Form <b>990</b>			Return of Organization Exempt F	rom l	ncome Tax	OMB No. 1545-0047		
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			<b>2010</b>		
	-	uary 2020)	Do not enter social security numbers on this form a	Open to Public				
Depa Inter	artment nal Reve	of the Treasury enue Service	► Go to www.irs.gov/Form990 for instructions and	-	•	Inspection		
				ending				
B	ation number							
	Addre		NOX OPEN LIBRARY INITIATIVE INC					
	Name		usiness as		20-487779	8		
	Initial			Room/suite	E Telephone number			
	Final returr	P O	BOX 69		404-641-8	364		
	termi ated	n-	own, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	1,942,122.		
	Amer returr		ROSS, GA 30091		H(a) Is this a group ret			
	Appli tion	ca- <b>F</b> Name a	nd address of principal officer: MICHAEL RYLANDER		for subordinates?			
	pend		BOX 69, NORCROSS, GA 30091		<b>H(b)</b> Are all subordinates inc	luded? Yes No		
		empt status:		r 527	If "No," attach a l	ist. (see instructions)		
			S://WWW.EQUINOXINITIATIVE.ORG/		H(c) Group exemption	number 🕨		
K	<sup>=</sup> orm o	f organization:	X Corporation Trust Association Other 🕨	L Year	of formation: 2017 M	State of legal domicile: GA		
Pa	art I	Summary						
	1	Briefly describ	e the organization's mission or most significant activities: SEE S	SCHEDU	LE O			
Governance								
rna	2	Check this bo	if the organization discontinued its operations or dispose	ed of more	than 25% of its net asse	ets.		
ove	3	Number of vot	ing members of the governing body (Part VI, line 1a)			6		
		Number of ind	ependent voting members of the governing body (Part VI, line 1b)			1		
ŝ	5	Total number	of individuals employed in calendar year 2019 (Part V, line 2a)			17		
Activities &	6	Total number	of volunteers (estimate if necessary)			0		
<b>Vcti</b>	7 a	Total unrelated	d business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated	business taxable income from Form 990-T, line 39			0.		
					Prior Year	Current Year		
Ð	8		and grants (Part VIII, line 1h)		0.	0.		
enu	9		ce revenue (Part VIII, line 2g)		1,843,940.	1,930,086.		
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		0.	36.		
	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,400.	12,000.		
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,857,340.	1,942,122.		
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	•	o or for members (Part IX, column (A), line 4)		0.	0.		
es			compensation, employee benefits (Part IX, column (A), lines 5-10)		1,410,544.	1,363,820.		
Expense	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.		
ă	b			0.	407 450	400 700		
			es (Part IX, column (A), lines 11a-11d, 11f-24e)		407,459.	406,706.		
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,818,003.	1,770,526.		
	19	Revenue less	expenses. Subtract line 18 from line 12		39,337.	171,596.		
Net Assets or		T-+-! - · /7			ginning of Current Year	End of Year		
SSe	20	Total assets (F			638,820.	770,652.		
et A	21		(Part X, line 26)		<u>1,429,662</u> . -790,842.	<u>1,389,898.</u> -619,246.		
	<u>22</u> art II		fund balances. Subtract line 21 from line 20		-130,042.	-019,240.		
		•	declare that I have examined this return, including accompanying schedules	and statem	ante and to the heat of mul	knowladge and balief it is		
			Declaration of preparer (other than officer) is based on all information of whi			knowledge and beller, it is		
uue	, corre		שבנומרמנוטון טו שרבשמובו (טנוובו נוומון טווונפו) וא שמאפע טון מון וווטווומנוטון טו אוו	un preparer	nas any knowleuge.			

\*\* PUBLIC DISCLOSURE COPY \*\*

Sign Here	Signature of officer         LISA CARLUCCI, EXECUTI         Type or print name and title	Date									
Paid	Print/Type preparer's name ANDY GRANT	Preparer's signature ANDY GRANT	Date 11/13/20								
Preparer	Firm's name 🕒 CARR, RIGGS & IN		Firm's	EIN <b>72-1396621</b>							
Use Only											
	no.770.394.8000										
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)										
	000										

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

	990 (2019) EQUINOX OPEN LIBRARY INITIATIVE INC 20-4877798 Page 2
Pa	t III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,474,663. including grants of \$ ) (Revenue \$ 1,930,086.
	EQUINOX OPEN LIBRARY INITIATIVE PROVIDES EXCEPTIONAL SERVICE AND SUPPORT FOR LIBRARY OPEN SOURCE SOFTWARE AND OPEN SOURCE PROJECTS,
	INCLUDING THE DEVELOPMENT OF OPEN SOURCE TECHNOLOGIES AND
	IMPLEMENTATION OF LIBRARY SYSTEMS. ADDITIONAL SERVICES INCLUDE
	CONSULTING, PROJECT MANAGEMENT, DATA SERVICES, IMPLEMENTATION,
	TRAINING, AND IT SERVICES, SUCH AS HOSTING AND SUPPORT, CUSTOMIZATION,
	TECHNICAL MANAGEMENT, AND ADVISEMENT.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:         ) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
Tu	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses > 1,474,663.
	Form <b>990</b> (2019
<del>)</del> 3200:	2 01-20-20
	2

2019.05000 EQUINOX OPEN LIBRARY INIT 60-06431

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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		_X_
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		_X_
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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			77
-	Schedule D, Part III	8		<u> </u>
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?			v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>	- 23	
D		11b		х
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 23
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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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932003 01-20-20

Form	aan	(2019)
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00	Did the exercitation report more than \$5,000 of grants or other excitations to be far demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
210	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		X
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
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		37	
	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	07		x
20	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		X
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		X
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			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
05 -	Part V, line 1	34	X X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	л	
a	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)2. If "Yes." complete Schedule R. Part V. line 2.	35b	х	
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	000		<u> </u>
	If "Yes," complete Schedule R, Part V, line 2	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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 9			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	( <u>06 i -</u> :
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2019.05000 EQUINOX OPEN LIBRARY INIT 60-06431

Form 990 (2019)				INITIATIVE	
Part V Stateme	ents Regarding Otl	her IRS I	Filings and 1	Fax Compliance	(continued)

					Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a	17				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	rns? .		2b	Х		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction	ıs)					
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	е <b>О</b> .		3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•				
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X	
b	If "Yes," enter the name of the foreign country		. (22.1.2)				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			_		v	
5a				5a 5b		X X	
	<ul> <li>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</li> <li>c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?</li> </ul>						
	<ul> <li>c If "Yes" to line 5a or 5b, did the organization file Form 8886-1?</li> <li>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit</li> </ul>						
Ua	any contributions that were not tax deductible as charitable contributions?			6a		x	
h	If "Yes," did the organization include with every solicitation an express statement that such contribut			Ua			
5	were not tax deductible?		-	6b			
7	Organizations that may receive deductible contributions under section 170(c).			0.0			
·a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the pavor?	7a		х	
b				7b			
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w						
	to file Form 8282?			7c		Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	ract?		7f		X	
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?						
9	Sponsoring organizations maintaining donor advised funds.						
а				9a			
b				9b			
10	Section 501(c)(7) organizations. Enter:	40-	1				
a ⊾	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:						
11 a	Gross income from members or shareholders	11a					
a h	Gross income from other sources (Do not net amounts due or paid to other sources against	114					
2	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		•				
а	Is the organization licensed to issue qualified health plans in more than one state?			13a			
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans						
	Enter the amount of reserves on hand	13c				x	
	4a Did the organization receive any payments for indoor tanning services during the tax year?						
b	<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune						
	excess parachute payment(s) during the year?			15		X	
	If "Yes," see instructions and file Form 4720, Schedule N.					37	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	nt inco	me?	16		X	
	If "Yes," complete Form 4720, Schedule O.						

