#### **EXTENSION ATTACHED**

Form **990** 

(Rev. January 2020)

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

OMB No. 1545-0047

Department of the Treasury

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

Open to Public

Inte	rnal Reve	nue Service	► Go to www	.irs.gov/Form990 for ins	tructions and t	he latest info	rmation	í.		Inspection
A	For th	e 2019 calend	dar year, or tax year begin			and ending	6/:			2019
В	Check if	applicable:	С							ication number
	Add	dress change	Getting Out and	Staving Out.	Inc			06-	17113	70
	Nar	me change	75 E 116 Street	,,,				E Telepho		
	Inili	ial return	New York, NY 100	29				/211	21 02	1_5020
	$\vdash$	l return/terminated						(214	2) 03	31-5020
	$\vdash$	ended return						C .	. ė	0 405 000
	$\vdash$	olication pending	F Name and address of principa	d officers =		- In	f=) to thus	G Gross re group return		-, 120,021.
	LI John			Reginald	Andre					162 40
-	Taylor		Same As C Above	Not Constant	I I I I I I I I I I I I I I I I I I I	1 1502	If 'No,"	subordinates attach a fist.	(see inst	ructions) Yes No
-		xempt status:	X 501(c)(3) 501(c) (	) ◀ (insert no.)	4947(a)(1) or	527				
1			w.gosonyc.org					exemplion nu	mber 🏲	
K		of organization	X Corporation Frust	Association Other	L,	Year of formation	2000	3 Ms	late of le	gal demicile: NY
P	art I	Summary	<b>y</b>							
	1 1	Briefly describ	be the organization's miss	ion or most significan	t activities:Get	ting Out	and	Stayin	ng Ou	it (GOSO)
ģ		empowers	young men to av	oid involvemen	nt in the	criminal	just	ice sy	stem	by
Ē	19	resnaping	g their futures	through educat	ional ach	ievement	, mea	ningfu	l em	ployment,
ē			ncial independen							
Š	3	Uneck this bo	x I if the organization ting members of the government.	n discontinued its ope	erations or disp	osed of more	than 2	5% of its	14.11	
ಇ	4	Number of inc	dependent voting member	s of the coverning bo	ne (a)	163			3	22
es	5 1	Total number	of individuals employed in	s of the governing but	uy (Fart VI, fille (Part VI line 3a)	( Constitution of the cons	1333560	CO100 CO100	5	22
₹	6	Total number	of volunteers (estimate if	necessary)	(i dit v, iiiie za	)			6	31
Activities & Governance	7a 1	Fotal unrelate	d business revenue from I	Part VIII. column (C).	line 12	THE PROPERTY OF THE PARTY OF TH			7a	300
		Net unrelated	business taxable income	from Form 990-T, line	39				7b	0.
					200720074100			rior Year		Current Year
_	8 0	Contributions	and grants (Part VIII, line	1h)	memr.sciou	www.coceeec		,399,0	18	2,276,075.
Revenue	9 1	Program servi	ice revenue (Part VIII, line	e 2g)		*****		35,4		25,000.
Ke	10 h	nvestment inc	come (Part VIII, column (A	A), lines 3, 4, and 7d)	F. R	33-23-72-74-3		33,4	50.	23,000.
ď	11 0	Other revenue	e (Part VIII, column (A), Iir	nes 5, 6d, 8c, 9c, 10c	, and 11e).	silver reeries				
	12 ⊺	Total revenue	- add lines 8 through 11	(must equal Part VIII	, column (A), li	ne 12)	4	,434,4	98.	2,301,075.
	13	Grants and sir	milar amounts paid (Part I	X, column (A), lines	1-3)	111000-0-10000-0-1		369,7		209,521.
	14 E	Benefits paid	to or for members (Part I)	(, column (A), line 4)		*****		- 10		
2	15 S		r compensation, employed				1	,967,3	48	1,170,016.
Expenses	16a F		undraising fees (Part IX, o					50,7		
E	ЬТ		ing expenses (Part IX, col					30,1	00.	45,570.
X	17				29					
			es (Part IX, column (A), lin					,088,6		839,018.
			s. Add lines 13-17 (must				3	,476,5	09.	2,264,125.
_		Revenue less	expenses. Subtract line 1	8 from line 12				957,9	89.	36,950.
1000							Beginnin	g of Curren	t Year	End of Year
Assets 1 Balanc	20 T	otal assets (F	Part X, line 16)	0010			1	,892,3		2,065,296.
A P			(Part X, line 26)					113,3	50.	249,392.
			fund balances. Subtract li	ne 21 from line 20		*********	1	,778,9	54.	1,815,904.
Pa	rt II	Signature	Block							
Jnde	r penaltie	s of parjury, I dec	lare that I have examined this retu or (other than officer) is based on	rn, including accompanying	schedules and states	ments, and to the	best of my	knowledge	and heliet	f, it is true, correct, and
cornp	piete. Deci	laration of prepare	or (other than officer) is based on .	all information of which prep	arer has any knowlet	dge.				
		<b>—</b>								
Sig		Signature	of officer				Dat	e		
Hei	re	▶ Joce	lynne Rainey				Presi	dent &	CEO	
		Type or p	nont name and title						0.00	
		Print/Type pre	eparer's name	Preparer's my use	16.11	Date		Check	if P	TIN
Pai	d	Michael	l Schall	Michael Schal	1000	6/30/202		self-employe	100	02024184
	parer		SCHALL & ASH	ENFARB CPAS		1.1.01202		224 ampidys	I	02024104
	e Only							Firm's EIN =	10	4026702
		, ,,,,, a adulta	NEW YORK, NY							4036703
Vlav	the ID	S discuss this	s return with the preparer		notruptio==1		1	Phone no.	(212)	268-2800
			s return with the preparer	SHOWIT ADOVE! (See II	istructions)			to/Anton	500.000	X Yes No

# Form 8868

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automat	ic 6-Month Extension of Time. Onl	v cubmit origin	pl (50 panisa = 50 d d)			
use Form 7	tions required to file an income tax return of 7004 to request an extension of time to file	income tax return	s. ————————————————————————————————————	lips, REMICs, and	l trusts must	
	Name of exempt organization or other liter, see visite	ctions.		Taxpayer identificat	lion number (11N)	
Type or print						
<b>F</b>	Getting Out and Staying O	ut, Inc.		06-171137	1711370	
File by the due date for	Number, street, and room or suite number. If a P.O. t					
filing your return. See	75 E 116 Street City, town or post office, state, and ZIP code. For a form	riting addense con meter				
instructions	Table (special M. Witten Ferfelterfester)	reign audress, see instri	retions.			
	New York, NY 10029	<del></del>				
Enter the R	Return Code for the return that this applicat	ion is for (file a se	parate application for each return)		01	
Application	1	Return	Application		Return	
Is For		Code	Is For		Code	
	r Form 990-EZ	01	Form 990-T (corporation)		07	
Form 990-E		02	Form 1041-A		08	
Form 4720		03	Form 4720 (other than individual)		09	
Form 990-F		04	Form 5227		10	
-	(section 401(a) or 408(a) trust)	05	Form 6069		11	
Form 990-1	(trust other than above)	06	Form 8870		12	
<ul><li>If the or</li><li>If this is check the</li></ul>	re No. • (212) 831-5020  reganization does not have an office or place of for a Group Return, enter the organization his box. • If it is for part of the consion is for.	e of business in th n's four digit Group	e United States, check this box	If this is for the w	vhale group, '	
		A:1 6 44 5				
for the	est an automatic 6-month extension of time un e organization named above. The extension	5/15	$\frac{20 \ 20}{100}$ , to file the exempt organ	nization return		
	calendar year 20 or	1 is for the organiz	eation's return for.			
► [x	tay year beginning a unit 30	10 ond andi	20			
	tax year beginning 1/01 . 20					
	tax year entered in line 1 is for less than 1 lange in accounting period	2 months, check r	eason: Initial return F	inal return		
3 a If this nonref	application is for Forms 990-BL, 990-PF, 9 fundable credits. See instructions	90-T, 4720, or 600	59, enter the tentative tax, less any	. 3a\$	0.	
b If this tax pa	application is for Forms 990-PF, 990-T, 47 yments made. Include any prior year over	20, or 6069, enter payment allowed a	any refundable credits and estimated is a credit	3 ь \$	0.	
	ce due. Subtract line 3b from line 3a. Inclu S (Electronic Federal Tax Payment System			. 3c\$	0.	
Caution: If	you are going to make an electronic funds			3453-EO and Forn		
payment ins	structions.					

