Form	

# EXTENDED TO NOVEMBER 15, 2022

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

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

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



Department of the Treasury Internal Revenue Service

AF	or the	e 2021 calendar year, or tax year beginning and ending		
B C a	heck if	C Name of organization	D Employer identific	ation number
	Addres change Name	••f:s-EQUINOX OPEN LIBRARY INITIATIVE INC		
	_chang	Doing business as	20-4877798	
	return	Number and street (or P.O. box if mail is not delivered to street address) Room/su	ite E Telephone number	
	Final	••f:s_P.O. BOX 69	●●f:s—(877)6	573-6457
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,528,618.
	Ameno	••1: <u>s</u> -NORCROSS, GR 50091	H(a) Is this a group re	turn
	Applic tion	<sup>a-</sup> <b>F</b> Name and address of principal officer: ••f:s—LISA CARLUCCI	for subordinates?	? Yes 🕱 No
	pendir	<sup>9</sup> ●●f:s—SAME AS C ABOVE	H(b) Are all subordinates inc	sluded? Yes No
ΙT	ax-exe	empt status: 🗴 501(c)(3) 🚺 501(c) ( )◀ (insert no.) 🗌 4947(a)(1) or 📃 5		ist. See instructions
J۷	Vebsit	e:▶ ●●f:s—HTTPS://WWW.EQUINOXOLI.ORG	H(c) Group exemptior	number 🕨
		organization: X Corporation Trust Association Other ► L Ye	ear of formation: ●●f : s <mark> M</mark>	<sup>0</sup> \$t&te of legal domicile: ●● f : s—_G
Pa	art I	Summary		
	1	Briefly describe the organization's mission or most significant activities:EQUINC	OX OPEN LIBRARY INIT	IATIVE
Governance		••f:s-PROVIDES EXCEPTIONAL SERVICE AND SUPPORT FOR LIBRARY OPEN SU		
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of mo	ore than 25% of its net asse	ets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		5
		Number of independent voting members of the governing body (Part VI, line 1b)		0
8 8		Total number of individuals employed in calendar year 2021 (Part V, line 2a)		17
itie		Total number of volunteers (estimate if necessary)		0
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12		0.
A		Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	0.	499,183.
nue		Program service revenue (Part VIII, line 2g)	1,850,172.	2,018,405.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22.	30.
ž		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,000.	11,000.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,862,194.	2,528,618.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	1,000.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	40	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,529,726.	1,605,356.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
per	b	Total fundraising expenses (Part IX, column (D), line 25)		
ы	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	330,987.	411,513.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,860,713.	2,017,869.
		Revenue less expenses. Subtract line 18 from line 12	1,481.	510,749.
or			Beginning of Current Year	End of Year
iets lanc	20	Total assets (Part X, line 16)	1,002,590.	916,062.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	1,645,004.	970,117.
Net	22	Net assets or fund balances. Subtract line 21 from line 20	-642,414.	-54,055.
Pa	art II	Signature Block	· · · · · · ·	
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and state	ements, and to the best of my	knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepa	rer has any knowledge.	
Sigr	n	Signature of officer	Date	
Her		••f:s-LISA CARLUCCI, EXECUTIVE DIRECTOR		
_		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid	I	••f:s—LORI BUDNICK ••f:s—LORI BUDNICK	08/16/22 if self-employe	d P00046310
Prep	arer	Firm's name 🕒 ••f:s—CLIFTONLARSONALLEN	Firm's EIN 🕨	41-0746749
Use		Firm's address ••f:s-29 SOUTH MAIN STREET, 4TH FLOOR		

••f:s-SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) ••f:s—EQUINOX OPEN LIBRARY INITIATIVE INC	20-4877798 Page
Pai	rt III Statement of Program Service Accomplishments	
<u> </u>	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: ••f:s—SEE SCHEDULE 0	
2	Did the organization undertake any significant program services during the year which were not listed on the	
-	prior Form 990 or 990-EZ?	X Yes N
	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?	Yes X N
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	revenue, if any, for each program service reported.	
4a	(Code:         ) (Expenses \$1,681,589.         including grants of \$) (Revenue \$)	\$ 2,016,690.
	••f:s-EQUINOX OPEN LIBRARY INITIATIVE PROVIDES EXCEPTIONAL SERVICE AND	
	$\bullet \bullet f:s$ —SUPPORT FOR LIBRARY OPEN SOURCE SOFTWARE AND OPEN SOURCE PROJECTS,	
	$\bullet \bullet f: s$ —INCLUDING THE DEVELOPMENT OF OPEN SOURCE TECHNOLOGIES AND	
	••f:s-IMPLEMENTATION OF LIBRARY SYSTEMS. ADDITIONAL SERVICES INCLUDE	
	••f:s-CONSULTING, PROJECT MANAGEMENT, DATA SERVICES, IMPLEMENTATION,	
	••f:s-TRAINING, AND IT SERVICES, SUCH AS HOSTING AND SUPPORT, CUSTOMIZATION,	
	••f:s-TECHNICAL MANAGEMENT, AND ADVISEMENT.	
4b	(Code:) (Expenses \$ 30,000. including grants of \$ ) (Revenue \$	\$
	••f:s-THE EQUINOX OPEN SOURCE GRANT PROVIDES IMPLEMENTATION, TRAINING,	
	••f:s-HOSTING, AND SUPPORT SERVICES FOR THE KOHA ILS, AN OPEN SOURCE	
	••f:s—INTEGRATED LIBRARY SYSTEM USED BY LIBRARIES WORLDWIDE. THE GRANT IS	
	••f:s-PROVIDED FOR AN INITIAL TERM OF THREE YEARS AND CAN BE RENEWED	
	••f:s-INDEFINITELY AS LONG AS THE RECIPIENT CONTINUES TO QUALIFY FOR THE	
	••f:sGRANT.	
4c	(Code:) (Expenses \$3,750. including grants of \$) (Revenue \$	\$ 1,715.
	••f:s-EQUINOXEDU IS A COMPREHENSIVE EDUCATION PROGRAM FOCUSED ON OPEN SOURCE	
	••f:s-TECHNOLOGIES FOR LIBRARIES, ARCHIVES, MUSEUMS, AND CULTURAL	
	••f:s-INSTITUTIONS. PROGRAM EVENTS INCLUDE WORKSHOPS, COURSES, AND OPEN	
	••f:s-WEBINARS, FOCUSED ON BUILDING OPEN SOURCE COMMUNITIES.	
4d	Other program services (Describe on Schedule O.)	
τu		١
4e	(Expenses \$ including grants of \$ )     (Revenue \$       Total program service expenses ▶ 1,715,339.	
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Form	aan	(2021)