Form **990** (2019)

932005 01-20-20

Form 990 (	2019)
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### EQUINOX OPEN LIBRARY INITIATIVE INC

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

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. X

1a	Enter the number of voting members of the governing body at the end of the tax year	1a		6	Ye	s N			
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b		1					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		ny other						
	officer, director, trustee, or key employee?	-	•	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the								
	of officers, directors, trustees, or key employees to a management company or other person?			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form S					X			
5	Did the organization become aware during the year of a significant diversion of the organization's ass					X			
6	Did the organization have members or stockholders?					X			
7a									
	more members of the governing body?			7a	х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s								
	persons other than the governing body?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
а	The governing body?			8a	Х				
	Each committee with authority to act on behalf of the governing body?				X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea								
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X			
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re								
			,		Ye	s N			
0a	Did the organization have local chapters, branches, or affiliates?			10a	1	X			
	If "Yes," did the organization have written policies and procedures governing the activities of such ch								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	-		10	•				
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod				ı X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12:	ı X				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				) X				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "								
	in Schedule O how this was done	,		120	; X				
3	Did the organization have a written whistleblower policy?					X			
4	Did the organization have a written document retention and destruction policy?				Х				
5	Did the process for determining compensation of the following persons include a review and approva								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15a	ı X				
	Other officers or key employees of the organization			15	) X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment wit	th a						
	taxable entity during the year?			16:	1	X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization'	s						
	exempt status with respect to such arrangements?			16	)				
ec	tion C. Disclosure								
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ GA								
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990- <sup>-</sup>	T (Section 50 <sup>-</sup>	1(c)(3)s onl <sup>-</sup>	/) ava	lable			
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website X Another's website X Upon request Other (explain	n on Scl	nedule O)						
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			y, and fina	ncial				
	statements available to the public during the tax year.								
	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	records						
20									
20	LISA CARLUCCI - 770-709-5573								
:0					m <b>99</b>				

Form 990 (2019)	EQUINOX OPEN	LIBRARY	INITIATIVE	INC	20-4877798	Page 7		
Part VII Compensa	ation of Officers, Directo	rs, Trustees	, Key Employees	, Highest Corr	npensated			
Employees, and Independent Contractors								
Check if Sche	edule O contains a response or i	note to any line i	n this Part VII					
Section A. Officers, Di	rectors, Trustees, Key Employ	ees, and Highe	st Compensated Emp	oloyees				
1a Complete this table for	r all persons required to be liste	d. Report comp	ensation for the calend	dar year ending wi	th or within the organization's	s tax year.		
<ul> <li>List all of the organi</li> </ul>	zation's current officers, direct	ors. trustees (wh	ether individuals or or	ganizations), regar	dless of amount of compens	ation.		

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar		Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con yee	L			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) ANGELA KILSDONK	42.00									
CHAIR	0.00	Х		X				75,500.	Ο.	20,430.
(2) MICHAEL E. RYLANDER	42.00									
EXECUTIVE DIRECTOR	0.00	Х		X				110,000.	Ο.	24,013.
(3) GALEN CHARLTON	42.00									
TREASURER	0.00	Х		Х				95,000.	0.	12,852.
(4) JASON A. ETHERIDGE	42.00									
SECRETARY	0.00	Х		Х				92,700.	0.	12,603.
(5) TARA CALLENDER	42.00									
TRUSTEE	0.00	Х						63,500.	0.	3,150.
(6) SHAE TETTERTON	2.00									
TRUSTEE	0.00	Х						0.	0.	0.
										<b>– 000</b> (ag (a)
932007 01-20-20										Form <b>990</b> (2019)

932007 01-20-20

	<u>990 (2019)</u> EQUINOX (	)PEN LIB	BRA	RY	Ί	NI	ΤI	AЛ	IVE INC	20-48	777	798	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emr	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	box	not cl , unles	ss per	ition more rson i	l than c s both r/trust	an	(D) (E) Reportable Reportable compensation compensatio from from related			am	(F) timate iount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	·		e ion ed	
	Subtotal								436,700.		0.	73	3.04	48.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0. 436,700.		0.	. 0.		
2	Total number of individuals (including but n compensation from the organization	ot limited to the	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			<u></u>	1
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for si	-		•	•	-		Ŭ			ſ	3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportable ),000? If "Yes,	e co " <i>co</i>	mpe mple	ensat ete S	tion Sche	and edule	oth J f	ner compensation from the form the form the form the formation of the form	ne organization		4		X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com											5		х
Sec	tion B. Independent Contractors		2010	51 50	<u>icn ș</u>	5013	011 .				1	•		
1	Complete this table for your five highest con the organization. Report compensation for t										ensati	ion fro	m	
	(A) (B) Name and business address NONE Description of services									Co	(C omper		<u>ו</u>	
								_						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lin	nitec	to t	thos (		ted	above) who received mo	pre than			000 //	

Form **990** (2019)

932008 01-20-20

		2019) EQUINOX OPEN	LIBRARY	INITIATIVE	INC	20-4877	798 Page <b>9</b>
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response of	or note to any lir				
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<i>6</i> 0	1 9	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	i a b	Membership dues 1b		-			
٦ġ	c	Fundraising events		1			
ifts,	b	Related organizations 11		1			
ni <u>o</u>	e	Government grants (contributions)		1			
Sir	f	All other contributions, gifts, grants, and					
her	-	similar amounts not included above <b>1f</b>					
ġĘ	g			1			
and	h	Total. Add lines 1a-1f	►				
			Business Code				
e	2 a	DEFERRED CONTRACTS		1,139,474.			
e vic	b	SALES	518210	790,612.	790,612.		
Sa	с						
e an	d						
Program Service Revenue	е						
ų.	f	All other program service revenue					
	g			1,930,086.			
	3	Investment income (including dividends, intere		20			20
		other similar amounts)		36.			36.
	4	Income from investment of tax-exempt bond p					
	5	Royalties	(ii) Personal				
	<b>.</b>		(II) Personal	-			
		Gross rents <u>6a</u> Less: rental expenses 6b		-			
	b			-			
	с С	Not rental income or (loco)					
		Gross amount from sales of (i) Securities	(ii) Other				
	7 0	assets other than inventory <b>7a</b>	(	1			
	b	Less: cost or other basis		1			
e		and sales expenses <b>7b</b>					
venue	с	Gain or (loss) 7c					
(h)		Net gain or (loss)	►				
Other Ro	8 a	Gross income from fundraising events (not					
₿		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18		-			
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events	<u> </u>				
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a		-			
		Less: direct expenses 9b	L				
		Net income or (loss) from gaming activities	▶				
	iu a	Gross sales of inventory, less returns and allowances <b>10a</b>					
		and allowances <u>10a</u> Less: cost of goods sold <u>10b</u>		-			
		Net income or (loss) from sales of inventory					
			Business Code				
snc	11 a	SETTLEMENT INCOME	900099	12,000.			12,000.
nec	b						
ella	c						
Miscellaneous Revenue	d	All other revenue					
2	е	Total. Add lines 11a-11d	►	12,000.			
	12	Total revenue. See instructions		1,942,122.	1,930,086.	0.	12,036.
93200	9 01-20	-20					Form <b>990</b> (2019)

EQUINOX OPEN LIBRARY INITIATIVE 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).

0000	on 501(c)(3) and 501(c)(4) organizations must compl			ipiele column (A).	
Doi	Check if Schedule O contains a respons	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	ו טנמו פאטפווטפט	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,092,582.	967,647.	124,935.	
8	Pension plan accruals and contributions (include	_,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
0	section 401(k) and 403(b) employer contributions)	22,519.	20,267.	2,252.	
9	Other employee benefits	162,359.	146,123.	16,236.	
	· · · · · · · · · · · · · · · · · · ·	86,360.	77,724.	8,636.	
10	Payroll taxes	00,000	, , , , , , , , , , , , , , , , , , , ,	0,000	
11	Fees for services (nonemployees):				
a	Management	47,975.		47,975.	
b		8,327.		8,327.	
	Accounting	0,527.		0,527.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	122 220	108,962.	13,277.	
	column (A) amount, list line 11g expenses on Sch 0.)	<u>122,239.</u> 14,900.	11,920.	2,980.	
12	Advertising and promotion	14,900.	11,920.		
13	Office expenses	30,515.	07 671	30,515.	
14	Information technology	34,589.	27,671.	6,918.	
15	Royalties	0 505			
16	Occupancy	8,585.	10 000	8,585.	
17	Travel	11,969.	10,773.	1,196.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11 (10	10.400	4 4 6 5	
20	Interest	11,648.	10,483.	1,165.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,601.	5,281.	1,320.	
23	Insurance	12,619.	10,394.	2,225.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	TRADE SHOW EXPENSES	70,719.	56,575.	14,144.	
b	EMPLOYEE RECRUITING	20,163.	16,130.	4,033.	
с	DUES AND SUBSCRIPTIONS	3,498.	2,798.	700.	
d	BANK FEES & CHARGES	1,763.	1,411.	352.	
е	All other expenses	596.	504.	92.	
25	Total functional expenses. Add lines 1 through 24e	1,770,526.	1,474,663.	295,863.	0.
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 Time if following SOP 98-2 (ASC 958-720)				
93201	0 01-20-20				Form <b>990</b> (2019)
		10			. ,

10 2019.05000 EQUINOX OPEN LIBRARY INIT 60-06431

20241113 794202 60-06435.000

	EQUINOX	OPEN	LIBRARY	INITIATIVE	INC
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20-4877798 Page 11

		Check if Schedule O contains a response or no	te to any l	ine in this Part X			
		·			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			155,226.	1	96,428.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			461,489.	4	593,753.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial cor	ntributor, or 35%			
		controlled entity or family member of any of the	se person	s		5	
	6	Loans and other receivables from other disquali	fied perso	ons (as defined			
ŝ		under section 4958(f)(1)), and persons describe		6			
	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
As	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	449,415.			
	b	Less: accumulated depreciation		399,464.	5,585.	10c	49,951.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		16,520.	15	30,520.	
	16	Total assets. Add lines 1 through 15 (must equ			638,820.	16	770,652.
	17	Accounts payable and accrued expenses			2,358.	17	1,239.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
ŝ	22	Loans and other payables to any current or form	ner officer	, director,			
litie		trustee, key employee, creator or founder, subs	tantial cor	ntributor, or 35%			
Liabilities		controlled entity or family member of any of the	se person	s	604,888.	22	511,138.
Ë	23	Secured mortgages and notes payable to unrela	ated third	parties	150,851.	23	106,515.
	24	Unsecured notes and loans payable to unrelate	d third pa	ties		24	
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on line	s 17-24). C	Complete Part X			
		of Schedule D			671,565.	25	771,006.
	26	Total liabilities. Add lines 17 through 25			1,429,662.	26	1,389,898.
		Organizations that follow FASB ASC 958, che	eck here				
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions				27	
Ba	28	Net assets with donor restrictions				28	
pur		Organizations that do not follow FASB ASC 9	58, checl	khere 🕨 🗴			
гF		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current funds			82.	29	82.
set	30	Paid-in or capital surplus, or land, building, or each	quipment	fund	18,751.	30	18,751.
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	icome, or	other funds	-809,675.	31	-638,079.
Net	32	Total net assets or fund balances			-790,842.	32	-619,246.
	33	Total liabilities and net assets/fund balances			638,820.	33	770,652.