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

	m 990 (2019) Getting Out and Staying Out, Inc.	06-1	711370	Page
Pa	art III Statement of Program Service Accomplishments			
_	Check if Schedule O contains a response or note to any line in this Part III		20010000000000000000000000000000000000	505050000000000000000000000000000000000
1	Briefly describe the organization's mission:			
	See Schedule O			
_				
2		prior -		
	Form 990 or 990-EZ?		Yes	X No
	If "Yes," describe these new services on Schedule O.			
3	5 The state of the	n services?	Yes	X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated revenue, if any, for each program service reported.	services, as ations to othe	measured by ers, the total o	expenses. expenses,
4:	a (Code:) (Expenses \$ 1,487,091. including grants of \$ 209,521.	) (Revenue	\$ 2	25,000.
	See Schedule O		-	.0,000.
				=
41	b (Code: ) (Expenses \$ including grants of \$	) (Revenue	\$	
4 c	c (Code: ) (Expenses \$ including grants of \$	) (Revenue	\$	
	800000000000000000000000000000000000000		-	
	- 상급은 (MM) 상에 (MM) 가 사이 및 MM (MM) 프로스트 프로스트 프로스트 프로스트 프로스트 프로스트 프로스트 프로스트			
4 d	d Other program services (Describe on Schedule O.)			
4 d	Other program services (Describe on Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue	\$		)

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete		Yes	No
,	Schedule A	1	Х	
2	5 Contraction 2, Contraction Contributions (See Indirections):	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C. Part L	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		x
7		7		Х
8		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 org <b>anization,</b> directly or th <b>roug</b> h a related <b>organ</b> ization, hold assets in donor-restricted endowments or in quasi <b>endowme</b> nts? If 'Yes,' complete Schedule D, Part V	10		х
	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	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
	d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	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	Х	
	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	
	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	
ı	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	12 b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule Exception 170(b)(1)(A)(iii)?	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
t	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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (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	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
ь	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
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For	m 990 (2019) Getting Out and Staying Out, Inc. 06-171137	0	F	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
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	Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
24	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	23		X
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		Х
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
	any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		-
25	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
	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		X
	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		x
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
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.	28a		х
	h A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		Х
	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? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.	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		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	_		X
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R. Part II, III, or IV			
35	and Part V, line 1.  a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36		36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.	37		x
	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	Ť.
Pai	rt V   Statements Regarding Other IRS Filings and Tax Compliance	30		Ь—
	Check if Schedule O contains a response or note to any line in this Part V	4000		
_	February 11: P. 2 (F. 1006 F.) 0 (F. 1006 F.)		Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		THE	
	AMERICAN CONTRACTOR OF THE PROPERTY OF THE PRO			HE.
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
BAA	ISENDIGE DV31VA	Form	990	(2019)

Form 990 (2019) Getting Out and Staying Out, Inc.

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

		Yes	No
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
ments, filed for the calendar year ending with or within the year covered by this return 2a 31  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		V	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2 ь	_X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O	3 b		Α.
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over a	35		
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		X
<b>b</b> If 'Yes,' enter the name of the foreign country▶			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		11 (4)	1
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 Ь		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a 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
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 ь		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
services provided to the payor?	7 a	Х	
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7Ь	Х	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			,,
Form 8282? d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 c		X
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899		_	-
as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7.0		
organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			187
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			1
a Initiation fees and capital contributions included on Part VIII, line 12			E.V.
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter:	10		
a Gross income from members or shareholders.			16.
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		_
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	16.0	4	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		-	
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note: See the instructions for additional information the organization must report on Schedule O.		-	170
b Enter the amount of reserves the organization is required to maintain by the states in		20	
which the organization is licensed to issue qualified health plans			THE P
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X_
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14 b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
If 'Yes,' see instructions and file Form 4720, Schedule N.		I Spil	^
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.	10	10.27	A CONTRACTOR
BAA TEEA0105L 07/31/19	Form	990 (	2019)

Form 990 (2019) Getting Out and Staying Out, Inc. 06-1711370 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. X Section A. Governing Body and Management No 1 a Enter the number of voting members of the governing body at the end of the tax year.
If there are material differences in voting rights among members 22 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. 22 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets?... 5 X 6 Did the organization have members or stockholders?.... 6 X 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 Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by a The governing body? X 8a **b** Each committee with authority to act on behalf of the governing body? Х 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. 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? X b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12<sub>b</sub> 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 X 12 c 13 Did the organization have a written whistleblower policy?.... 13 X 14 Did the organization have a written document retention and destruction policy? 14 Х 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. See Schedule 0......  $\overline{X}$ 15 a **b** Other officers or key employees of the organization Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16 a Х b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > 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. Another's website Own 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

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the public during the tax year.

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See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records >

Tula Daniel 75 E 116 Street New York NY 10029 (212) 831-5020

Form 990 (2019)

Form 990 (2019)	Getting	Out	and	Staving	Out.	Inc.	

06-1711370

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

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

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

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.

				(C	,						
(A) Name and little	(B) Average hours per	Po-	s both	n an i	attice: /trust			(D)  Reportable compensation from the organization	(E) Reportable componsation from	(F) Estimated amount	
	week (list any hours for related organiza- tions below dotted	or director	nstitutional trustee novioual trustee or director		Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Mark L. Goldsmith	40		T			- CA					
President & CEO	0			Х				0.	0.	6,185	
(2) Debbie Li Dir. Fin. & Op.	$-\frac{40}{0}$			х				0.	0.	4,581	
(3) Reginald Andre	1_1_										
Chairman	0	X		Х				0.	0.	0	
(4) Brian Murrell	1_1_										
Finance Chair	0	X		X				0.	0.	0	
(5) Norman Merritt	1										
Vice Chair	0	X		Х				0.	0.	0	
(6) Ira Wachtel	1.						_			76	
Secretary	0	X		Х				0.	0.	0	
(7) Wendy Nierel Bosalavage	1										
Director	0	X						0.	0.	0	
(8) Joseph Azelby	1										
Director	0	X						0.	0.	0	
(9) Richard Block	1										
Director	0	X						0.	0	0	
(10) Fred Pfaff	1						T				
Director	0	Х						0.	0.	0	
(11) Julian Taub	1						T			· ·	
Director	0	X						0.	0.	0	
(12) Charles Kushner	1	*					$\exists$	0.	0,.		
Director	0	Х	П					0.	0.	0	
(13) Caliph Mathis	1						1	U.	· · ·	0	
Director		х						0.	0 .	•	
(14) Jeremy Miller	1	A		-			-	0.		0	
Director	<del>-</del>	х						0.	ا م	<b>W</b>	
BAA	TEEA0						_	0.[	0 -	Form <b>990</b> (2019	