Part IV Checklist of Required Schedules

••f:s-EQUINOX OPEN LIBRARY INITIATIVE INC

Page 3

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		X
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 Rev. Proc. 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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,		<b>.</b>	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	л	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 4 4		х
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		
128		120		х
<b>h</b>	Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
тз 14а	Did the energy includes a strike and the energy includes a strike of the literal Obstan O	14a	x	
b 144	Did the organization maintain an office, employees, or agents outside of the United States?	<u>- 170</u>		<u> </u>
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		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
132003	12-09-21	Form	990	(2021)

4

132003 12-09-21

Form 990 (2	2021)		-EQUINOX		
Part IV	Checklist	of Required	Schedu	les <sub>(co</sub>	ontinued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	28c		x
29	"Yes," complete Schedule L, Part IV 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	23		
50	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	<u> </u>		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	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			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	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 17			
b	Enter the number of Forms W-2G included on 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			
	(gambling) winnings to prize winners?	1c	X 000	<u> </u>
132004	12-09-21	Form	990	(2021)

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Form	990 (2021) ••f:s—EQUINOX OPEN LIBRARY INITIATIVE INC 20-487779	8	Р	age <b>5</b>					
Par	t V Statements Regarding Other IRS Filings and Tax 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 returns?	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 instructions.								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х						
b	If "Yes," enter the name of the foreign country 🕨 ••f:s-CANADA								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
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?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8									
~	sponsoring organization have excess business holdings at any time during the year?								
	9 Sponsoring organizations maintaining donor advised funds.								
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		<u> </u>					
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <b>Section 501(c)(7) organizations.</b> Enter:	30							
	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1							
11	Section 501(c)(12) organizations. Enter:	1							
а	Gross income from members or shareholders 11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
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 13b	-							
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.			v					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
4-	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	4-							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
100000	If "Yes," complete Form 6069.	Form	990	(2021)					

<sup>132005</sup> <sup>12-09-21</sup> 09590816 131839 A137683

−orm	990 (2021) ••f:s—EQUINOX OPEN LIBRARY INITIATIVE INC 20-4877	98	Р	age 6								
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for	a "No" i	respon	ise								
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.											
	Check if Schedule O contains a response or note to any line in this Part VI			X								
Sec	tion A. Governing Body and Management											
			Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	5										
	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	0										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other											
	officer, director, trustee, or key employee?											
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision											
	of officers, directors, trustees, or key employees to a management company or other person?	3		x								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х								
6	Did the organization have members or stockholders?	6		х								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or											
	more members of the governing body?	7a	х									
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or											
	persons other than the governing body?	7b		X								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:											
а	The governing body?	8a	х									
	Each committee with authority to act on behalf of the governing body?	8b	х									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the											
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)											
			Yes	No								
10a	Did the organization have local chapters, branches, or affiliates?	10a		X								
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,											
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b										
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х									
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe											
	on Schedule O how this was done	12c	X									
13	Did the organization have a written whistleblower policy?	13		X								
14	Did the organization have a written document retention and destruction policy?	14	X									
15	Did the process for determining compensation of the following persons include a review and approval by independent											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
	The organization's CEO, Executive Director, or top management official	15a	X									
b	Other officers or key employees of the organization	15b	X									
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a											
	taxable entity during the year?	<u>16a</u>		X								
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's											
<u></u>	exempt status with respect to such arrangements?	16b										
	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \bullet \bullet f : s \_GA$											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	)s only)	availal	ble								
	for public inspection. Indicate how you made these available. Check all that apply.											
40	X     Own website     X     Another's website     Other (explain on Schedule O)											
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and the terms and terms an	nd finan	cial									
	statements available to the public during the tax year.											
~~	State the name, address, and telephone number of the person who possesses the organization's books and records 🕨 🚬											
20	$eft_{a}$ LTSA CARLUCCT = (877)673-6457											
20	••f:s_LISA CARLUCCI - (877)673-6457											
	••f:s—LISA CARLUCCI - (877)673-6457 ••f:s—P.O. BOX 69, NORCROSS, GA 30091 3 12-09-21	<b>F</b> ====	1 <b>990</b>	(0004)								