Form **990** (2019)

	1990 (2019) EQUINOX OPEN LIBRARY INITIATIVE INC	20-4	877798	Paç	<sub>ge</sub> 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	1,942		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,770		
3	Revenue less expenses. Subtract line 2 from line 1	3			96.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-790	),84	42.
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	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	-619	9,2	46.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·····		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		000	<u> </u>

Form **990** (2019)

932012 01-20-20

SCH	EDU	LE A
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(Form 990 or 990-EZ)

### **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.

OMB No. 1545-0047
2019
Open to Public Inspection

		f the Treasury nue Service		► Go to www.irs.gov	Open to Public Inspection						
Name	oft	he organizati		Ŭ					Employer	identification numb	ber
		-	EOUI	NOX OPEN L	IBRARY INITIA	ATIVE	INC		2	0-4877798	
Part	tl	Reason			All organizations must co			e instruction			
The or	roani				For lines 1 through 12, cl						
1					on of churches described			()(A)(i).			
2					Attach Schedule E (Form			· //· ·//·			
3					anization described in se			::)			
J L		•	•		njunction with a hospital				Viii) Entor	the hespital's name	
4 L			-	ation operated in col	njunction with a nospital	uescribeu	Sectio			the hospital s hame,	
- C		city, and state		ar the henefit of a co				vornmontol	nit deseribe	ad in	
5 [					llege or university owned	or operat	eu by a go		nit describe		
• 「	_			Complete Part II.)				<i>.</i> .			
6 [			-	-	nental unit described in						
7 [					ntial part of its support fr	om a gove	ernmental	unit or from t	ne general p	oublic described in	
_	_			omplete Part II.)							
8 [		-			(1)(A)(vi). (Complete Parl						
9 [		An agricultura	al research org	ganization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	inction with a	land-grant	college	
		or university of	or a non-land-ç	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or	
_		university:									
10	X	An organizati	on that norma	Ily receives: (1) more	than 33 1/3% of its supp	port from a	contributio	ns, members	hip fees, an	d gross receipts from	۱
		activities rela	ted to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of i	ts support f	from gross investmen	ıt
		income and u	unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	after June 30, 1975.	
_		See section	509(a)(2). (Co	mplete Part III.)							
11 🗌		An organizati	on organized a	and operated exclusi	ively to test for public saf	ety. See	section 50	09(a)(4).			
12 🗌		An organizati	on organized	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or	
		more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	<b>509(a)(3).</b> C	Check the box in	
		lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	l 12g.		
а		<b>Type I.</b> A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), t	ypically by	giving	
		the support	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting	
			-	complete Part IV, Se							
b					l or controlled in connect	ion with it	s supporte	ed organizatio	n(s). bv hav	vina	
				-	anization vested in the sa			-		-	
			-	t complete Part IV,					5 11		
с		7 -		-	g organization operated	in connect	tion with, a	and functiona	llv integrate	d with	
•			-		). You must complete F						
d			•		porting organization oper	-			ted organiz	zation(s)	
u			-		ation generally must sati				-		
			-		nplete Part IV, Sections	-		-			
е		7			written determination from				II. Type III		
č	L		•		nally integrated supportir			19901, 1990	n, type m		
f	Ente	er the number			nany integrated supportin						
			••	n about the supporte							
9		i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other	
		organization	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instruction	ns)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

Total

# Schedule A (Form 990 or 990 EZ) 2019 EQUINOX OPEN LIBRARY INITIATIVE INC 20-4877798 Page 2 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	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		•	4			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ns)			12	
	First five years. If the Form 990 is for	•	,			· · · ·	
	organization, check this box and <b>stor</b>	•					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6. column (f) di	vided by line 11. d	column (f))		14	%
	Public support percentage from 2018		•			15	%
	<b>33 1/3% support test - 2019.</b> If the o					·	
	stop here. The organization qualifies						
b	<b>33 1/3% support test - 2018.</b> If the c		-				
	and <b>stop here.</b> The organization qual	•					
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			-	-	-	
h	10% -facts-and-circumstances test	-	-				
Ň	more, and if the organization meets th						
	organization meets the "facts-and-circ						´ ▶□
19	Private foundation. If the organization		-				
10		IT UIU HOL CHECK A		a, 100, 17a, 01 17		nu see instructions	

Schedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

## Schedule A (Form 990 or 990 EZ) 2019 EQUINOX OPEN LIBRARY INITIATIVE INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support			-						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	(e) 2019	(f) Total			
	Gifts, grants, contributions, and membership fees received. (Do not									
	include any "unusual grants.")									
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			1985201.	1843940.	1930086.	5759227.			
	Gross receipts from activities that									
	are not an unrelated trade or bus-			12,008.	13,400.	12,000.	37,408.			
	Tax revenues levied for the organ-			12,000	10,1000	12,0000	<u> </u>			
	ization's benefit and either paid to									
	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge			1997209.	1857340.	1942086.	5796635.			
	Total. Add lines 1 through 5			1997209.	105/540.	1942000.	5790055.			
	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.			
-	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.			
	amount on line 13 for the yearAdd lines 7a and 7b						0.			
	Public support. (Subtract line 7c from line 6.)						5796635.			
	tion B. Total Support						3,300331			
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
	Amounts from line 6		(-,	1997209.	1857340.	1942086.	5796635.			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			88.		36.	124.			
	Unrelated business taxable income									
	(less section 511 taxes) from businesses acquired after June 30, 1975									
	Add lines 10a and 10b			88.		36.	124.			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on									
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)									
13	Total support. (Add lines 9, 10c, 11, and 12.)			1997297.	1857340.	1942122.	5796759.			
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth ta	x year as a sectior	n 501(c)(3) organiza	ation,			
							<b>X</b>			
Sec	tion C. Computation of Publi	c Support Per	centage							
15	Public support percentage for 2019 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%			
	Public support percentage from 2018					16	%			
Sec	tion D. Computation of Inves	tment Income	e Percentage							
	Investment income percentage for 20			line 13, column (f))		17	%			
	18 Investment income percentage from 2018 Schedule A, Part III, line 17       18       %									
19a	33 1/3% support tests - 2019. If the						7 is not			
-	more than 33 1/3%, check this box ar						►			
	<b>33 1/3% support tests - 2018.</b> If the									
	line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization									
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th						
93202	3 09-25-19		15	5	Sche	edule A (Form 990	or 990-EZ) 2019			

20241113 794202 60-06435.000

2019.05000 EQUINOX OPEN LIBRARY INIT 60-06431

#### Schedule A (Form 990 or 990-EZ) 2019 EQUINOX OPEN LIBRARY INITIATIVE INC

#### 20-4877798 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- 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.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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932024 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