	(B)			(0	2)							
(A) Name and title	Average hours per weak (list any hours for	DOX	, unle cer an	\$5 P6	erson direct	than is boil or/trus Highes	ne n tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W.2/1099-MISC)	comp	(F) nated am of other ensation organizat id relate	fram tion
	related organiza - tions below dotted line)	oual frustee eclor	ional trustee	, if	/ employee	emplayee	St.			r) r)	ganizatioi	ns
(15) Daniel Goldberg Director		х						0.	0.			0,
(16) Robert Harwood-Matthews Director		x						0.	0.			0,
(17) Kimberly Till Director	1 0	х						0.	0.			0.
(18) Edie Weiner Director		х						0.	0.			0.
(19) Sam Martin Director	1 0	х						0.	0.			0.
(20) Jacob Weinig Director		х						0.	0.			0.
(21) Matthew Bloom Director		х						0.	0.			0.
(22) Paul Netter Director		х						0.	0.			0.
(23) John Berman Director		х						0.	0.			0.
(24) Erich Linker Director		х						0.	0.			0.
(25)												
1 b Subtotal								0.	0.		10,	
c Total from continuation sheets to Part VI								0.	0.			0.
d Total (add lines 1b and 1c).  2 Total number of individuals (including but not from the organization ▶ 0.	limited to those I	sted	abov	/e) v	vho	recei	ved	0 . more than \$100,000	0 . ) of reportable com	pensatio	10, on	766.
					-		_				Yes	No
3 Did the organization list any former office on line 1a? If 'Yes,' complete Schedule J										3		Х
4 For any individual listed on line 1a, is the the organization and related organizations such individual.	sum of reportable greater than \$1	e <b>co</b> 50 <b>,0</b> 0	mpe 00?	nsa If 'Y	tion es,	and com	othe plet	er compensation fi le Schedule J for	om	4		X
5 Did any person listed on line 1a receive o for services rendered to the organization?	accrue compen	satio le Sc	n fro hed	om a ule	any J fo	unre r <i>suc</i>	late h pe	d organization or i	ndividual	5		X
Section B. Independent Contractors												
Complete this table for your five highest compensation from the organization. Report of the compensation from the organization.	ompensated indecompensation for	the ca	dent	cor dar y	itrac /ear	tors endir	thai ng w	ith or within the org	an \$100,000 of anization's tax yea	r.		
(A) Name and busine	ss address			_				Description of	services	Comp	<b>C)</b> ensatio	n.
Total number of independent contractors (incl \$100,000 of compensation from the organ	uding but not limi	ted to	tha:	se li	sted	abov	/e) v	who received more t	han	984	i i	7601

15.55	Check if Schedule O contains a res	ponse or note to an	y line in this Part VII	11	400000000000000000000000000000000000000	
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tal under sections 512-514
nts	1 a Federated campaigns 1 a					312 314
Contributions, Gifts, Grants	b Membership dues					
ts, (	c Fundraising events 1 c					
G.	d Related organizations 1 d		0 1			
SITS,	e Government grants (contributions) 1 e f All other contributions, gifts, grants, and	1,218,315.	- 1			1000
utio	similar amounts not included above 1 f	355,012.				
£ 5	g Noncash contributions included in lines 1a-1f. 1g					100
Con	h Total. Add lines 1a-1f	<b>&gt;</b>	2,276,075.			
e e		Business Cade	2,210,075.			-
Program Service Revenue	2a Program Income		25,000.	25,000.		
æ	b					
ۼؚ	C					
\$	d					
Ta Ta	f All other program service revenue					
\$	g Total. Add lines 2a-2f		25 000			
	3 Investment income (including dividends,		25,000.			
	other similar amounts)					
	4 Income from investment of tax-exemp					
	5 Royalties					
	(i) Real	(ii) Personal				
	6 a Gross rents 6a b Less: rental expenses 6b					
	c Rental income or (loss) 6c					
	d Net rental income or (loss)					10.0
	7a Gross amount from (i) Securities	(ii) Other				-
	sales of assets		1 0 0 0	- 15 YW		10,000
	b Less: cost or other basis					
	and sales expenses 7b					
	c Gain or (loss)		The second second			
	d Net gain or (loss)					
Ę	8a Gross income from fundraising events (not including \$ 702,748.					
Revenue	of contributions reported on line 1c).			A 10 10 10		
	See Part IV, line 18	a 124,746.	11 11 11 11			
庵	b Less: direct expenses 8					100
Othe	c Net income or (loss) from fundraising	events		0.2 (图12 1.2)		
	9 a Gross income from gaming activities.		10		12.47	
	See Part IV, line 19		10 10			
	b Less: direct expenses 9 c Net income or (loss) from gaming active			LINE FILE		2. 0
	I -	nties.	T-925-378-378-00-3			
	10 a Gross sales of inventory, less returns and allowances 10	a				
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inve	entory				
S.		Business Code	20.5		Application of	St. Merell W.
9 a	b c d All other revenue					
lan en	b					
Miscellaneous Revenue	C					
Σ	d All other revenue e Total. Add lines 11a-11d	<b>•</b>		a freeze para de la companya de la c		
	12 Total revenue. See instructions		2 201 025	25 000	2	
	The state of the s	110.7.7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	2,301,075.	25,000.	0 -	1 0

Form 990 (2019) Getting Out and Staying Out, Inc.