2021.05060 EQUINOX OPEN LIBRARY INIT A1376831

Page 6

Form 990 (202	21) ••f:s—EQUINOX OPEN LIBRARY INITIATIVE INC	20-4877798	Page 7						
Part VII C	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
E	mployees, and Independent Contractors								
CI	heck if Schedule O contains a response or note to any line in this Part VII								
Section A. C	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complete	this table for all persons required to be listed. Report compensation for the calendar year ending with o	r within the organizatio	n's tax year.						
<ul> <li>List all o</li> </ul>	of the organization's current officers, directors, trustees (whether individuals or organizations), regardles	ss of amount of compe	nsation.						
Enter -0- in col	lumns (D), (E), and (F) if no compensation was paid.								
<ul> <li>List all o</li> </ul>	of the organization's current key employees, if any. See the instructions for definition of "key employee.	<b>II</b>							
	organization's five <b>current</b> highest compensated employees (other than an officer, director, trustee, or k ion (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organiz								

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

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

(A) Name and title	<b>(B)</b> Average hours per	box	not c , unle:	Pos heck ss pe	rson	1 than is botl	n an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
●●f:s—(1) LISA CARLUCCI	42.00	_								
••f:s—EXECUTIVE DIRECTOR				x				138,000.	0.	15,367.
••f:s-(2) MICHAEL RYLANDER	42.00									
••f:sVP AND SECRETARY		х		X				110,500.	0.	20,438.
••f:s-(3) JASON ETHERIDGE	42.00								_	
••f:s-TRUSTEE	10.00	х	<u> </u>			<u> </u>		93,200.	0.	13,115.
••f:s-(4) GALEN CHARLTON	42.00							0.5 500	_	10 411
••f:s—PRESIDENT	42.00	х		X		-		95,500.	0.	10,411.
<pre>●•f:s—(5) ANGELA KILSDONK ●•f:s—TREASURER</pre>	42.00	x		x				77 000	0.	12 027
••f:s—(6) DALE RIGNEY	42.00		-	^	-	+		77,000.	· · ·	13,937.
• f:s-TRUSTEE (AS OF 01/2022)	42.00	x						61,960.	0.	18,711.
		<u> </u>								
		-								Form <b>990</b> (2021)

132007 12-09-21

Form **990** (2021)

#### 09590816 131839 A137683

Form 990 (2021) ••f:s-EQUIN	NOX OPEN LIE	BRAR	Y II	NIT	IAT	IVE	IN	1C	20-48	77798	3	P	'age <b>8</b>
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average			Pos	ition			Reportable	Reportable		Fs	timate	ed
Nume and the	hours per		not cl					compensation	compensation	n		nount	
	week		cer an					from	from related			other	
	(list any	tor						the	organizations	s		pensa	
	hours for	direc				D.		organization	(W-2/1099-MIS			om th	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		org	anizat	tion
	organizations	ndividual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)			and	d relat	ted
	below	idual	utior	er	Key employee	est co oyee	er				orga	inizati	ions
	line)	Indiv	Instit	Officer	Key e	High	Former						
					_								
						-							
		-											
						-							
		1											
										-			
		_											
1b Subtatal								576,160.		0.		91	979.
1b Subtotal								0.		0.		<u>, -                                   </u>	0.
c Total from continuation sheets to Part V												0.1	
d Total (add lines 1b and 1c)								576,160.		٥.		91,	979.
2 Total number of individuals (including but	not limited to th	iose	liste	d ab	ove	) wh	o re	eceived more than \$100,0	000 of reportable				
compensation from the organization													2
												Yes	No
3 Did the organization list any former office	r, director, trust	ee, k	key e	mpl	oye	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for	such individual										3		X
4 For any individual listed on line 1a, is the s										····			
and related organizations greater than \$15	-		-					•	-	- 1	4	х	
										····	-		
5 Did any person listed on line 1a receive or									iual for services		-		v
rendered to the organization? If "Yes," col	<u>mplete Schedul</u>	e J fe	or su	ich r	oers	on .					5		X
Section B. Independent Contractors													
<b>1</b> Complete this table for your five highest c	ompensated inc	depe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	ensat	ion fro	m	
the organization. Report compensation for	the calendar y	ear e	endin	ıg w	ith c	or wi	thin	the organization's tax ye	ear.				
(A)								(B)			(C	;)	
Name and busines	s address	••	f:s-	N	ONE			Description of s	ervices	С	ompei	nsatio	n
							_						
										_		_	
2 Total number of independent contractors	(including hut a	ot live	nita -	l to t	that		+0~	abova) who received the	ro than				
2 Total number of independent contractors		UL III	meo	1.01		se iis 0	rea	above, who received mo					
\$100,000 of compensation from the organ						~					_	000	
											Form	990 (	2021)