2019.05000 EQUINOX OPEN LIBRARY INIT 60-06431

# Schedule A (Form 990 or 990 EZ) 2019 EQUINOX OPEN LIBRARY INITIATIVE INC Part IV Supporting Organizations (continued)

11         Has the originization ascepted a gift or contribution from any of the following person?         Image: Control of the originization of the originization?         Image: Control of the originization of the originization of the originization?         Image: Control of the originization?         Image: Contro tre originization?         Image: Control ori				Yes	No
bed with the governing body of a supported organization?     bed with years of a period described in (§) or (b) above? If Yea' to a, b, or c, provide detail in Pert VI.     Section B. Type I Supporting Organizations     Vea No     regularly appoint or elect at least a majority of the organization affective true to a certain period or the organization affective true to ace supported organization,     describe how the powers to appoint and/or merce exponded organization,     describe how the powers to appoint and/or merce exported organization,     describe how the powers to appoint and/or merce exported organization,     describe how the powers to appoint and/or merce exported organization,     describe how the powers to appoint and/or merce exported organization,     describe how the powers to appoint and/or merce exported organization,     describe how the powers to appoint and/or merce exported organization,     describe how the powers to appoint and/or merce exported organization,     describe how the powers to appoint and/or merce exported organization,     describe how the powers to appoint and/or merce exported organization,     describe how the powers to appoint and/or merce exported organization,     describe how the powers to appoint and/or merce exported organization,     describe how the powers to appoint and/or merce exported organization,     describe how the powers to appoint and/or merce exported organization,     describe how the powers to appoint and/or merce exported organization,     describe how the powers to appoint and/or merce exported organization appoint and/or merce exported organization,     describe how the powers to appoint and/or merce exported organization,     describe how the powers to appoint and/or merce exported organization,     describe how the powers to appoint and/or merce exported organization,     describe how the powers to appoint and/or merce exported organization,     describe how the power powers appoint and/or merce exported organization,     describe how the	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a period described in (b) above? c A S9% controlled entity of a period described in (b) above? c A S9% controlled entity of a period second for (b) above? c A S9% controlled entity of a period second for (b) above? c A S9% controlled entity of a period second for (b) above? c C A S9% controlled entity of a period for (b) above? c C A S9% controlled the argumentation's activities. If the organization's directors or trustees at all times during the tax year? The organization's activities. If the organization is directors or trustees at all times during the tax year? C A S9% controlled the organization's activities. If the organization is directors or trustees at all times during the tax year? C A S9% controlled the organization's activities. If the organization and what controlled the supported organization, describe how the powers to agrin addre removes were allocated and may the tax year? C A S9% controlled the support addre removes were allocated and may the tax year? C A S9% controlled the support addre removes were allocated and may the tax year? C A S9% controlled the support addre removes were allocated and may the tax year? C A S9% controlled the support addre removes were allocated and may the tax year? C A S9% controlled the support addre removes were allocated and may the tax year? C A S9% controlled the support addre removes the supported organization? C A S9% controlled the support addre removes the support addre removes the trust and the tax year? C A S9% controlled the support or granizations C A S9% controlled the support organization were supported organization? C A S9% controlled the support or granizations C A S9% controlled the support organization and were the support and and the tax year? C A S9% controlled the support organization and the support organization? C A S9% controlled the support organization are support organization? C A S9% controlled the support organization and the support of the organization and the tax year? C A S9% controlled the support of the organi	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
e A 35% controlled entity of a person described in [a) or [b) above? // 'Yes' to a, b, or c, provide detail in Part VI.     Section B. Type I Supporting Organizations     Ves No     Topolary appoint or elect at least a majority of the organization's directors or trustees at all times during the     tax year' (if 'We', 'describe in Part VI how the supported organization's directors or trustees at all times during the     tax year' (if 'We', 'describe in Part VI how the supported organization's directors or trustees at all times during the     tax year' (if 'We', 'describe in Part VI how the supported organization's directors or trustees were allocated among the supported     organization or erestrictors, if any, applied to such powers during the tax year     allow providing such benefit camely supported organization that the supported     organization's directors or trustees or substantial directors     or trustees or each of the supporting Organization     The part VI how providing organization is directors or trustees or anagority of the directors     or trustees or each of the supporting Organization if the same persons that controlled or manageed     the supported organization's directors, or trustees during the tax year also a majority of the directors     or trustees of each of the organization's directors, or trustees were apported organization's directors or trustees were apported organization's directors, or trustees at all the supported organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax     year (ii) a corporate of the organization's directors, or trustees at all the directors in the same persons that controlled or manageed     the supported organization's diffector, or trustees at all were the organization's     the organi		below, the governing body of a supported organization?	11a		
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<ol> <li>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 directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization or enterest carried out the supported organization? If 'Yos,'' supplies in Part VI how the powers to appoint and/or remove directors or trustees were allocated among the supported organization of the the meet of any supported organization of the the supporting organization or trustees directors or trustees directore directors or trustees directors or trustees directors or tru</li></ol>	Sec	tion B. Type I Supporting Organizations			
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<ol> <li>Do 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 Part VI how providing such benefit carried out the purposes of the support of ganizations.</li> <li>Section C. Type II Supporting Organizations</li> <li>Were a majority of the organization's supported organization(s) if at operated, or controlled the support of ganization is support of ganization's weak's support of ganization's weak's support of ganization's support of gagnization's support of gani</li></ol>		describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
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Section 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).         a       The organization satisfied the Activities Test. Complete line 2 below.         b       The organization is the parent of each of its supported organizations. Complete line 3 below.         c       The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).         2       Activities Test. Answer (a) and (b) below.         a       Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have been engaged in these activities but for the organization's involvement.       2b         3       Parent of Supported Organizations. Answer (a) and (b) below.       2b         a       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         b       Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each<					
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<ul> <li>a The organization satisfied the Activities Test. <i>Complete</i> line 2 below.</li> <li>b The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.</li> <li>c The organization supported a governmental entity. <i>Describe in</i> Part VI how you supported a government entity (see instructions).</li> <li>2 Activities Test. Answer (a) and (b) below.</li> <li>a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities doscribed in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</li> <li>B Parent of Supported Organizations. Answer (a) and (b) below.</li> <li>a 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? <i>Provide details in</i> Part VI.</li> <li>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each</li> </ul>			<b>`</b>		
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the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify       Image: the support of the organization of the organization.       Image: Image				103	
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trustees of each of the supported organizations? Provide details in Part VI.       3a         b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each       1					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			3a		
	b				
		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2019

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	dule A (Form 990 or 990-EZ) 2019 EQUINOX OPEN LIBRARY IN	TAITI		20-4877798 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	-		Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	ed Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2019

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instructions).

## Schedule A (Form 990 or 990 EZ) 2019 EQUINOX OPEN LIBRARY INITIATIVE INC

1 41	Type in Non-Functionally integrated 509	allo supporting orga	(continued)	
Secti	on D - Distributions		· · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	
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	ne organization is responsive	1	
	(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			
Secti	on 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			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
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			
h	Applied to 2019 distributable amount			
<u>    i   </u>	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: \$			
<u>a</u>	Applied to underdistributions of prior years			
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 <b>Part VI.</b> 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:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A	(Form 990 or 990-EZ) 2019	EQUINOX O	PEN LIBRA	ARY INIT:	IATIVE	INC	20-4877798	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I	nation. Provide th 2, 3b, 3c, 4b, 4c, 5a ines 2 and 3; Part IV	ne explanations a, 6, 9a, 9b, 9c, ′, Section E, line	required by Part 11a, 11b, and 1 <sup>-</sup> s 1c, 2a, 2b, 3a,	II, line 10; Pa 1c; Part IV, Se and 3b; Part	art II, line 17a or ection B, lines 1 V, line 1; Part V	and 2; Part IV, Section , Section B, line 1e; Pa	C, rt V,
	Section D, lines 5, 6, and 8 (See instructions.)	3; and Part V, Sectio	on E, lines 2, 5, a	nd 6. Also comp	olete this part	for any addition	al information.	
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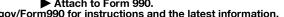
SCHEDULE [	)
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Department of the Treasury

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### **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.





Internal Revenue Service Name of the organization

EQUINOX OPEN LIBRARY INITIATIVE INC

Employer identification number 20 - 4877798

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	ə 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advised	l funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	nferring
		- 	
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed 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
а	Total number of conservation easements		2a
b			
с	Number of conservation easements on a certified historic stru	icture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		rganization during the tax
	year ►		
4	Number of states where property subject to conservation eas	ement is located >	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conser	vation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conservatio	n easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense st	atement and
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial statement	ts that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furth	nerance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and bal	lance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	rance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial g	ain, provide
	the following amounts required to be reported under FASB AS	-	
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2019
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Par	t III   Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, o	or Othe	er Sim	ilar Ass	sets (	(continu	ied)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	any of the	following the	at make s	significa	ant use of	its			
	collection items (check all that apply):											
а	Public exhibition	c	1 🗌 L	oan or exc	hange prog	ram						
b	Scholarly research	e	, 🗌 c	Other								
с	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explair	n how the	ey further th	ne organizat	ion's exe	mpt pu	irpose in I	Part XIII	I.		
5	During the year, did the organization solicit o	r receive donations of	of art, hist	torical trea	sures, or oth	ner simila	r asset	s				_
	to be sold to raise funds rather than to be ma									/es		No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Pai		ete if the	organizatio	on answered	l "Yes" or	n Form	990, Part	IV, line	e 9, or		
								l				
1a	Is the organization an agent, trustee, custodi									1		] No
L	on Form 990, Part X?								L I	/es		No
b	If Yes, explain the arrangement in Part XIII	and complete the lo	nowing ta	Die.			Г			mount		
•	Paginning balance								A	mount		
	Beginning balance							lc Id				
	Additions during the year							le				
f	Ending balance							le 1f				
	Did the organization include an amount on Fe									/es		No
	If "Yes," explain the arrangement in Part XIII.						•					
Par												·
	·	(a) Current year		ior year	(c) Two ye			ree years b	ack (e	e) Four y	/ears I	back
1a	Beginning of year balance							2				
b	Contributions											
с	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g,	column (a	)) held as:							
а	Board designated or quasi-endowment		_%									
b	Permanent endowment	%										
с	Term endowment	%										
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.										
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held ar	nd administe	ered for t	he orga	anization		_		
	by:								- -	1	/es	No
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								L	3b		
4	Describe in Part XIII the intended uses of the	<u>u</u>	wment fu	nds.								
Par	t VI Land, Buildings, and Equipm							_				
	Complete if the organization answere											
	Description of property	(a) Cost or c basis (investr		• •	t or other (other)	1	Accumi eprecia		(d	l) Book	value	;
	Land											
	Buildings											0.
	Leasehold improvements				0 /1 -		200	161		4.0	~ -	- 1
	Equipment			44	9,415.		222	,464.		49	,95	
	Other							*		10	~ ~ ~	0.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, columi	n (B), line 1	0c.)			····· •		49	<u>,95</u>	<u>)</u>