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	Check if Schedule O contains a re not include amounts reported on lines	(A) Total expenses	(B)	(C)	(D)
6b,	7b, 8b, 9b, and 10b of Part VIII.	rutal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				140.5
2	The state of the s	209,521.	209,521.	DA N.H.	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4					
5	Compensation of current officers, directors, trustees, and key employees	119,133.	97,138.	14,021.	7,974.
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	858,031.	699,616.	100,986.	57,429.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	000,031.	0,5,010.	100,700.	37,429.
9	Other employee benefits	118,831.	96,892.	13,986.	7,953.
10	Payroll taxes	74,021.	60,355.	8,712.	4,954.
11	Fees for services (nonemployees):				
	a Management				
	Legal				
	c Accounting				
	d Lobbying	91,287.		91,287.	
	e Professional fundraising services. See Part IV, line 17	45,570.			45,570.
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.5Ch . OAdvertising and promotion.	257,472.	78,336.	176,802.	2,334.
13	Office expenses	80,668.	58,554.	9,601.	12,513.
14	Information technology	00,000.	30,334.	5,001.	12,313.
15	Royalties				
16	Occupancy	143,670.	117,145.	16,909.	9,616.
17	Travel	14,338.	117/115.	14,338.	2,010.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	21,000		14,330.	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	AB 511			
22	Depreciation, depletion, and amortization	27,744.	22,622.	3,265.	1,857.
	Other expenses, Itemize expenses not	6,951.		6,951.	
	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.)				
г	Special Event Expense	98,456.			98,456.
	Equipment and Maintainence	66,119.	21,513.	15,026.	29,580.
C	Telephone & Internet	31,150.	25,399.	3,666.	2,085.
	Other Expense	21,163.		5,309.	15,854.
	All other expenses				
	Total functional expenses. Add lines 1 through 24e.	2,264,125.	1,487,091.	480,859.	296,175.
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).				
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Cash - non-interest-bearing   End of year	-		Check if Schedule O contains a response or note to any line in this Part X			Π
2   Savings and termorary cash investments.   2   1,189,304, 3   1,742,989				(A) Beginning of year		
2   Savings and termorary cash investments.   2   1,189,304, 3   1,742,989		1	Cash — non-interest-bearing	472,390.	1	42,232
3   Pledges and grants receivable, net.   1,189,304.   3   1,742,989.		2	Savings and temporary cash investments		2	14,000,
A   Accounts receivables, net   A   107, 923.		3	Pledges and grants receivable, net	1,189,304	3	1,742,989
1		4	Accounts receivable, net		4	
Secured mortgages and notes receivables from other disqualified persons (as defined under section 4958(p)(1)), and persons described in section 4958(c)(3)(8).   7 Notes and loans receivable, net		5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.	Number	_	1,24
Section 4958(0)(1)), and persons described in section 4958(c)(3)(B)		6			3	
7   Notes and loans receivable, net.   7   8		ľ	section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Second   S		7				
9 Prepaid expenses and defered charges.  10 a Land, buildings, and equipment: cost or other basis, Compiete Part VI of Schedule D.  11 Investments – publicly traded securities.  12 Investments – program-related. See Part IV, line II.  13 Investments – program-related. See Part IV, line II.  14 Intangible assets.  15 Other assets. See Part IV, line II.  16 Total assets. See Part IV, line II.  17 Accounts payable and accrued expenses.  18 Grants payable and accrued expenses.  19 Deferred revenue.  20 Tax-exempt bond liabilities.  21 Escrow or custodial account liability. Compiete Part IV of Schedule D.  21 Escrow or custodial account liability. Compiete Part IV of Schedule D.  22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.  22 Saccured mortgages and notes payable to unrelated third parties.  24 Unsecured notes and loans payable to unrelated third parties.  25 Other liabilities (including federal income tax, payables to related third parties.  26 Total liabilities. Add lines 17 through 25.  27 Total liabilities. Add lines 17 through 25.  28 Vet assets with donor restrictions.  29 Organizations that follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds.  30 Paid-in or capital surplus, or land, building, or equipment fund.  31 Retained earnings, endowment, accumulated income, or other funds.  31 Tetal net assets or fund balances.  1, 778, 954, 32 1, 815, 904.	S	8	Inventories for sale or use			
10a   314,178	Se	9	Prepaid expenses and deferred charges			4 000
b Less: accumulated depreciation.   10b   190,424   141,740   10c   123,754	As	10 a	Land, buildings, and equipment: cost or other basis.		3	4,808.
11   Investments - publicly traded securities   11   12   Investments - other securities   See Part IV, line I I   12   Investments - other securities   See Part IV, line I I   12   Investments - other securities   See Part IV, line I I   13   Investments - program-related. See Part IV, line I I   13   Investments - program-related. See Part IV, line I I   13   Investments - program-related. See Part IV, line I I   13   Investments - program-related. See Part IV, line I I   14   Intengible assets   14   Intengible assets   14   Intengible assets   14   Intengible assets   15   Other assets. Add lines I through 15 (must equal line 33)   1,892,304   16   2,065,296.   Intendicate   17   239,875.   Intendicate   18   Grants payable and accrued expenses   106,940   17   239,875.   Intendicate   239,875.   Intendicate   24   Intendicate   24   Intendicate   25   Intendicate   24   Intendicate   24   Intendicate   24   Intendicate   24   Intendicate   24   Intendicate   24   Intendicate   25   Intendicate   26   Intendicate   27   Intendicate   27   Intendicate   27   Intendicate   28   Intendicate   29   Intendicate   29   Intendicate   20   Intendicate   20		1			100	100 754
12   Investments — other securities. See Part IV, line II.				141,740.	-	123, 754.
13   Investments - program-related. See Part IV, line 11   13   14   Intangible assets   14   14   Intangible assets   14   15   Other assets. See Part IV, line 11   15   43,590. 15   43,590. 16   70tal assets. Add lines 1 through 15 (must equal line 33)   1,892,304. 16   2,065,296. 17   239,875. 18   18   Grants payable and accrued expenses   106,940. 17   239,875. 18   18   Grants payable   19   Deferred revenue   19   20   Tax-exempt bond liabilities   20   21   22   Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%   22   23   Secured mortgages and notes payable to unrelated third parties   23   Unsecured notes and loans payable to unrelated third parties   23   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   6, 410, 25   9, 517, 26   249, 392. 27   Net assets with donor restrictions   1, 757, 704, 27   1, 794, 654, 27   27   27   27   27   27   27   27			Investments – other securities. See Part IV line 11			
14			Investments — program-related. See Part IV line 11			
15 Other assets. See Part IV, line 11.		14	Intangible assets			
Total assets. Add lines 1 through 15 (must equal line 33)   1,892,304   16   2,065,296   2,065,296   2,065,296   17   Accounts payable and accrued expenses   106,940   17   239,875   18   Grants payable   18   18   19   20   Tax-exempt bond liabilities   20   Tax-exempt bond liabilities   21   Escrow or custodial account liability. Complete Part IV of Schedule D.   21   22   Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%   22   Controlled entity or family member of any of these persons   22   23   24   Unsecured notes and loans payable to unrelated third parties   23   Unsecured notes and loans payable to unrelated third parties   24   24   25   25   26   249,392   26   27   27   27   27   27   27   2		15	Other assets. See Part IV. line 11			42 E00
18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities and contributor, or 35% controlled to any current fund saturation and other liabilities and other labilities a		16				2,065,296.
Process of the particle of th	_		Accounts payable and accrued expenses	106,940.		239,875.
20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities not included on lines 17:24). Complete Part X of Schedule D. 6, 410. 25 9,517. Total liabilities, Add lines 17 through 25. 113, 350. 26 249, 392.  Organizations that follow FASB ASC 958, check here And complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions 1,757,704. 27 1,794,654. 21,250. 28 21,250. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund. 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 Total net assets or fund balances 1,781,994. 32 1,815,904.			Deferred revenue			
Escrow or custodial account liability. Complete Part IV of Schedule D.						
Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.  22	S		Escrew or custodial account liability Complete Doct IV of Sahadula D			
Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.  Total liabilities. Add lines 17 through 25.  Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions  Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  1,778,954, 32  1,815,904.	<u>‡</u>		Loans and other payables to say support program of schedule D		21	
Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.  Total liabilities. Add lines 17 through 25.  Organizations that follow FASB ASC 958, check here And complete lines 27, 28, 32, and 33.  Net assets without donor restrictions  Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here And complete lines 29 through 33.  Capital stock or trust principal, or current funds  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  1,778,954, 32 1,815,904.	jabili	22	key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.	ar in the second	22	
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.  Total liabilities. Add lines 17 through 25.  Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions  Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund.  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  1,778,954. 32 1,815,904.	_	23	Secured mortgages and notes payable to unrelated third parties	100	23	
Total liabilities. Add lines 17 through 25.  Total liabilities. A		24			24	
Organizations that follow FASB ASC 958, check here And complete lines 27, 28, 32, and 33.  Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds And complete lines 29 through 33.  Paid-in or capital surplus, or land, building, or equipment fund.  Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances  1,778,954. 32 1,815,904.		25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6.410.	25	9.517
Organizations that follow FASB ASC 958, check here And complete lines 27, 28, 32, and 33.  Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here And complete lines 29 through 33.  Capital stock or trust principal, or current funds Apaid-in or capital surplus, or land, building, or equipment fund.  Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances  1,778,954.  27  1,794,654.  21,250.  28  21,250.  29  29  29  30  Retained earnings, endowment, accumulated income, or other funds 31  Total net assets or fund balances 31,778,954. 32  1,815,904.		26	Total liabilities. Add lines 17 through 25.		26	
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds.  Paid-in or capital surplus, or land, building, or equipment fund.  Retained earnings, endowment, accumulated income, or other funds.  Total net assets or fund balances.  1,778,954. 32 1,815,904.	Sec		Organizations that follow FASB ASC 958, check here ► X			
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds.  Paid-in or capital surplus, or land, building, or equipment fund.  Retained earnings, endowment, accumulated income, or other funds.  Total net assets or fund balances.  1,778,954. 32 1,815,904.	臺	27	Net assets without donor restrictions	1.757.704.	27	1.794.654
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 31 1,778,954. 32 1,815,904.	80	28	Net assets with donor restrictions		28	
29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund. 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 Total liabilities and net assets/fund balances. 34 Total liabilities and net assets/fund balances. 36 Total liabilities and net assets/fund balances. 37 Total liabilities and net assets/fund balances. 38 Total liabilities and net assets/fund balances. 39 Total liabilities and net assets/fund balances.	F					
Paid-in or capital surplus, or land, building, or equipment fund.  Retained earnings, endowment, accumulated income, or other funds.  Total net assets or fund balances.  Total liabilities and net assets/fund balances.  1,778,954. 32 1,815,904.  1,892,304. 33 2,065,296	ᅌ	29	Capital stock or trust principal, or current funds		29	
31   Retained earnings, endowment, accumulated income, or other funds   31	ş	30				
32 Total net assets or fund balances 1,778,954. 32 1,815,904. 33 Total liabilities and net assets/fund balances 1,892,304. 33 2,065,296	88	31				
<b>33</b> Total liabilities and net assets/fund balances	2	32				1.815.904
	ž	33	Total liabilities and net assets/fund balances			