132008 12-09-21

			2021) ••f:s—EQUINOX OP:	EN LIBRARY	INIT	IATIVE INC		20-487779	8 Page <b>9</b>
Pa	rt V	(	Statement of Revenue						
			Check if Schedule O contains a response	se or note to a	iny line	in this Part VIII			
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns 1a						
			Membership dues 1b						
		с	Fundraising events 1c						
		d	Related organizations 1d						
		е	Government grants (contributions) 1e	498,9	978.				
		f	All other contributions, gifts, grants, and						
Dthe			similar amounts not included above 1f		205.				
onti nd (		-	Noncash contributions included in lines 1a-1f			400 192			
<u>0</u>		h	Total. Add lines 1a-1f	Business C		499,183.			
	2	_	••f:s—SOFTWARE, SERVICES AND	518210	Jode	2,016,690.	2,016,690.		
Program Service Revenue	2	a h	••f:s-EQUINOXEDU	518210		1,715.	1,715.		
Ser		c		_					
am (		d		_					
ogra		е		_					
Pre		f	All other program service revenue						
		g	Total. Add lines 2a-2f			2,018,405.			
	3		Investment income (including dividends, inte						
			other similar amounts)			30.			30.
	4		Income from investment of tax-exempt bond	•					
	5		Royalties	(ii) Perso					
	6	_		(II) Perso					
	6	a b	Gross rents   6a     Less: rental expenses   6b						
			Rental income or (loss) 6c		_				
			Net rental income or (loss)						
			Gross amount from sales of (i) Securities	s (ii) Othe	er				
			assets other than inventory <b>7a</b>						
		b	Less: cost or other basis						
anı			and sales expenses 7b		_				
evenue		с	Gain or (loss) 7c		-				
Ě			Net gain or (loss)						
Other	8	а	Gross income from fundraising events (not						
0			including \$ of						
			contributions reported on line 1c). See Part IV, line 18	Ba					
		b		Bb	_				
			Net income or (loss) from fundraising events	 }					
	9		Gross income from gaming activities. See		_				
				9a					
		b		9b					
		с	Net income or (loss) from gaming activities						
	10	а	Gross sales of inventory, less returns						
			F	0a	-				
			U L	0b	$ \mathbf{H} $				
		C	Net income or (loss) from sales of inventory	Business C					
sn	11	2	●●f:s—LEGAL SETTLEMENTS	900099		11,000.			11,000.
neo	••	a b		-		,,			,
scellaneo Revenue		c		-					
Miscellaneous Revenue			All other revenue						
Σ			Total. Add lines 11a-11d			11,000.			
	12		Total revenue. See instructions			2,528,618.	2,018,405.	0.	11,030.
13200	9 12-0	09-:	21						Form <b>990</b> (2021)

2021.05060 EQUINOX OPEN LIBRARY INIT A1376831

••f:s—EQUINOX OPEN LIBRARY INITIATIVE INC

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

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,000.	1,000.		
2	Grants and other assistance to domestic	-,			
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
U	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	668,139.	567,918.	100,221.	
6	Compensation not included above to disqualified	, -	, .		
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	676,204.	574,773.	101,431.	
8	Pension plan accruals and contributions (include	,	, ,	, ,	
3	section 401(k) and 403(b) employer contributions)	40,449.	34,382.	6,067.	
9	Other employee benefits	122,623.	104,230.	18,393.	
10	Payroll taxes	97,941.	83,250.	14,691.	
11	Fees for services (nonemployees):	,	,	, ,	
a	Management				
b	Legal	7,418.	6,305.	1,113.	
	Accounting	42,435.	36,070.	6,365.	
d		,	,	,	
f					
g					
3	column (A), amount, list line 11g expenses on Sch O.)	168,071.	142,860.	25,211.	
12	Advertising and promotion	5,382.	4,575.	807.	
13	Office expenses	37,502.	31,877.	5,625.	
14	Information technology	99,148.	84,276.	14,872.	
15	Royalties				
16	Occupancy	8,404.	7,143.	1,261.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,261.	6,172.	1,089.	
20	Interest	25,647.	21,800.	3,847.	
21	Payments to affiliates		-		
22	Depreciation, depletion, and amortization				
23	Insurance	6,665.	5,665.	1,000.	
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	••f:s_TAXES & LICENSES	2,087.	1,774.	313.	
b	••f:s-PROFESSIONAL DEVELOPMEN	1,248.	1,061.	187.	
c	••f:sMISCELLANEOUS EXPENSES	245.	208.	37.	
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,017,869.	1,715,339.	302,530.	
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)				

132010 12-09-21

11 2021.05060 EQUINOX OPEN LIBRARY INIT A1376831

Form 990 (2021)

09590816 131839 A137683

3 Pledges and grants receivable, net 3 250,305. 700,528. Accounts receivable, net 4 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 457,600. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 392,863. 59,613. 64,737. b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 30,722. 30,722. Other assets. See Part IV, line 11 15 15 1,002,590. 916,062. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 -30,325. 1,934. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 316,865. 240,824. controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 106,958. 106,958. 23 23 242,489. 91,532. 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 528,869. 1,009,017. 25 of Schedule D 1,645,004. 970,117. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 🗴 and complete lines 29 through 33. 82. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 18,751. 18,751. 30 30 -661,247. -72 888. 31 Retained earnings, endowment, accumulated income, or other funds 31 -54,055. Total net assets or fund balances -642,414. 32 32 1,002,590. 916,062. 33 Total liabilities and net assets/fund balances 33

••f:s--EQUINOX OPEN LIBRARY INITIATIVE INC

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

Cash - non-interest-bearing

Savings and temporary cash investments

20-4877798

(A) Beginning of year

111,744.