Schedule D (Form 990) 2019

932052 10-02-19

(2) Closely held equity interests	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(2)       Closely held equity interests         (3)       Other         (4)       (4)         (5)       (5)         (6)       (6)         (7)       (7)         (8)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (9)         (9)       (9)         (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)	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(2) Colory held equity interests	(1) Financial derivatives			
(3) Other         (3)           (4)         (5)           (5)         (5)           (6)         (6)           (7)         (7)           (8)         (8)           (9)         (9)           (9)         (9)           (9)         (9)           (10)         (10)           (11)         (12)           (12)         (13)           (14)         (14)           (15)         (15)           (16)         (16)           (17)         (17)           (18)         (19)           (19)         (10)           (10)         (10)           (22)         (21)           (23)         (21)           (24)         (21)           (25)         (21)           (26)         (21)           (16)         (16)           (17)         (16)           (19)         (11)           (10)         (11)           (11)         (12)           (12)         (13)           (14)         (14)           (15)         (16)           (16)	(0) Observations in the intervente			
(b)         (c)           (B)         (c)           (C)         (c)           (D)         (c)           (E)         (c)           (F)         (c)           (G)         (c)           (F)         (c)           (G)         (c)           (F)         (c)           (G)         (c)           (F)         (c)           (G)         (c)           (G)         (c)           (F)         (c)           (G)				
(B)       (C)         (G)       (C)         (B)       (C)         (G)				
10				
(D)         (E)         (F)           (F)         (F)         (F)           (G)         (F)         (F)           (a)         (F)         (F)           (a)         (F)         (F)           (G)         (F)         (F)				
(E)       (G)         (G)				
(P)       (G)         (G)       (G)         (H)				
(6)				
(h)       Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►       (c) Method of valuation: Cost or end-of year market value         (a)       (b) Book value       (c) Method of valuation: Cost or end-of year market value         (a)       (b) Book value       (c) Method of valuation: Cost or end-of year market value         (a)       (c)       (c) Method of valuation: Cost or end-of year market value         (a)       (c)       (c)         (a)       (c)       (c)         (b)       (c)       (c)         (c)       <				
Total: (col. (b) must equal form 990, Part X, col. (b) line 12, )>         Part Vill       Investments - Program Related.         (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of year market value         (1)       (a)       (b) Book value       (c) Method of valuation: Cost or end-of year market value         (1)       (c)       (c) Method of valuation: Cost or end-of year market value       (c)         (a)       (c)       (c)       (c)         (a)       (c)       (c)       (c)         (a)       (c)       (c)       (c)         (b)       (c)       (c)       (c)         (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)       (c)         (d)       (c)       (c)       (c)       (c)       (c) <t< td=""><td></td><td></td><td></td><td></td></t<>				
Part VIII         Investments - Program Related.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.         (a) Description of investment           (a)         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (a)         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (a)         (c)         (c)           (a)         (c)         (c)           (b)         (c)         (c)           (c)         (c)         (c)				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.           (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)         (c)         (c) Method of valuation: Cost or end-of-year market value           (a)         (c)         (c)           (a)         (c)         (c)           (b)         (c)         (c)           (c)         (c)         (c)           (d)         (c)         (c)           (e)         (c)         (c)           (e)         (c)         (c)           (f)	Part VIII Investments - Program Belated			
(a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)         (a)         (b)         (c)         (		an Farma 000 Dart IV/ lines	11. Cas Farm 000 Dart V line 10	
(1)       (1)         (2)       (2)         (3)       (4)         (4)       (5)         (6)       (7)         (7)       (8)         (9)       (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶       (9)         Part X       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (4)       (9)         (2)       (9)         (9)       (9)         (1)       (9)         (9)       (9)         (14)       (9)         (15)       (16)         (16)       (17)         (17)       (18)         (18)       (9)         (19)       (19)         (10)       (10)         (10)       (11)         (10)       (11)         (11)       (11)         (12)       (11)         (13)       (11)         (14)       (11)         (15)       (11)         (16)       (11)         (17)       (11)         (10)       (11) <t< td=""><td></td><td></td><td></td><td></td></t<>				
(2)       (3)         (4)       (4)         (5)       (5)         (6)       (7)         (7)       (7)         (8)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (8)         (1)       (a) Description         (a)       (b) Book value         (1)       (a) Description         (b)       (b) Book value         (1)       (c)         (6)       (c)         (7)       (c)         (a) Description of liability       (b) Book value         (1)       (a) Description of liability         (b) Book value       (b) Book value         (1)       Federal income taxes         (2) DEFERRED CONTRACT LIABILITIES       752,810.         (b) DESTMENT IN CANADA       5,183.		(b) BOOK Value	(c) Method of Valdation. Cost of end	oryear market value
(3)       (4)         (4)       (5)         (5)       (6)         (7)       (7)         (8)       (8)         (9)       (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶       (b) Book value         (1)       (a) Description       (b) Book value         (1)       (a) Description       (b) Book value         (2)       (3)       (4)         (4)       (5)       (5)         (6)       (7)       (7)         (8)       (9)       (9)         (9)       (1)       (1)         (1)       (2)       (2)         (3)       (4)       (5)         (6)       (7)       (1)         (7)       (6)       (1)         (8)       (9)       (9)         (9)       Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (b) Book value         (1)       (a) Description of liability       (b) Book value         (1)       (b) Description of liability       (b) Book value         (1)       (a) Description of liability       (b) Book value         (1)       (1) Federal income taxes       (2) DEFERRED CONTRACT LIABILITIES				
(4)       (5)         (6)       (7)         (7)       (8)         (9)       (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►       (9)         Fart X       Other Assets.         (a) Description       (b) Book value         (1)       (a) Description         (b) Book value       (c)         (c)       (c)         (d)       (c)         (e)       (c)         (f)       (c)         (g)       (c)         (h)       (c)         (c)       (c)         (g)       (c)         (h)       (c)         (g)       (c)         (h)       (c)         (g)       (c)         (h)       (c)         (h)       (c)         (h)       (c)         (h)       (c)         (c)				
(6)       (9)         (7)       (1)         (8)       (1)         (9)       (1)         (1)       (2)         (2)       (3)         (3)       (1)         (6)       (1)         (9)       (1)         (1)       (2)         (3)       (3)         (4)       (2)         (6)       (7)         (6)       (7)         (9)       (1)         (9)       (1)         (9)       (1)         (1)       (2)         (3)       (2)         (4)       (2)         (6)       (7)         (9)       (1)         (9)       (1)         (9)       (1)         (1)       (2)         (1)       (2)         (1)       (3)         (1)       (3)         (2)       (4)         (3)       (5)         (1)       (4)         (1)       (5)         (1)       (1)         (2)       DEFERED CONTRACT LIABILITIES         (1)       (2)       (2)				
(6)       (7)         (8)       (9)         (9)       (9)         Part IX       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (1)       (a) Description         (b) Book value       (b) Book value         (1)       (a) Description         (b) Book value       (b) Book value         (c)       (c)         (d)       (c)         (e)       (c)         (f)       (c)         (g)       (c)         (g)       (c)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         Part X       Other Liabilitities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1       (a) Description of liability         (b) Book value       (b) Book value         (1) Federal income taxes       752, 810.         (g) DEFERRED CONTRACT LIABILITIES       752, 810.         (g) ATYROLL LIABILITIES       13, 013.         (h) INVESTMENT IN CANADA       5, 183.         (b)       (c)         (f)       (f)				
(7)       (8)         (9)       (9)         (9)       (1)         (a) Description       (b) Book value         (1)       (a) Description         (2)       (b) Book value         (1)       (c)         (a) Description       (b) Book value         (1)       (c)         (a)       (c)         (b)       (c)         (c)       (c)         (a)       (c)         (b)       (c)         (c)       (c)         (d)       (c)         (e)       (c)         (f)       (c)         (c)       (c)         (c)       (c)         (c) <td></td> <td></td> <td></td> <td></td>				
(8)       (9)         (9)       (1)         (1)       (2)         (3)       (3)         (4)       (5)         (6)       (6)         (7)       (8)         (9)       (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 15.)       (6)         (7)       (7)         (8)       (9)         (9)       (1)         (1)       (2)         (3)       (3)         (4)       (5)         (6)       (7)         (7)       (9)         (9)       (1)         (1)       (2)         (1)       (2)         (2)       (3)         (1)       (1)         (2)       (2)         (3)       (3)         (4)       (5)         (5)       (6)         (1)       (1)         (2)       (2)         (1)       (2)         (2)       (2)         (3)       (3)         (4)       (1)         (5)       (5)         (6)       (5)         (7)				