_		17113	370	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.			****	- [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		301,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2		264, 1	
3	Revenue less expenses. Subtract line 2 from line 1.	3		36.9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4	1.7	178,9	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Nel assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,8	315, 9	904.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII.				
	antia <sub>y</sub>			Yes	
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 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?	S=====================================	2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review	ed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
I	were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both:	ate			
(	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			A	
3 a	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?	0000	3 a		х

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Form 990 (2019)

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

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

Get	ting Out and Staying	Out, Inc.				06-171137	0	
Par	t I Reason for Public Ch	arity Status (All c	rganizations must	comple	ete this	part.) See instruc	tions.	
	organization is not a private four							
1	A church, convention of churc					(i).		
2	A school described in section							
3	A hospital or a cooperative							
4	A medical research organization	ation operated in conj	unction with a hospital	describe	d in sec	tion <b>170(b)</b> (1)(A)(iii). E	inter the hospital's	
	name, city, and state:							
5	An organization operated for section 170(b)(1)(A)(iv). (C	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 go	vernment or governme	ental unit described in s	section 1	70(b)(1)	)(A)(v).		
7	X An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial (Complete Part II.)	part of its support from a	governm	ental un	it or from the general pul	blic described	
8	A community trust describe	* * * * *		,				
9	An agricultural research organ	nization described in <b>se</b>	ction 170(b)(1)(A)(ix) oper	rated in c	onjunctio	on with a land-grant colle	ege	
	or university or a non-land-gra	ant college of agricultur	e (see instructions). Ente	r the nan	ne, city,	and state of the college of	Òr .	
	university:							
10	An organization that normally from activities related to its investment income and unrulume 30, 1975. See section	exempt functions—su elated business taxab 509(a)(2). (Complete	bject to certain exception le income (less section Part III.)	ons, and 511 tax	(2) no From b	more than 33-1/3% of i usinesses acquired by	to cumment from groce	
11	An organization organized a	and operated exclusive	ely to test for public saf	ety. See	section	1 <b>509(a)(4)</b> .		
12	An organization organized a or more publicly supported lines 12a through 12d that or	organizations describ	act in section 509(aV1)	or coctu	m 509(a	V2) See coction 500/2	ut the purposes of one <b>)(3).</b> Check the box in	
а		tion operated, supervise	d or controlled by its sur	nnorted o	rnanizat	ion(s) typically by giving	the supported on. You must	
Ь		zation supervised or or	controlled in <b>conn</b> ection the same pe <b>rsons</b> that c	with its control or	support manage	ted organization(s), by the supported organizat	having control or ion(s). You	
С	Type III functionally integrated organization(s) (see instruction)	I. A supporting organiza	tion operated in connection	n with, a	nd functio	onally integrated with, its	supported	
d	Type III non-functionally inter	grated. A supporting or	nanization operated in co	nnection	with its	unported prospiration(s	) that is not	
	instructions). You must con	organization generall iplete Part IV, Section	y must satisfy a distribuns A and D, and Part V.	ilion req	uiremen	t and an attentiveness	requirement (see	
е	Check this box if the organize integrated, or Type III non-fit	zation received a writi	ten determination from	the IRS	that it is	a Type I, Type II, Typ	e III functionally	
f	Enter the number of supported	organizations	Topporting organization		a a sa	AND DESCRIPTION OF THE PARTY OF	300 G 50 G	
	Provide the following information							
(	I) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) l organizat in your g docur	overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
10,290								
(A)								
(B)								
(C)								
(D)								
(E)								
			THE RESERVE OF THE PARTY OF THE	10000				

Schedule A (Form 990 or 990-EZ) 2019 Getting Out and Staying Out, Inc. 06-1711370

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

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

Sec	ction A. Public Support						
Cale	endar year (or fiscal year inning in) ►	(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)	1,297,078.	2,221,090.	2,949,722.	4,399,048.	2,276.075.	13,143,013.
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	1,297,078.	2,221,090.	2,949,722.	4,399,048.	2,276,075.	13,143,013.
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)	- ×					1,174,182.
6	Public support. Subtract line 5 from line 4						11,968,831.
Sec	tion B. Total Support				-		11, 300, 031.
beg	ndar year (or fiscal year nning in) ►	(a) 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4	1,297,078.	2,221,090.	2,949,722.	4,399,048.	2,276,075.	13, 143, 013.
8	Gross income from interest, dividends, payments received on securities loans, rents, royaltles, and income from similar sources						0.
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.)	2,417.					2,417.
	Total support. Add lines 7 through 10						13, 145, 430.
12	Gross receipts from related activ	ities, etc. (see in:	structions)	*******		12	60, 450.
	First five years. If the Form 990 is organization, check this box and	stop here		ird, fourth, or fifth	tax year as a secti	on 501(c)(3)	
	tion C. Computation of Pul						
14	Public support percentage for 20 Public support percentage from 2	19 (line 6, columi	n (f) divided by lir	ne 11, column (f))		14	91.05%
	33-1/3% support test—2019. If the and stop here. The organization	ne organization di	id not check the b	ox on line 13 an	d line 14 is 33.17	3% or more, check	86.29 % k this box
b	33-1/3% support test—2018. If the and stop here. The organization	e organization die	finot check a hox	on line 13 or 16s	and line 15 is 2	2 1/20/ OF MORO	abook this have
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	st-2019. If the or meets the 'facts-a -and-circumstanc	rganization did no and circumstance es' test. The orga	it check a box on s' test, check this inization qualifies	line 13, 16a, or 1 box and <b>stop he</b> as a publicly sup	6b, and line 14 is re. Explain in Part ported organization	10% VI how on►
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the Tacts-a d-circumstances	and-circumstance: test. The organiza	s test, check this ition qualifies as	box and <b>stop he</b> a publicly su <b>ppor</b> t	re. Explain in Part ted organization	t VI how the
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions -
BAA					Sci	hadula A (Eorm 0	90 or 990-F7\ 2010

Schedule A (Form 990 or 990-EZ) 2019 Getting Out and Staying Out, Inc. 06-1711370 Pag