99,983.

1

2

**(B)** End of year

Page **11** 

268,970.

301,328.

82.

Form 990 (2021)

Form 990 (2021) Part X | Balance Sheet

1

2

Form	990 (2021) ••f:s-EQUINOX OPEN LIBRARY INITIATIVE INC	20-487779	8	Pag	<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	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,	528,	618.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	017,	869.
3	Revenue less expenses. Subtract line 2 from line 1	3		510,	749.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-	642,	414.
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		77,	610.
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		-54,	055.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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 on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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	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		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	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 required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

# **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.

nterna	I Reve	nue Service		Go to www.irs.gov	/Form990 for instruction	ons and th	e latest in	formation.		Inspection	
Nam	e of	the organizati	ion						Employer	identification number	r
					IBRARY INITIATIVE					20-4877798	
Pa	rt I	Reason	for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	IS.		
The	orgar	nization is not a	a private found	ation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)				
1		A church, co	nvention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	)(A)(i).			
2		A school des	scribed in <b>sect</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)					
3		A hospital or	a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).			
4		A medical re	search organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,	
		city, and stat	te:								
5		An organizat	ion operated fo	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in	
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, sta	ate, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7		An organizat	ion that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental u	unit or from th	ne general p	oublic described in	
		section 170	( <b>b)(1)(A)(vi).</b> (C	omplete Part II.)							
8		A community	y trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Parl	t II.)					
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(i	i <b>x)</b> operate	ed in conju	inction with a	land-grant	college	
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city,	, and state of	the college	or	
		university:									
10	X	An organizat	ion that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from	
		activities rela	ated to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment	
		income and u	unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquir	red by the org	anization a	fter June 30, 1975.	
		See section	509(a)(2). (Co	mplete Part III.)							
11		An organizat	ion organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	)9(a)(4).			
12		-	•	-	vely for the benefit of, to				•		
				-	d in section 509(a)(1) o					Check the box on	
	_	_	•	• •	f supporting organizatior		-		-		
а					upervised, or controlled	• • • •	-				
			-		gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting	
_	_			complete Part IV, Se							
b				-	or controlled in connect			•		-	
			-		anization vested in the sa	ame perso	ns that cor	ntrol or mana	ge the supp	orted	
	_			t complete Part IV,							
с			-		g organization operated				ly integrate	d with,	
	_		-		. You must complete F						
d			-	• •	orting organization oper				Ũ		
			-	•	ation generally must sati	•		-	an attentiv	reness	
		_			nplete Part IV, Sections						
е			•		written determination from			турет, туре	п, туре п		
	Ent				nally integrated supportir						
1				n about the supporte	d organization(s)						_
y		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed ng document?	(v) Amount o	f monetary	(vi) Amount of other	_
		organization	n		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions	3)
Tota	1										

OMB No. 1545-0047

2021

**Open to Public** 

	(Complete only if you checked fails to qualify under the tests				n failed to qualify	under Part III. If the	organizatio
Secti	on A. Public Support						
Calenda	ar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) To
<b>1</b> G	ifts, grants, contributions, and						
m	embership fees received. (Do not						
in	clude any "unusual grants.")						
<b>2</b> Ta	ax revenues levied for the organ-						
iza	ation's benefit and either paid to						
or	r expended on its behalf						
	he value of services or facilities						
	irnished by a governmental unit to						
	ne organization without charge					-	
	otal. Add lines 1 through 3						
	he portion of total contributions						
	y each person (other than a						
-	overnmental unit or publicly						
	upported organization) included						
	n line 1 that exceeds 2% of the						
	mount shown on line 11,						
	olumn (f)						
-	ublic support. Subtract line 5 from line 4.						<u> </u>
	ar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) To
	mounts from line 4	(4) 2011		(6) 2013	(0) 2020		
	ross income from interest,						
	ividends, payments received on						
	ecurities loans, rents, royalties,						
	nd income from similar sources						
	et income from unrelated business						1
	ctivities, whether or not the						
	usiness is regularly carried on						
	ther income. Do not include gain						<u> </u>
	r loss from the sale of capital						
	ssets (Explain in Part VI.)						
	otal support. Add lines 7 through 10						
	ross receipts from related activities,	etc. (see instructi	ons)			12	
	<b>irst 5 years.</b> If the Form 990 is for th			fourth. or fifth tax	vear as a section	· · · ·	
	rganization, check this box and <b>stop</b>						
	on C. Computation of Public						
	ublic support percentage for 2021 (li			column (f))		14	
	ublic support percentage from 2020		•				
	3 1/3% support test - 2021. If the c						x and
	top here. The organization qualifies						
	$2 \frac{1}{29}$ our point toot 2020. If the c		-				