(9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX         Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a) Description         (b) Book value         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         Part X         Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1       (a) Description of liability         (b) Book value         (1) Federal income taxes         (2) DEFERRED CONTRACT LIABILITIES         (3) PAYROLL LIABILITIES         (4) INVESTMENT IN CANADA         (5)         (6)         (7)         (6)         (7)         (6)         (7)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.         (7)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (1)       (a)         (2)       (b) Book value         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c) Description of liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value       (b) Book value         (1) Federal income taxes       (c) DEFERRED CONTRACT LIABILITIES         (2) DEFERRED CONTRACT LIABILITIES       752,810.         (3)       AYROLL LIABILITIES       13,013.         (6)       (c)         (7)       (c)         (6)       (c)         (7)       (c)         (6)       (c)         (7)       (c)         (6)       (c)         (7)       (c)         (6)       (c)         (7)				
Part IX       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.       (b) Book value         (1)       (a) Description       (b) Book value         (2)       (a)       (b) Book value         (3)       (c)       (c)         (4)       (c)       (c)         (5)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)         Total. (Column (b) must equal Form 990. Part X, col. (B) line 15.)       (c)         Part X       Other Liabilities.       (b) Book value         (1)       Federal income taxes       (b) Book value         (1)       Federal income taxes       (b) Book value         (2)       DEFERRED CONTRACT LIABILITIES       752, 810.         (3)       PATROLL LIABILITIES       13, 013.         (6)       (c)       (c)         (6)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (6)       (c)       (c)         (7)       (c) <t< td=""><td></td><td></td><td></td><td></td></t<>				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.       (b) Book value         (1)       (a) Description       (b) Book value         (2)       (b) Edge Value       (c)         (3)       (c)       (c)       (c)         (4)       (c)       (c)       (c)         (6)       (c)       (c)       (c)         (7)       (c)       (c)       (c)         (8)       (c)       (c)       (c)         (9)       Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (c)         Part X       Other Liabilities.       (c)       (c)         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (c) Book value         (1)       Federal income taxes       (c)       (c) Book value         (1)       Federal income taxes       (c)       DEFERRED CONTRACT LIABILITIES       752, 810.         (3)       PAYROLL LIABILITIES       13, 013.       (d)       INVESTMENT IN CANADA       5, 183.         (6)       (c)       (c)       (c)       (c)       (c)         (8)       (c)       (c) (B) line 25.)       (c) (Column (b) must equal Form 990, Part X, col. (B) line 25.)       (c) 771,	Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
(a) Description       (b) Book value         (1)       (a)         (2)       (b) Book value         (3)       (a)         (4)       (b)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (b) Book value         (1)       Federal income taxes       (b) Book value         (1)       Federal income taxes       (b) Book value         (2)       DEFERRED CONTRACT LIABILITIES       752, 810.         (3)       PAYROLL LIABILITIES       13, 013.         (4)       INVESTMENT IN CANADA       5, 183.         (5)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       Total. (column (b) must equal Form 990, Part X, col. (B) line 25.)<				
(1)       (2)         (3)       (4)         (5)       (6)         (7)       (7)         (8)       (8)         (9)       (9)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value       (b) Book value         (1) Federal income taxes       752, 810.         (2) DEFERRED CONTRACT LIABILITIES       752, 810.         (3) PAYROLL LIABILITIES       13, 013.         (4) INVESTMENT IN CANADA       5, 183.         (5)       (6)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       771, 006.			11d. See Form 990, Part X, line 15.	
(2)       (3)         (4)       (5)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       1.         (a) Description of liability       (b) Book value         (1) Federal income taxes       752, 810.         (2) DEFERRED CONTRACT LIABILITIES       752, 810.         (3) PAYROLL LIABILITIES       13, 013.         (4) INVESTMENT IN CANADA       5, 183.         (5)       (6)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       771, 006.	(a)	Description		(b) Book value
(3)       (4)         (5)       (5)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990. Part X, col. (B) line 15.)       (6)         (7)       (1)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value         (1)       Federal income taxes         (2)       DEFERRED CONTRACT LIABILITIES         (3)       PAYROLL LIABILITIES         (4)       INVESTMENT IN CANADA         (5)       (6)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       771, 006.	(1)			
(4)       (5)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ►         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (b) Book value         (1)       Federal income taxes       (b) Book value         (2)       DEFERRED CONTRACT LIABILITIES       752, 810.         (3)       PAYROLL LIABILITIES       13, 013.         (4)       INVESTMENT IN CANADA       5, 183.         (5)       (6)       (7)         (8)       (9)       (2) Inst equal Form 990, Part X, col. (B) line 25.)       771, 006.	(2)			
(5)       (6)         (7)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)       (9)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1) Federal income taxes       (b) Book value         (2) DEFERRED CONTRACT LIABILITIES       752,810.         (3) PAYROLL LIABILITIES       113,013.         (4) INVESTMENT IN CANADA       5,183.         (5)       (6)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       771,006.	(3)			
(6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value         (1) Federal income taxes         (2) DEFERRED CONTRACT LIABILITIES         (3) PAYROLL LIABILITIES         (4) INVESTMENT IN CANADA         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         Notes and form 990, Part X, col. (B) line 25.)	(4)			
(7)       (8)         (9)       Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value         (1) Federal income taxes         (2) DEFERRED CONTRACT LIABILITIES         (3) PAYROLL LIABILITIES         (4) INVESTMENT IN CANADA         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(5)			
(8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (b) Book value         (1) Federal income taxes       (b) Book value         (2) DEFERRED CONTRACT LIABILITIES       752,810.         (3) PAYROLL LIABILITIES       13,013.         (4) INVESTMENT IN CANADA       5,183.         (5)       (6)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       771,006.	(6)			
(9)         Total. (Column (b) must equal Form 990. Part X, col. (B) line 15.)         Part X         Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1) Federal income taxes         (2) DEFERRED CONTRACT LIABILITIES         (3) PAYROLL LIABILITIES         (4) INVESTMENT IN CANADA         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(7)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value         (1) Federal income taxes         (2) DEFERRED CONTRACT LIABILITIES         (3) PAYROLL LIABILITIES         (4) INVESTMENT IN CANADA         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(8)			
Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Book value         (1)       Federal income taxes	(9)			
Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Book value         (1)       Federal income taxes	Total. (Column (b) must equal Form 990. Part X. col. (B) lin	e 15.)		
1.       (a) Description of liability       (b) Book value         (1) Federal income taxes       (a) DEFERRED CONTRACT LIABILITIES       752,810.         (2) DEFERRED CONTRACT LIABILITIES       752,810.       (b) Book value         (3) PAYROLL LIABILITIES       13,013.       (c) 13,013.         (4) INVESTMENT IN CANADA       5,183.       (c) 13,013.         (6)       (c) 14,000       (c) 14,000         (7)       (c) 14,000       (c) 14,000         (8)       (c) 14,000       (c) 14,000         (9)       (c) 14,000       (c) 17,000	Part X Other Liabilities.			
(1) Federal income taxes       (2) DEFERRED CONTRACT LIABILITIES       752,810.         (3) PAYROLL LIABILITIES       13,013.         (4) INVESTMENT IN CANADA       5,183.         (5)       (6)         (7)       (8)         (9)       771,006.	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(1) Federal income taxes         (2) DEFERRED CONTRACT LIABILITIES       752,810.         (3) PAYROLL LIABILITIES       13,013.         (4) INVESTMENT IN CANADA       5,183.         (5)       (6)         (7)       (8)         (9)       771,006.	1. (a) Description of liability			(b) Book value
(3) PAYROLL LIABILITIES       13,013.         (4) INVESTMENT IN CANADA       5,183.         (5)       (6)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       771,006.	(1) Federal income taxes			
(4) INVESTMENT IN CANADA       5,183.         (5)       (6)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       771,006.	(2) DEFERRED CONTRACT LIABILI	TIES		752,810.
(4) INVESTMENT IN CANADA       5,183.         (5)       (6)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       771,006.				-
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 771,006.				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				•
(7)       (8)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       771,006.				
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
		0.25)		771.006.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

932053 10-02-19

20241113 794202 60-06435.000

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		

Sche	dule D (Form 990) 2019 EQUINOX OPEN LIBRARY II		20-4877798 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	atements With Revenue p	er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.)	
Pa	t XII Reconciliation of Expenses per Audited Financial S	tatements With Expenses	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
с	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	
Pa	t XIII Supplemental Information.		