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

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

Sec	ction A. Public Support		produce complete				
Caler	idar year (or fiscal year beginning in) >	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
. 1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)					(5/2013	() rotal
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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.)			o Marie		1 500 00	
	tion B. Total Support						
	dar year (or fiscal year beginning in) 🟲	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 6						
b	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						
11	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is organization, check this box and s	for the organization to the stop here	ation's first, secor	ıd, third, fourth, o	r fifth tax year as	a section 501(c)(3)	
Sec	tion C. Computation of Pub	lic Support P	ercentage				
	Public support percentage for 201			ne 13, column (f)	)	meneralistis 15	olo
16	Public support percentage from 20	018 Schedule A.	Part III, line 15	roccoccenonal kwase-		16	8
Sec	tion D. Computation of Inve	stment Incor	ne Percentage	1			
	Investment income percentage for				umn (f))	17	96
18	Investment income percentage fro	om 2018 Schedu	le A. Part III. line	17	(1)/	18	96
19a	<b>33-1/3% support tests—2019.</b> If this not more than 33-1/3%, check t	e organization d	id not check the b	ox on line 14, an	d line 15 is more	than 33-1/3% and	line 17
Ь	<b>33-1/3% support tests—2018.</b> If the line 18 is not more than 33-1/3%,	e organization d	id not check a box	k on line 14 or lin	e 19a, and line 16	is more than 33.1	/3% and
20	Private foundation. If the organiza	ation did not che	ck a box on line 1	4, 19a, or 19b, c	heck this box and	see instructions	
BAA			75510100				

Part IV | Supporting Organizations

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

Sec.	tion A. All 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	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		
<b>3</b> a	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below,	3a		
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.	3с		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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		
5a	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	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? If 'Yes,' provide detail in <b>Part VI</b> .	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		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> .	9a	1	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	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 Part VI.	9с	10	THE PERSON
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	10a	PITO I	
Ь	Did the organization have any excess business holdings in the lax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	-113	-

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Pa	rt IV   Supporting Organizations (continued)			age
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	<b>b</b> A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		_
Sec	ction B. Type I Supporting Organizations	-		
1	Did the directors tructors or manharchie of one or manharchie of one or manharchies of or manharchies or ma		Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		1
Sec	ction C. Type II Supporting Organizations	-		
000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
		_	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played in this <b>regard</b> .	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а				
ь				
c		ınstruc	tions).	
2	Activities Test. Answer (a) and (b) below.	1	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported		103	
	organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		60
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the			
	organization's involvement.	2b		
3	Parent of Supported Organizations, Answer (a) and (b) below.		19	J. S.
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	14	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b	Ro	Jilli

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganizati	ons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tri instructions. All other Type III non-functionally integrated supporting organizations.	ust on Noviions must	v. 20, 1970 (explain in t complete Sections A	n Part VI). <b>See</b> through E.
Sec	ction 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	ction 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 shortax year or assets held for part of year):	rt		
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):    Part VI   Par			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1,	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<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 in (see instructions).	ntegrated	Type III supporting or	ganization

BAA

Schedule A (Form 990 or 990-EZ) 2019

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continue	ed)
Sec	tion D — Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9	Distributable amount for 2019 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions,			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
<b>b</b> From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			ALL MARKET
h Applied to 2019 distributable amount		The state of the state of	
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4,			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
<b>b</b> Excess from 2016			
c Excess from 2017.			
d Excess from 2018			
e Excess from 2019.			

BAA

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Getting Out and Staying Out, Inc. 06-1711370 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part III, 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 2019 2018 2017 2016 2015

Other Income

Total \$ 0. \$ 0. \$

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

#### **Political Campaign and Lobbying Activities**

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

2019

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2019

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

Section 527 organizations: Complete Part I-A only.

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

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

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

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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name	e of organization	2 - 2 0 - 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Employer identific	ation number
Ge	tting Out and Stayi	ing Out, Inc.		06-171137	0
Pa	rt I-A Complete if the o	rganization is exempt under section	on 501(c) or is a s	section 527 organi	zation.
1	Provide a description of the (see instructions for definition	organization's direct and indirect political con of 'political campaign activities')	ampaign activities in	Part IV.	
2	Political campaign activity e	xpenditures (see instructions)	********	►\$	
3	Volunteer hours for political	campaign activities (see instructions)	******************************		
Pai	rt I-B Complete if the o	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	cise tax incurred by the organization under	section 4955.	Same arrangement and	0.
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955	minarasasasanin Þ\$	0.
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 8		45 - 142 1455 NAZ (\$4 - 1 - 14 - 160) - 5 5 7 - 5 5 5 5 5 5 5 5 5 5			
	If 'Yes,' describe in Part IV.				163 110
Pai	rt I-C Complete if the o	rganization is exempt under section	on 501(c), except	t section 501(c)(3)	
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	n activities > \$	
2	Enter the amount of the filin 527 exempt function activities	g organization's funds contributed to other	organizations for sec	tion ► \$	-
3	Total exempt function exper line 17b	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	<b>▶</b> §	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	Enter the names, addresses organization made payments amount of political contribution	and employer identification number (EIN) of s. For each organization listed, enter the ansisted that were promptly and directly delial action committee (PAC). If additional spa	of all section 527 polimount paid from the f	tical organizations to villing organization's fun	which the filing
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's lunds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter 10:
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Part II-A Complete if t section 501(I	the organization	is exempt under sec	ction 501(c)(3) and	filed Form 5768 (ele	ction under
A Check ► ☐ if the filing	organization belong	s to an affiliated group (and	list in Part IV each affilia	ted group member's name.	
		share of excess lobbying		S. T. P. Maria and Maria	
-		ked box A and 'limited cor			
(The term '		ng Expenditures ns amounts paid or incurr	ed.)	(a) Filing organization's totals	(b) Attitiated group totals
1 a Total lobbying expenditu	ires to influence pub	olic opinion (grassroots lob	bying)		
<b>b</b> Tolal lobbying expenditu				91,287.	
c Total lobbying expenditu				91,287.	0.
d Other exempt purpose e	xpenditures		***************************************	1,395,804.	
e Total exempt purpose ex	kpenditures (add lin	es 1c and 1d)		1,487,091.	0.
f Lobbying nontaxable am both columns.	ount Enter the amo	ount from the following tab	ole in	223,709.	
If the amount on line 1e, colu		The lobbying nontaxable			
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1,0	000,000	\$100,000 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$1	1,500,000	\$175,000 plus 10% of the excess	over \$1,000,000.		
Over \$1,500,000 but not over \$1	17,000,000	\$225,000 plus 5% of the excess o	ver \$1,500,000.		
Over \$17,000,000		\$1,000,000			
g Grassroots nontaxable a				55,927.	0.
h Subtract line 1g from line				0.	0.
i Subtract line 1f from line	e 1c. If zero or less,	enter -0-	*************	0.	0.
j If there is an amount other section 4911 tax for this	r than zero on either lyear?	line 1h or line 1, did the org	anization file Form 4720	reporting	Yes No
(Some	e organizations that	I-Year Averaging Period L made a section 501(h) elow. See the separate insti	ection do not have to c	omplete all of the five rough 2f.)	
	Lobby	ing Expenditures During	4-Year Averaging Perio	od	
Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) Total
2 a Lobbying nontaxable amount	231,246	264,385.	273,146.	223,709.	992,486.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1,488,729.
c Total lobbying expenditures	79,548	96,004.	103,896.	91,287.	370,735.
d Grassroots nontaxable				24,24,.	0.07.00.
amount	57,812	66,096.	68,287.	55,927.	248,122.
e Grassroots ceiling amount (150% of line 2d, column (e))					372,183.
f Grassroots lobbying expenditures					0.

BAA

Schedule C (Form 990 or 990-EZ) 2019

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 576	8
	(election under section 501(h)).	