••f:s-EQUINOX OPEN LIBRARY INITIATIVE INC

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

nis box
or more,
zation

b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2021

20 - 4877798

Page 2

(f) Total

(f) Total

% %

ÞL

132022 01-04-22

Schedule A (Form 990) 2021

Part II

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					499,183.	499,183.
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	1,985,201.	1,843,940.	1,930,086.	1,850,172.	2,018,405.	9,627,804.
2	Gross receipts from activities that	_,,	_,,	_,,	-,	_,,	-,,
3	are not an unrelated trade or bus-						
	incon under contion 512	12 0.09	12 400	12 000	12 000	11 000	60 409
	iness under section 513	12,008.	13,400.	12,000.	12,000.	11,000.	60,408.
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	1,997,209.	1,857,340.	1,942,086.	1,862,172.	2,528,588.	10,187,395.
	Amounts included on lines 1, 2, and	_,,	_,,	_,,_,,	-,,	_,,	
78	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						10,187,395.
	ction B. Total Support						10,107,355.
		(-) 0017	(1-) 0010	(-) 0010	(.1) 0000	(-) 0001	(1) <b>T</b> = + = 1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	1,997,209.	1,857,340.	1,942,086.	1,862,172.	2,528,588.	10,187,395.
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	88.		36.	22.	30.	176.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	88.		36.	22.	30.	176.
	Net income from unrelated business activities not included on 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.)	1,997,297.	1,857,340.	1,942,122.	1,862,194.	2,528,618.	10,187,571.
14	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	n,
	check this box and stop here						X
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8. column (f). di	vided by line 13. c	olumn (f))		15	%
	Public support percentage from 2020		•			16	%
	ction D. Computation of Inves						/0
	Investment income percentage for 20			0 13 column (f))		17	%
							<u>%</u>
	Investment income percentage from 2					18	
198	<b>33 1/3% support tests - 2021.</b> If the						
	more than 33 1/3%, check this box ar	-	•	· ·	•		<b>P</b>
b	<b>33 1/3% support tests - 2020.</b> If the	-					nd
	line 18 is not more than 33 1/3%, che						▶∐
20	Private foundation. If the organization	n did not check a l	oox on line 14, 19a	, or 19b, check thi	s box and see ins	tructions	
13202	23 01-04-22					Schedule A	(Form 990) 2021

16

#### 09590816 131839 A137683

1

2

3a

3b

3c

4a

4b

No Yes

#### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 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 lines 3b and 3c 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")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 disgualified person (as defined on 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 line 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.)

17

132024 01-04-21

4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

Sche	edule A (Form 990) 2021 ••f:s—EQUINOX OPEN LIBRARY INITIATIVE INC	20-4877798		F	
Par	rt IV Supporting Organizations (continued)				
				Yes	
11	Has the organization accepted a gift or contribution from any of the following persons?				
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and					
	11c below, the governing body of a supported organization?		11a		
b	A family member of a person described on line 11a above?		11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide				
	datail in Part VI		110		

Page 5

Yes No

2

No

#### Section B. Type I Supporting Organizations

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or nore supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

#### upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		

#### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in</i> <b>Part VI</b> <i>the role the organization</i> 's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

see instructions).
see

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
	<b>o</b> 11 <b>o</b> ,	Beeense men jeu eupperteu u gerennientu. entry (eee meu ueuen.	_

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

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? If "Yes" or "No" provide details in Part VI.

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

3b Schedule A (Form 990) 2021

2a

2b

3a

Yes No

132025 01-04-22

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18

	edule A (Form 990) 2021 ••f:s—EQUINOX OPEN LIBRARY INIT: rt V Type III Non-Functionally Integrated 509(a)(3) Support		zatione	20-4877798 Pag
<u>га</u> 1	Check here if the organization satisfied the Integral Part Test as a qualify			
'	All other Type III non-functionally integrated supporting organizations mu			Part VI). See Instruction
			Bections A through E.	(B) Current Year
Sect	ion A - Adjusted Net Income		(A) Prior 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		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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	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-function	ally integrated	t Type III supporting orga	nization (see

Schedule A (Form 990) 2021

132026 01-04-22

instructions).

Schedule A (Form 990) 2021

Secti	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exer	1						
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity	2						
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	e organization is responsive						
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2021 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021			
_1	Distributable amount for 2021 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2021 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2021							
а	From 2016							
b	From 2017							
с	From 2018							
d	From 2019							
е	From 2020							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2021 distributable amount							
i	Carryover from 2016 not applied (see instructions)							
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2021 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2021 distributable amount							
C	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2021, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2021. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2022. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2017							
b	Excess from 2018							
с	Excess from 2019							
d	Excess from 2020							
е	Excess from 2021							
				Sc	hedule A (Form 990) 2021			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

••f:s-EQUINOX OPEN LIBRARY INITIATIVE INC

20-4877798 Page **7** 

Schedule A	(Form 990) 2021	f:s-EQUINOX OPEN LI	BRARY INITIATIVE	INC	20-4877798	Page 8
Part VI	Supplemental Informa Part IV, Section A, lines 1, 2, 3 line 1; Part IV, Section D, lines Section D, lines 5, 6, and 8; au (See instructions.)	3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, s 2 and 3; Part IV, Section E	9c, 11a, 11b, and 110 , lines 1c, 2a, 2b, 3a, a	c; Part IV, Section B, lines 1 and 3b; Part V, line 1; Part V,	and 2; Part IV, Section Section B, line 1e; Pa	ı C,
132028 01-04-2	2				Schedule A (Form 9	990) 2021