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.

932071 10-12-19

(Form 990)

SCHEDULE F

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. **Open to Public** Inspection Employer identification number

Name of the organization EQUINOX OPEN LIBRARY INITIATIVE INC

#### 20-4877798 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2 United States.

		1
3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space	e is needed.)	

<b>(a)</b> Region	<b>(b)</b> Number of offices in the region	employees,	<ul> <li>(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)</li> </ul>	<ul> <li>(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region</li> </ul>	(f) Total expenditures for and investments in the region
NORTH AMERICA -					
CANADA AND MEXICO,					
BUT NOT THE UNITED			EXEMPT PURPOSE PROGRAM	OPEN SOURCE INTEGRATED	
STATES	1	0	SERVICES - EXPENSES	LIBRARY SYSTEMS SERVICES	79,256.
NORTH AMERICA -					
CANADA AND MEXICO,					
BUT NOT THE UNITED			EXEMPT PURPOSE PROGRAM	OPEN SOURCE INTEGRATED	
STATES	1	0	SERVICES - INVESTMENT	LIBRARY SYSTEMS SERVICES	5,183.
3 a Subtotal	2	0			84,439.
<b>b</b> Total from continuation					
sheets to Part I	0	0			٥.
c Totals (add lines 3a and 3b)	2	0			84,439.

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

Schedule F (Form 990) 2019



No

Department of the Treasury Ir

opa montor no noadary	
nternal Revenue Service	

20-4877798

# Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ecognized as charities by the t				1	
by the IRS, or for whic <b>3</b> Enter total number of			ion 501(c)(3) equivalency letter					

20-4877798

#### Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2019

			OPEN	LIBRARY	INITIATIVE	INC
Part IV	Foreign Form	S				

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

Schedule F (Form 990) 2019

# Schedule F (Form 990) 2019 EQUINOX OPEN LIBRARY INITIATIVE INC

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

#### PART I, LINE 3:

#### ACTUAL INCOME AND EXPENSES RELATED TO PROGRAM SERVICES.

Schedule F (Form 990) 2019

932075 10-12-19

SCHEDULE L (Form 990 or 990-EZ) C		organization an 28b, or 28c,	swered "Yes or Form 990	Interested s" on Form 990, Par -EZ, Part V, line 38a	t IV, line 25a, 25b, 2 1 or 40b.	6, 27, 28a,		IB No. 1545	9
Department of the Treasury Internal Revenue Service	► Go to	•		990 or Form 990-E2 nstructions and the				en To P	
Name of the organization		www.irs.gov/F	0111990 101 1		latest mormation.	Employe		•	
-	OUTNOV (		ADV TN	דהדאהדזים דא	10	20-48			number
				ITIATIVE IN ion 501(c)(4), and set				70	
				art IV, line 25a or 25b	), or Form 990-EZ, Pa	art V, line 40	JD.		we at a d O
1 (a) Name of disqualified p	erson (D)	Relationship bet person and o		lined (e	c) Description of tran	saction			rrected?
		P	<u> </u>					Yes	No
									+
									+
									+
									+
									+
2 Enter the amount of tax in	acurrod by the	ragnization mar	agore or disc	l sublified persons dur	ing the year under			1	1
1050	•	•	•		0		6		
3 Enter the amount of tax, i				aanization					
	in any, on line 2,	above, reimburs		ganization			,		
Part II Loans to and	/or From In	terested Per	sons.						
	ragnization and	wered "Ves" on	Form 990-F7	, Part V, line 38a or F	Form 990 Part IV lin	26: or if t	ne orgar	ization	
reported an amou	•			, i art v, inte oba of i	orm 550, r art rv, mr	5 20, 01 ii u	ic organ	1241011	
(a) Name of	(b) Relationship		(d) Loan to or	(e) Original	(f) Balance due	(g) In	<b>(h)</b> App		) Written
interested person	with organization		from the organization?	principal amount		default?	by boa		reement?
			To From	1		Yes No	Yes		es No
HILLARY PINTER	FORMER S	SHARE RE		65,844.	49,780.	X X	X		K K
	FORMER S			47,129.		X	X		<u>x</u>
	EXECUTIV			224,755.	130,449.	X	X		<u>x</u>
JASON A. ETHERI				170,140.	128,630.	X	X		<u>x</u>
J. GRACE DUNBAR				76,903.		X	X		<u>x</u>
GALEN CHARLTON				87,112.	65,858.	X	X		<u>x</u>
STEVEN CALLENDE				29,945.	22,639.	X	X		<u> </u>
WILLIAM B LAJEU				65,844.	49,780.	X	X		<u>x</u>
				00,011	1977001				
Total	I			▶ \$	511,138.				<b>I</b>
Part III Grants or As	sistance Be	nefiting Inter	rested Per	sons.	511/150.				
Complete if the o		•							
(a) Name of interested p		(b) Relationship		(c) Amount of	(d) Type	of	(e)	Purpose	e of
		interested per		assistance	assistan		• • •	ssistanc	
		the organiz	ation						
LHA For Paperwork Reduct	ion Act Notice	see the Instruc	tions for Fo	rm 990 or 990-EZ.	Sch	edule L (Fo	orm 990	or 990-	E <b>Z</b> ) 2019

SEE PART V FOR CONTINUATIONS

932131 10-21-19

## Schedule L (Form 990 or 990-EZ) 2019 EQUINOX OPEN LIBRARY INITIATIVE INC Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's jues?
				Yes	No
				ļ	
				ļ	
				ļ	

#### Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

- SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:
- (A) NAME OF PERSON: HILLARY PINTER
- (B) RELATIONSHIP WITH ORGANIZATION: FORMER STOCKHOLDER
- (C) PURPOSE OF LOAN: SHARE REPURCHASE
- (A) NAME OF PERSON: SHAE TETTERTON
- (B) RELATIONSHIP WITH ORGANIZATION: FORMER STOCKHOLDER
- (C) PURPOSE OF LOAN: SHARE REPURCHASE

#### (A) NAME OF PERSON: MIKE RYLANDER

#### (B) RELATIONSHIP WITH ORGANIZATION: EXECUTIVE DIRECTOR

- (C) PURPOSE OF LOAN: SHARE REPURCHASE
- (A) NAME OF PERSON: JASON A. ETHERIDGE
- (C) PURPOSE OF LOAN: SHARE REPURCHASE
- (A) NAME OF PERSON: J. GRACE DUNBAR

#### (B) RELATIONSHIP WITH ORGANIZATION: FORMER STOCKHOLDER

(C) PURPOSE OF LOAN: SHARE REPURCHASE

932132 10-21-19

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

#### (A) NAME OF PERSON: GALEN CHARLTON

#### (C) PURPOSE OF LOAN: SHARE REPURCHASE

(A) NAME OF PERSON: STEVEN CALLENDER

(C) PURPOSE OF LOAN: SHARE REPURCHASE

(A) NAME OF PERSON: WILLIAM B LAJEUNESSE, JR.

(B) RELATIONSHIP WITH ORGANIZATION: CHILD OF EMPLOYEE

(C) PURPOSE OF LOAN: SHARE REPURCHASE

Schedule L (Form 990 or 990-EZ)

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

EQUINOX OPEN LIBRARY INITIATIVE INC

Employer identification number 20-4877798

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EQUINOX OPEN LIBRARY INITIATIVE PROVIDES EXCEPTIONAL SERVICE AND

SUPPORT FOR LIBRARY OPEN SOURCE SOFTWARE AND OPEN SOURCE PROJECTS,

INCLUDING THE DEVELOPMENT OF OPEN SOURCE TECHNOLOGIES AND

IMPLEMENTATION OF LIBRARY SYSTEMS. ADDITIONAL SERVICES INCLUDE

CONSULTING, PROJECT MANAGEMENT, DATA SERVICES, IMPLEMENTATION,

TRAINING, AND IT SERVICES, SUCH AS HOSTING AND SUPPORT, CUSTOMIZATION,

TECHNICAL MANAGEMENT, AND ADVISEMENT.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EQUINOX OPEN LIBRARY INITIATIVE ("EQUINOX") WAS ORIGINALLY FOUNDED AS

EQUINOX SOFTWARE, INC. IN 2007 BY THE DEVELOPERS OF THE EVERGREEN ILS,

ONE OF THE FIRST OPEN SOURCE INTEGRATED LIBRARY SYSTEMS ON THE MARKET.