To each Week response on time to the week to be found as with the Oath No. of the Week to the Week	(a	)	(b)
or each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	K		
a Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total, Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

			res	
1	Were substantially all (90% or more) dues received nondeductible by members?.	1		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

1	Dues, assessments and similar amounts from members.	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
	a Current year.	2 a	
	<b>b</b> Carryover from last year.	2 b	
	c Total	2 c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political experiditures (see instructions)	5	

#### Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1, Also, complete this part for any additional information.

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **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

2019

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Getting Out and Staying Out, Inc. 06-1711370 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year). 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year ..... 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2ь c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 4 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?..... No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **►**\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?...... No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. bill the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1.....

**b** Assets included in Form 990, Part X......

Schedule D (Form 990) 2019 Getti	ng Out and S	Staying Out,	Inc.	06-171	1370 Page 2
Part III Organizations Maintai	ning Collection	s of Art, Histo	rical Treasures, or	Other Similar Ass	ets (continued)
3 Using the organization's acquisition, items (check all that apply):	accession, and other	er records, check a	ny of the following that m	nake significant use of its	collection
a Public exhibition		d Loan	or exchange program		
<b>b</b> Scholarly research		e Other			
<b>c</b> Preservation for future genera		300000			
4 Provide a description of the organiza Part XIII.					
5 During the year, did the organizat to be sold to raise funds rather th	ion solicit or receiv	e donations of ar	t, historical treasures, o	or other similar assets	¬v □
Part IV Escrow and Custodial	Arrangements	Complete if t	he organization an	swored 'Ves' on Fo	Yes No
line 9, or reported an a	mount on Form	1 990, Part X,	line 21.	swered tes on For	m 990, Part IV,
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodian or of	ther intermediary	for contributions or oth	er assets not included	
b If 'Yes,' explain the arrangement	in Part XIII and cor	mplete the following	ng table:	DESCRIPTION DE LA COMPANSA DEL COMPANSA DEL COMPANSA DE LA COMPANS	Yes No
				4	Amount
c Beginning balance					
d Additions during the year	5 3 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		VET 110000 12000 100000 100000	1 d	
e Distributions during the year			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
f Ending balance.	manual de Fanna 000	D-4 V E - 01		1f	
2 a Did the organization include an ar					Yes No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII Check	nere if the explan	ation has been provide	ed on Part XIII	
Part V   Endowment Funds. Co	molete if the o	roanization an	swered 'Yes' on Fo	orm 990 Part IV Jir	no 10
	(a) Current year	(b) Prior year			(e) Four years back
1 a Beginning of year balance		, , , , , , , , , , , , , , , , , , , ,	(e) The Journ Library	, tay time years back	(c)   our years back
<b>b</b> Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships		-			
e Other expenditures for facilities					
and programs		<u> </u>			
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage		end balance (lin	e 1g, column (a)) held	as:	
a Board designated or quasi-endowme		y			
b Permanent endowment ►	96				
c Term endowment	8				
The percentages on lines 2a, 2b, and	d 2c should equal 10	10%.			
3 a Are there endowment funds not in th	e possession of the	organization that a	re held and administered	for the	r
organization by:					Yes No
<ul><li>(i) Unrelated organizations</li><li>(ii) Related organizations</li></ul>					3a(i)
<b>b</b> If 'Yes' on line 3a(ii), are the relat	ed organizations lis	eted as required a	n Sahadula D2		3a(ii)
4 Describe in Part XIII the intended	uses of the organis	sation's endowno	at funds	A STATE OF THE STA	3b
Part VI Land, Buildings, and E		Editori's eridowifie	it fullus.		
Complete if the organiz		l 'Yes' on Form	n 990, Part IV, line	11a. See Form 990	). Part X. line 10
Description of property	(a) Cos	st or other basis	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land			TTTT (GRIGI)	asp. solution	
<b>b</b> Buildings					
c Leasehold improvements			198,316.	107,435.	90,881.
d Equipment			115,862.	82,989	32,873.
e Other			110,002.	02,303.	32,013.
Total. Add lines 1a through 1e. (Column		rm 990, Part X, c	olumn (B), line 10c.)	<b>&gt;</b>	123,754.
BAA			3.51		le D (Form 990) 2019

(a) Description of security or category	(including name of security)	(b) Book value		Form 990, Part X, line 12 tor end-of-year market value
1) Financial derivatives	000000000000000000000000000000000000000			
2) Closely held equity interests	000000000000000000000000000000000000000			
3) Other				
A)				
В)				
C)				
D)				
E)				
F)				
G)				
H) ,;;				
( <u> </u>				
otal. (Column (b) must equal Form 990, P				
Part VIII Investments — Pr	rogram Kelated. roanization answered	'Yes' on Form 990	N/A ), Part IV, line 11c. See F	form 990 Part X line 1
(a) Description of inv	estment	(b) Book value		t or end-of-year market value
(1)			-316	, , , , , , , , , , , , , , , , , , , ,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(10)  Total. (Column (b) must equal Form 990, P  Part IX Other Assets.		N/A		
Total. (Column (b) must equal Form 990, P.		'Yes' on Form 990	), Part IV, line 11d. See F	Form <b>990</b> , Part X, line 1
Part IX Other Assets. Complete if the or  (1) (2)	rganization answered	'Yes' on Form 990	), Part IV, line 11d. See F	
Part IX Other Assets. Complete if the or  (1) (2) (3)	rganization answered	'Yes' on Form 990	), Part IV, line 11d. See F	
Otal. (Column (b) must equal Form 990, Part IX Other Assets.  Complete if the or  (1) (2) (3) (4)	rganization answered	'Yes' on Form 990	), Part IV, line 11d. See F	
otal. (Column (b) must equal Form 990, Part IX Other Assets. Complete if the or  (1) (2) (3) (4) (5)	rganization answered	'Yes' on Form 990	), Part IV, line 11d. See F	
otal. (Column (b) must equal Form 990, Part IX Other Assets. Complete if the or  (1) (2) (3) (4) (5)	rganization answered	'Yes' on Form 990	), Part IV, line 11d. See F	
otal. (Column (b) must equal Form 990, Part IX Other Assets. Complete if the or  (1) (2) (3) (4) (5)	rganization answered	'Yes' on Form 990	), Part IV, line 11d. See F	
otal. (Column (b) must equal Form 990, Part IX Other Assets.  Complete if the or  (1) (2) (3) (4) (5) (6) (7)	rganization answered	'Yes' on Form 990	), Part IV, line 11d. See F	
Otal. (Column (b) must equal Form 990, Part IX   Other Assets.   Complete if the or	rganization answered	'Yes' on Form 990	), Part IV, line 11d. See F	
Otal. (Column (b) must equal Form 990, Part IX   Other Assets.   Complete if the or	rganization answered (a) Des	'Yes' on Form 990 cription		(b) Book value
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But VI In the second out and Staying Out, Inc.	0-1/11.	3 / U Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	W.	
1 Total revenue, gains, and other support per audited financial statements	1	2,301,075.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
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	2e	
3 Subtract line 2e from line 1	3	2,301,075.
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.)		
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	2,301,075.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Peturn	2,001,013.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	ive turn	,
1 Total expenses and losses per audited financial statements	I 1 I	2,264,125.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		2,201,123.
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses 2c		
d Other (Describe in Part XIII.)	1	
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1	3	2 264 126
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		2,264,125.
a Investment expenses not included on Form 990, Part VIII, line 7b.		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	2,264,125.
Part XIII   Supplemental Information.		-/201/120.

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 X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### Part X - FASB ASC 740 Footnote

GOSO does not believe its financial statements include any material, uncertain tax positions. Tax filings for periods ending December 31, 2016 and later are subject to examination by applicable taxing authorities.