SCHEDULE D	)
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90)

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.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	●●f:s—EQUINOX OPEN LIBRARY	INITIATIVE INC	20-4877798
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or Ac	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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		ds
Ŭ	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
U	for charitable purposes and not for the benefit of the donor of		
			°
Par	Impermissible private benefit?           t II         Conservation Easements.         Complete if the or	appization answored "Yes" on Form 990, Part IV	
			, iiie 7.
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (for example, recrea		orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
-	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a co	
	day of the tax year.		Held at the End of the Tax Year
а			2a
b			<u>2b</u>
С	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired a	-	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the organ	ization during the tax
	year ►		
4	Number of states where property subject to conservation east	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	on easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation ea	sements during the year
	► \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)	)(i)
	and section 170(h)(4)(B)(ii)?		YesNo
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense statem	nent and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statements the	at describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furtherance	e 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 tre		
-	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	-	► \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

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Partial       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets       Confinued.         a Using the organization's accussion, and other records, check any of the following that make significant use of its       a         a Dipute exhibition       d       Lana or exchange program         b       Scholarly research       e       Other         c       Presende in this state particulation's collections and explain how they further the organization's accession.       Yes       No         c       Presende a description of the organization's collections and explain how they further the organization's accession.       Yes       No         Partic       Escrow and Custocial and Arangements.       Complete it the organization accession.       Yes       No         Test order an anount on from 90, Part X, Ine 21.       Test organization accession.       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Test organization accession.       Yes       No         b If Yes," explain the arrangement in Part XII. The Part NI. Th	Sche		NOX OPEN LIBRAR						20-487		Pa	age <b>2</b>
collection terms (check all that apply): <ul> <li>□ Police exhibition</li> <li>□ Contar exchange program</li> <li>□ Preservation for thure generations</li> <li>□ Other</li></ul>	Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	torical Tre	easures, o	r Other	Similar	Assets	(continu	ued)	
a       Public schultion       d       □ can or exchange program         b       Schular yessarch       e       □ Other	3	Using the organization's acquisition, accession	on, and other record	s, chec	k any of the	following that	make sig	nificant u	se of its			
b       Scholarly research       e       Other         c       Preservation for future generations       e       Other         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.       5       During the year, did the organization's collection?       Yes       No         Part U       Escrow and CutStoCial Arrangements. Complete if the organization's disclord?       Yes       No         Part U       Escrow and CutStoCial Arrangements. Complete if the organization answered 'Yes' on Form 930, Part X, Iine 9, or reported an anount on Form 930, Part X, Iine 21, ion       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Armount       1e		collection items (check all that apply):										
b       Scholary research       e       Other	а	Public exhibition	d	ı 🗌	Loan or exc	hange progra	am					
Prevention for future generations     Provide a description of the organization is collections and explain how they three the organization's exempt purpose in Part XIII.     During the year, did the organization is collections and explain how they three the organization's exempt purpose in Part XIII.     During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part N, line 9, or     reported an amount on Form 990, Part X, line 21.     Is the organization answered "Yes" on Form 990, Part N, line 9, or     reported an amount on Form 990, Part X, line 21.     Is the organization answered "Yes" on Form 990, Part N, line 9, or     reported an amount on Form 990, Part X, line 21, for escrew or custodial account liabity?     Ves     No     b If 'Yes," explain the arrangement in Part XIII and complete the following table:	b	Scholarly research	е	,								
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be add to raise funds rather than to be maintained as part of the organization's collection?     Part W Escrew and Custodial Arrangements. Complete if the organization answered "Ves" on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 900, Part X2     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 900, Part X2     If Yes, "explain the arrangement in Part XIII and complete the tollowing table:         Cation additions during the year         E.         Bigrinning balance         Cations during the year         E.         Distributions         E.         E.         Distributions         E.         E.         Distributions         E.         E.         E.	с											
S During the year, did the organization activit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds entry than to be maintained as pard of the organization answered 'Yes' on Form 980, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.      Is the organization an agent, trustee, custocidan or other intermediary for contributions or other assets not included on Form 980, Part X // Line 21.      If 'Yes', 'explain the arrangement in Part XIII and complete the following table:     Amount     de Additions during the year	4		llections and explair	n how t	hev further tl	ne organizatio	n's exem	pt purpos	e in Part	XIII.		
to be sold to raise funds rather than to be maintained as part of the organization a collection?       Yes       No         Part IV       Encove and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9. or reported an amount on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Ic       Id	5											
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X will and complete the following table:       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       1										Yes		No
reported an amount on Form 990, Part X, line 21.         1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       10       10         c Beighning balance       10       11       11       11       11         2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b Contributions       Image: the organization answerd? "Ves" on Form 900, Part X, line 21, for escrow or custodial account liability?       Ves       No         Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         a Ke investment earnings, gains, and losses       (b) Prior year       (c) Two years back       (d) Three years back         a Additions during the possenses	Par								Part IV. I			<u>,</u>