IN 2017, EQUINOX BECAME A 501(C)(3) NON-PROFIT ORGANIZATION WITH A

MISSION OF EMPOWERING LIBRARIES WITH OPEN SOURCE TECHNOLOGIES. EQUINOX

IS COMMITTED TO EXPANDING LIBRARY ACCESS TO AFFORDABLE, CUSTOMIZABLE,

OPEN SOURCE SOFTWARE BY PROVIDING HIGH QUALITY PROJECT MANAGEMENT, DATA

MANAGEMENT, MIGRATION, SUPPORT, DEVELOPMENT, AND TRAINING SERVICES.

THIS COMMITMENT EXTENDS TO MAKING OPEN SOURCE SOFTWARE AVAILABLE AND

EASY FOR LIBRARIES TO ADOPT AND USE. EQUINOX SUPPORTS A WIDE RANGE OF

LIBRARY NEEDS BASED ON THE SPECIFIC REQUIREMENTS OF THE LIBRARY AND

PROACTIVELY IDENTIFIES INNOVATIONS AND OPPORTUNITIES TO ENHANCE SERVICE

OFFERINGS WITH RELEVANT OPEN SOURCE SOLUTIONS. EQUINOX LEVERAGES

PROFESSIONAL AND TECHNICAL KNOWLEDGE IN ORDER TO PROVIDE EXCEPTIONAL

SERVICE AND SUPPORT FOR LIBRARY OPEN SOURCE SOFTWARE AND OPEN SOURCE

PROJECTS.

Schedule O (Form 990 or 9	90-EZ) (2019)							Page <b>2</b>
Name of the organization	EQUINOX	OPEN I	LIBRARY	INITIATI	VE INC		er identifi -4877	ication number 798
FORM 990, PART	T VI, SEC	TION A	, LINE	7A:				
UNDER BYLAWS S	SECTION 2	.3(B):						
THE BOARD OR 1	THE NOMIN	ATIONS	COMMIT	TEE WILL	COMPILE	NOMINATIONS	FOR	EACH
POSITION ON TH	IE BOARD.	AND M	IAY MAKE					

NOMINATIONS IN ITS OWN RIGHT. NOMINATIONS MAY BE MADE BY ANY TRUSTEE OR BY

THE NOMINATIONS COMMITTEE. NO NOMINATION WILL BE PLACED ON THE ANNUAL

ELECTION BALLOT UNLESS:

(I) THE NOMINEE IS EIGHTEEN YEARS OF AGE. AS REQUIRED BY THE CODE, AND

(II) THE NOMINEE HAS AFFIRMATIVELY CONSENTED TO THE NOMINATION OR HAS

ELECTED TO AT LEAST ONE NOMINATION, IF PROPOSED FOR MORE THAN ONE OFFICE.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF FORM 990 WAS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY PRIOR

TO FILING, VIA E-MAIL COPY TO MEMBERS.

FORM 990, PART VI, SECTION B, LINE 12C:

TO ENSURE THAT THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, PERIODIC REVIEWS WILL BE CONDUCTED. WHEN CONDUCTING THE PERIODIC REVIEWS, THE ORGANIZATION MAY, BUT NEED NOT, USE OUTSIDE ADVISORS. IF OUTSIDE EXPERTS ARE USED, THEIR USE WILL NOT RELIEVE THE GOVERNING BOARD OF ITS RESPONSIBILITY FOR ENSURING THAT PERIODIC REVIEWS ARE CONDUCTED.

FORM 990, PART VI, SECTION B, LINE 15:

 THERE IS A COMPENSATION COMMITTEE, COMPRISED OF TRUSTEES AND THE EXECUTIVE

 932212 09-06-19
 Schedule O (Form 990 or 990-EZ) (2019)

 34
 34

 20241113 794202 60-06435.000
 2019.05000 EQUINOX OPEN LIBRARY INIT 60-06431

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization		Page Employer identification number
	RARY INITIATIVE INC	20-4877798
DIRECTOR, THAT REVIEWS SALARIES	S; EXCLUDING THAT PERSON O	F WHICH THE
COMPENSATION IS BEING DECIDED.	SALARIES ARE SET DURING A	MEETING OF THE
TRUSTEES AND THE MATERIALIZATIO	ON OF THE COMPENSATION COM	MITTEES DECISION IS
INCLUDED IN THE MEETING MINUTES	3.	
FORM 990, PART VI, SECTION C, I	LINE 19:	
AVAILABLE UPON REQUEST.		
932212 09-06-19	S.	chedule O (Form 990 or 990-EZ) (2019

SCHEDULE	R
(Form 990)	

#### (Form 990)

### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019 Open to Public Inspection

Employer identification number 20-4877798

Department of the Treasury Internal Revenue Service

#### EQUINOX OPEN LIBRARY INITIATIVE INC

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

### Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2019

#### Schedule R (Form 990) 2019 EQUINOX OPEN LIBRARY INITIATIVE INC

20-4877798 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

erganizatione treated as a pa	· · · · · · · · · · · · · · · · · · ·	,										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	1) (1	h)	(i)	(j)		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener manag partn	il or <sup>jing</sup> own <sup>,</sup> er?	centage hership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
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	1											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	vpe of entity corp, S corp, S corp, income		(h) Percentage ownership	512(i conti ent	( <b>i)</b> b)(13) rolled tity?
EQUINOX LIBRARY SERVICES CANADA (ULC) -			EQUINOX OPEN					Yes	No
00-3253434, PO BOX 997, HALIFAX, NOVA	OPEN SOURCE LIBRARY		LIBRARY						
SCOTIA, CANADA B3J 2X2	SERVICES	CANADA	INITIATIVE	C CORP	63,000.	0.	100%	X	

#### Schedule R (Form 990) 2019 EQUINOX OPEN LIBRARY INITIATIVE INC

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.							
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х			
	Gift, grant, or capital contribution to related organization(s)	1b		Х			
	Gift, grant, or capital contribution from related organization(s)	1c		Х			
	Loans or loan guarantees to or for related organization(s)	1d		Х			
	Loans or loan guarantees by related organization(s)	1e		Х			
f	Dividends from related organization(s)	1f		Х			
g	Sale of assets to related organization(s)	1g		Х			
	Purchase of assets from related organization(s)	1h		Х			
i	Exchange of assets with related organization(s)	1i		Х			
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х			
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х			
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х			
	Sharing of paid employees with related organization(s)	10	X				
р	Reimbursement paid to related organization(s) for expenses	1p		Х			
q	Reimbursement paid by related organization(s) for expenses	1q	X				
r	Other transfer of cash or property to related organization(s)	1r		Х			
<u>s</u>	Other transfer of cash or property from related organization(s)	1s		X			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.						

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) EQUINOX LIBRARY SERVICES CANADA (ULC)	М	63,000.	SERVICE REVENUE
(2) EQUINOX LIBRARY SERVICES CANADA (ULC)	Q	79,256.	SERVICE EXPENSE
(3)			
<u>(</u> 4)			
(5)			
<u>(6)</u>			

#### Schedule R (Form 990) 2019 EQUINOX OPEN LIBRARY INITIATIVE INC

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.? Yes No	<b>(g)</b> Share of end-of-year assets	(h) Dispro tiona allocation <b>Yes</b>	Code V-UBI amount in box 2 ons? of Schedule K-	(j) General of managin partner? Yes No	(k) Percentage ownership
						103			

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019		OPEN	LIBRARY	INITIATIVE	INC	20-4877798	Page 5
Part VII Supplement	al Information						

Provide additional information for responses to questions on Schedule R. See instructions.

#### PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

#### NAME OF RELATED ORGANIZATION:

EQUINOX LIBRARY SERVICES CANADA (ULC)

DIRECT CONTROLLING ENTITY: EQUINOX OPEN LIBRARY INITIATIVE INC.

Schedule R (Form 990) 2019

932165 09-10-19

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**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.* 

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	Taxpayer identification number (TIN)				
print	EQUINOX OPEN LIBRARY INITIA		20-4877798			
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s P.O. BOX 69		20 10			
return. See instructions.	City, town or post office, state, and ZIP code. For a fo NORCROSS, GA 30091	oreign addr	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			
Applicatio	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-	BL	02	Form 1041-A			08
Form 472	) (individual)	03	Form 4720 (other than individual)			09
Form 990-	PF	04	Form 5227			10
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-	T (trust other than above)	06	Form 8870			12
box ▶ [ 1 I rec the ▶ [ ▶ [	puest an automatic 6-month extension of time until organization named above. The extension is for the org $\overline{X}$ calendar year 2019 or	and atta NOVEN anization's , an	ch a list with the names and TINs of <b>IBER 16, 2020</b> , to file return for: d ending	all memb	ers the externing organizat	sion is for.
	is application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069, e	enter the tentative tax, less	20	¢	0.
	nonrefundable credits. See instructions. is application is for Forms 990-PF, 990-T, 4720, or 6069	onter and	rofundable credite and	<u>3a</u>	\$	0.
	mated tax payments made. Include any prior year overp			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa				<b>,                                    </b>	
	g EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.
Caution: instructior	If you are going to make an electronic funds withdrawal	(direct deb	bit) with this Form 8868, see Form 84		d Form 8879	

923841 12-30-19