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

Department of the Treasury Internal Revenue Service

#### Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

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Name of the organization Employer identification number 06-1711370 Getting Out and Staying Out, Inc. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e X Solicitation of non-government grants b X Internet and email solicitations f X Solicitation of government grants Phone solicitations g X Special fundraising events C d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, truslees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?..... Yes X No b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (or retained by) (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (ii) Activity (or retained by) have custody or contro of contributions? or entity (fundraiser) from activity fundraiser listed in organization column (i) Carol Norbitt No 1 545 East 14th Street Grant New York NY 10009 X Writer 45,520 2 3 5 6 7 8 9 10 0. 45,520 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Sch	rt II	G (Form 990 or 990-EZ) 2019 Getting Fundraising Events. Complete if more than \$15,000 of fundraising	the organization ar	swered 'Yes' on Fo	06-17 orm 990, Part IV, li on Form 990-EZ.	ne 18 or reported
R		List events with gross receipts gr	(a) Event #1 Gala (event type)	(b) Event #2	(c) Other events  None  (lotal number)	(d) Total events (add column (a) through column (c))
REVERUE	1	Gross receipts	827,494.			827,494.
E	2	Less: Contributions				702,748.
	3	Gross income (line 1 minus line 2)	124,746.			124,746.
	4	Cash prizes				
	5	Noncash prizes				
D I R E C T	6	Rent/facility costs	124,746.			124,746.
Č	7	Food and beverages				10.00
E X P	8	Entertainment				
EXPENSES	9	Other direct expenses				
S	10	Direct expense summary. Add lines 4 the Net income summary. Subtract line 10 fr	rough 9 in column (d)			124,746.
Pa	4	Gaming. Complete if the organiza	ation answered 'Yes	s' on Form 990, Pai	rt IV, line 19, or re	ported more than
_	T	\$15,000 on Form 990-EZ, line 6a		(b) Pull tabs/instant		(d) Total gaming
R E V			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(add column (a) through column (c))
REVERUE	١.					
_	-	Gross revenue				
E	2	Cash prizes				
DX	3	Noncash prizes				
DIRECTS	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)	*************		-
	8	Net gaming income summary. Subtract li	ine 7 from line 1, colum	n (d)		
	ls th	er the state(s) in which the organization co ne organization licensed to conduct gaming lo,' explain:		ese states?		
10 a	Wer	e any of the organization's gaming license es,' explain:	es revoked, suspended,	or terminated during th	e tax year?	Yes No
ВАА	_		THEA3702L 0	9/19/19	Schadula G /For	m 990 or 990-FZ) 2019

Page 2

Schedule G (Form 990 or 990 EZ) 2019 Getting Out and Staying Out, Inc.	06-1711370	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity for administer charitable gaming?	rmed to Yes	No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility.	13a	e
<b>b</b> An outside facility		9
14 Enter the name and address of the person who prepares the organization's gaming/special events books and		0
Name •		
Address ►		
15 a Does the organization have a contract with a third party from whom the organization receives gaming b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ of gaming revenue retained by the third party ► \$ c If 'Yes,' enter name and address of the third party:	g revenue? Yes and the amount	No
Name •		
Address •		
16 Gaming manager information:		
Name •		
Gaming manager compensation ► \$		
Description of services provided ▶		
☐ Director/officer ☐ Employee ☐ Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to reta state gaming license?	Yes	No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or s	spent in the	ш
organization's own exempt activities during the tax year > \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provinformation. See instructions.	2b, columns (iii) and ide any additional	(v);

# SCHEDULE I (Form 990)

Department of the Treasury Infarnal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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number		
Employer identification	06-1711370	
_	_	

No No X Yes Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. See Part IV 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Getting Out and Staving Out, Inc.
Parl | General Information on Grants and Assistance

0	000000000000000000000000000000000000000	0.0000000000000000000000000000000000000	0.0000000000000000000000000000000000000	CHECK CONTROL OF COLUMN	1 table	ins listed in the line	3 Enter total number of other organizations listed in the line
0	200000000000000000000000000000000000000	0.0011 0.000000000000000000000000000000	930001900 0 00000	the line I table	organizations listed in	and government of	
							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(h) Purpose of grant or assistance	(g) Description of norcash assistance	(f) Method of valuation (book, FVV, appraisal, other)	(e) Amount of non-cash assistance	(d) Amount of cash grant	(c) IRC section (if applicable)	시급 <b>(q</b> )	(a) Name and address of organization     or government

Schedule I (Form 990) (2019) Getting Out and Staying Out, Inc.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal other)	(f) Description of nancash assistance
1 Metro	1 MetroCards, education & other needs	250	209,521.		FMV	Paid for clients' expenses
2						
က						
4						
ιń						
ဖ						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	e the information	required in Part I,	line 2; Part III, co	lumn (b); and any oth	er additional information.

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

GOSO staff meet with clients on a periodic basis to discuss their needs and progress,

MetroCards are given to clients after they meet certain goals. Education and other

assistance is given on a case by case basis depending on each client's specific

needs.

Schedule I (Form 990) (2019)

#### **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.

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

2019 Open to Public Inspection

OMB No.: 1545-0047

Department of the Treasury Internal Rovenue Service

Getting Out and Staying Out, Inc.

Employer Identification number 06-1711370

#### Form 990, Part III, Line 1 - Organization Mission

Getting Out and Staying Out (GOSO) empowers young men to avoid involvement in the criminal justice system by reshaping their futures through educational achievement, meaningful employment, and financial independence. GOSO focuses on the individuals' capacities and strengths, as well as developmental needs and emotional well-being. Our aim is to promote personal, professional, and intellectual growth through goal-oriented programming and comprehensive social support services.

#### Form 990, Part III, Line 4a - Program Service Accomplishments

For the last 15 years, GOSO participants have consistently maintained a recidivism rate under 15%, as compared to national average of 67% for the same demographic. In the last year, the recidivism rate among newly enrolled participants has been 3%. Since 2013, GOSOWorks, our employment development program, has placed over 600 participants in wage subsidized jobs. Seventy percent of participants who complete their placements earn full-time employment. GOSO's cost-per-client is \$7,500, which includes a wage subsidized job placement, as compared to the \$150,000 per year it costs to detain or incarcerate someone in New York City jails. In collaboration with the New York City Department of Education, GOSO hosts an on-site High School Equivalency program for our participants. In the last academic year, 13 participants earned their diplomas. We also provide on-site vocational training to our participants, including OSHA 30-Hour Construction and Security Guard training. This year, over 113 participants earned a vocational certification at GOSO.

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

Management reviews a draft of the form 990 with the audit/finance committee and provides edits to the tax preparer. After this process is performed, the audit/finance committee reviews and approves the form 990 prior to being filed with

Employer identification number 06-1711370

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

The organization has a board approved conflicts of interest policy. Each board member must fill out an annual declaration stating they had no conflicts or identifying the nature of their interested party transactions.

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

Each year, the executive committee reviews comparable compensation based on a

recognized study and reviews the performance of the President & CEO and Top

Management to determine if the existing compensation falls within these ranges.

After a deliberation of this matter, a new proposed compensation and benefit package
is voted on. The minutes of the board of directors note the approval of the

President & CEO and Top Management's compensation for the upcoming year.

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

Financial statements are available upon request.

#### Form 990, Part IX, Line 11g Other Fees For Services

		(A)	(B)	(C)	(D)
	(-	Total	Program Services	Management <u>&amp; General</u>	Fund- raising
Other professional fees		257,472.	78,336.	176,802.	2,334.
	Total	257,472.	\$ 78,336.	\$ 176,802.	\$ 2,334.