F)			
(G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •			
Part VIII Investments — Program Related.		N/A	
Complete if the organization answered			
(a) Description of investment	<b>(b)</b> Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •  Part IX Other Assets.	N/A		
Complete if the organization answered	'Yes' on Form 99(	Dort IV line 11d Coe Form	
	163 0111 01111 330	J, Part IV, line TTa. See Form s	990, Part X, line 15
	scription	J, Part IV, line 11d. See Form S	990, Part X, line 15 (b) Book value
(a) Des		J, Part IV, line Trd. See Form s	
(a) Des (1) (2)		J, Part IV, line Trd. See Form s	
(a) Des (1) (2) (3)		J, Part IV, line Tru. See Form S	
(a) Des (1) (2) (3) (4)		J, Part IV, line Tru. See Form s	
(a) Des (1) (2) (3) (4) (5)		J, Part IV, line Trd. See Form s	
(a) Des (1) (2) (3) (4) (5) (6)		J, Part IV, line Trd. See Form S	
(a) Des (1) (2) (3) (4) (5) (6) (7)		J, Part IV, line Tru. See Form s	
(a) Des (1) (2) (3) (4) (5) (6) (7) (8)		J, Part IV, line Trd. See Form s	
(a) Des (1) (2) (3) (4) (5) (6) (7)		J, Part IV, line 11d. See Form s	
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	scription		(b) Book value
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(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Scription  3) line 15.)		(b) Book value
(a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on F  1. (a) Description	Scription  3) line 15.)		(b) Book value
(a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on F  1. (a) Description (b) Description (c)  (1) Federal income taxes	3) line 15.)orm 990, Part IV, line 1		(b) Book value
(a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on F  1. (a) Descr  (1) Federal income taxes  (2)	3) line 15.)orm 990, Part IV, line 1		(b) Book value
(a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on F  1. (a) Description (c)  (1) Federal income taxes  (2)  (3)	3) line 15.)orm 990, Part IV, line 1		(b) Book value
(a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b)  Part X Other Liabilities. Complete if the organization answered 'Yes' on F  1. (a) Descri  (1) Federal income taxes  (2)  (3)  (4)	3) line 15.)orm 990, Part IV, line 1		(b) Book value
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(a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on F  1. (a) Descr  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)	3) line 15.)orm 990, Part IV, line 1		(b) Book value
(a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on F  1. (a) Descr  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)	3) line 15.)orm 990, Part IV, line 1		(b) Book value
(a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on F  1. (a) Descr  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	3) line 15.)orm 990, Part IV, line 1		(b) Book value
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Descr (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	3) line 15.)orm 990, Part IV, line 1		(b) Book value
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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	7,820,988.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
<b>b</b> Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	321,537.
3 Subtract line 2e from line 1.	3	7,499,451.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	7,499,451.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	4,330,964.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	-	
a Donated services and use of facilities	-	
a Donated services and use of facilities2a266,079.b Prior year adjustments2b	- - -	
a Donated services and use of facilities2a266,079b Prior year adjustments2bc Other losses2c	2 e	266,079.
a Donated services and use of facilities 2a 266,079. b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d		266,079. 4,064,885.
a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2 e	
a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 a	2 e	
a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)  2d  4a  4b	2 e 3	
a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)  c Add lines 4a and 4b.	2 e 3	4,064,885.
a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)  2d  4a  4b	2 e 3	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2020

#### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

02-0681855

Department of the Treasury Internal Revenue Service

Name of the organization

Out & Equal

Employer identification number

Par	Questions Regarding Compensation				
				Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the VII, Section A, line 1a. Complete Part III to provide any relevant	he following to or for a person listed on Form 990, Part ant 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 foll reimbursement or provision of all of the expenses described a		1 b		
2	Did the organization require substantiation prior to reimbursing trustees, and officers, including the CEO/Executive Director, re		2		
3	Indicate which, if any, of the following the organization used to esta Executive Director. Check all that apply. Do not check any box establish compensation of the CEO/Executive Director, but exp	ablish the compensation of the organization's CEO/ kes for methods used by a related organization to plain in Part III.			
	Compensation committee	X Written employment contract			
	Independent compensation consultant	X Compensation survey or study			
	X Form 990 of other organizations	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Sorganization or a related organization:	Section A, line 1a, with respect to the filing			
	Receive a severance payment or change-of-control payment?		4 a	Χ	
	Participate in or receive payment from a supplemental nonqua		4 b		X
С	Participate in or receive payment from an equity-based compe	-	4 c		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the a	pplicable amounts for each item in Part III. Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations	s must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the contingent on the revenues of:	e organization pay or accrue any compensation			
а	The organization?		5 a		X
b	Any related organization?		5 b		X
	If 'Yes' on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the contingent on the net earnings of:	e organization pay or accrue any compensation			
	The organization?		6 a		X
b	Any related organization?		6b		X
	If 'Yes' on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, d payments not described on lines 5 and 6? If 'Yes,' describe in	lid the organization provide any nonfixed Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accounts	crued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section If 'Yes,' describe in Part III	on 53.4958-4(a)(3)?	8		Х
9	If 'Yes' on line 8, did the organization also follow the rebuttable pre		٥		- 21

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 Out & Equal 02-0681855 Page **2** 

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

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

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

	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Detirement	(D) Nantayahla	(E) Total of	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
Erin Uritus (i)	240,574.	56,000.	0.	5,224.	38,142.	339,940.	0.
1 CEO (ii)	0.	0.	0.	0.	0.	0.	0.
Deena Fidas (i)	153,122.	29,700.	0.	1,837.	17,625.	202,284.	0.
2 Chief Prog. & Part. Ofcr. (ii)	0.	0.	0.	0.	0.	0.	0.
Noam Shelef (i)	135,380.	2,800.	0.	6,313.	9,586.	154,079.	0.
3 Dir. of Comm. (ii)	0.	0.	0.	0.	0.	0.	0.
Adam Marquez (i)	125,912.	6,750.	0.	7,717.	20,074.	160,453.	0.
4 Dir. Corp. Eng. (ii)	0.	0.	0.	0.	0.	0.	0.
Stephen Huey (i)	142,350.	6,800.	0.	2,524.	16,682.	168,356.	0.
5 Dir. Corp. Eng. (ii)	0.	0.	0.	0.	0.	0.	0.
Rachel Rubin (i)	0.	0.	149,978.	0.	5,943.	155,921.	0.
6 COO (ii)	0.	0.	0.	0.	0.	0.	0.
(i)							
7 (ii)							
(i)				L		L	
8 (ii)							
(i)							
9 (ii)							
(i)							
10 (ii)							
(i)							
11 (ii)							
(i)						<u> </u>	
12 (ii)							
(i)				L			
13 (ii)							
(i)				L		<b> </b>	
14 (ii)							
(i)		<b> </b>		L		L	
15 (ii)							
(i)		<b> </b>		L		L	
16 (ii)		TEE \( \dagger{1} \) 102\( \dagger{1} \) 09/25					L (Form 000) 2020

BAA TEEA4102L 09/25/20 Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 Out & Equal 02-0681855 Page **3** 

#### Part III Supplemental Information

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.

#### Part I, Line 4 - Received Severance, Supplemental NQ Retirement, Equity-Based Compensation

Rachel Rubin was paid severance per her separation agreement. The total compensation paid to this individual is listed on page 2.

BAA Schedule J (Form 990) 2020

#### SCHEDULE O (Form 990 or 990-EZ)

#### 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.

2020

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Out & Equal

O2-0681855

#### Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

#### Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

All board members sign an annual conflict of interest statement, and the Executive Committee manages potential conflicts of interest on an ongoing basis.

#### Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

CEO salary is based on research and comparisons of nonprofit organizations nationally and in the Washington DC metro area with similar focus areas and budget sizes. The Executive Committee reviews this research and approves the CEO's salary. This process last occurred in 20-21.

#### Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Salaries of other key employees is based upon a compensation study where each position has an industry appropriate range and employees are compensated within that range based on experience and performance. This process last occurred in 20-21.

#### Form 990, Part VI. Line 19 - Other Organization Documents Publicly Available

The governing documents, conflict of interest policy and financial statements shall be made available upon request.