on Form 990, Part X7					o organizatio				·,			
on Form 990, Part X7	1a	Is the organization an agent trustee, custodia	an or other intermed	liary for	contribution	s or other ass	sets not in	cluded				
b If "Yes," explain the arrangement in Part XIII and complete the following table:	Ĩ									Ves		No
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         d       Ending balance       If         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation naws been provided on Part XIII.       Image: Check here if the organization answered "Yes" on Form 990, Part X, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.       Image: Check here if the organization answered "Yes" on Form 990, Part X, line 10.         1a       Beginning of year balance       Image: Check here if the organization answered "Yes" on Form 990, Part X, line 10.         1a       Beginning of year balance       Image: Check here if the organization answered "Yes" on Form 990, Part X, line 10.         1a       Beginning of year balance       Image: Check here if the organization answered "Yes" on Form 990, Part X, line 10.         1a       Administrative expenditures for facilities and programs       Image: Check here if the organization answered "Yes" on Form 990, Part X, line 10.         2       Provide the estimated procentage on times 2a, 2b, and 2c should equal 100%.       Image: Check here if the organizations         3a       Are there	h								∟		L	] 110
c       Beginning balance       1c       1d         d       Additions during the year       1d       1d         f       Ending balance       1f       1d         2a       Distributions during the year       1f       1d         1b       If 'tes' explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII       No         b       If 'tes' explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       (e) Four years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (e) Four years back         1a       Grants or scholarships       (b) Prior year       (c) Two years back       (e) Four years back         1b       Outher expenditures for facilities       (b) Prior year       (c) Two years back       (e) Four years back         1b       Grants or scholarships       (b) Prior year       (c) Two years back       (e) Four years back         1b       Grants or scholarships       (b) Prior year       (c) Two years back <td< td=""><td>5</td><td></td><td></td><td>lowing</td><td></td><td></td><td></td><td></td><td></td><td>Amount</td><td></td><td></td></td<>	5			lowing						Amount		
d Additions during the year       1d         e Distributions during the year       1a         1 Ending balance       1f         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Complete if the organization answered 'Yes' on Form 990, Part W, line 10.         Part V       Endowment FundS. Complete if the organization answered 'Yes' on Form 990, Part W, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part W, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a digning of year balance       (b) Ortor year       (c) Two years back       (e) Four years back         1a digning of year balance       (b) Ortor year       (c) Two years back       (e) Four years back         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-andownent (b)       (f) The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations	~	Reginning balance						10		,		
e       Distributions during the year       1e         f       Ending balance       Yes       No         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds.       Complete if the organization naswered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Bodintibutions       (c) Three years back       (d) Three years back       (e) Four years back         1a       Bodintibutions       (c) Three years back       (e) Four years back       (e) Four years back         2       Provide the estimated procentage of the current year end balance (line 1g, column (a)) held as:       a board designated or qua												
f Ending balance       11         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arragement in Part XIII. Check here if the explanation has been provided on Part XII												
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Contributions       (a) Carrent year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Contributions       (a) Carrent year       (b) Detter years back       (e) Four years back       (e) Four years back         a       Contributions       (f) Administrative expenses       (f) Administrative expenses       (f) Adminis	-											
b. If Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earings, gains, and losses       (b) Prior year       (c) Two years       (d) Three years back       (e) Four years back         c       Net investment earings, gains, and losses       (c) Two years       (c) Two years       (d) Three years back       (e) Four years back         c       Netwestment earings, gains, and losses       (c) Two years       (c) Two years       (e) Four years       (e) Four years         c       Not westment earings, gains, and losses       (c) Two years       (d) Two years       (e) Four years       (f) Two years         g       End of year balance       (f) Two years       (f) Part Mathinstrutive expenditures for facilities       (f) Part Mathinstrutive expenditures for facilities </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>· · · · ·</td> <td></td> <td>7</td> <td></td> <td>1</td>								· · · · ·		7		1
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (a) Current year       (b) Prior year       (c) Two years back       (d) Two years back       (d) Two years back         c       Other expenditures for facilities       (a) Current year       (d) Prior		-						y?	∟			] <b>INO</b> ]
1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (c) Two years back       (e) Four years back         b       Contributions       (c) Two years back								<u></u> ר				1
1a Beginning of year balance   b Contributions   c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs	I GI								aare hack		voare	hack
b       Contributions		Protection of completions of	(a) Guirent year	(0)	FIIOI yeai		S DACK (		Sal S Dauk		years	Jack
c       Net investment earnings, gains, and losses         d       Grants or scholarships         e       Other expenditures for facilities         and programs												
d Grants or scholarships	b	ſ										
e Other expenditures for facilities and programs	С											
and programs												
f       Administrative expenses	е	-										
g End of year balance												
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Term endowment ▶%         d       The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	f											
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Term endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	g											
b       Permanent endowment ▶      %         c       Term endowment ▶      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:      %         (i)       Unrelated organizations      %         (ii)       Related organizations      %         jiii       Related organizations      %         jiiii       Related organizations      %         jiiii       Related organizations      %         jiiiii       Related organizations      %         jiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	2	Provide the estimated percentage of the curr	ent year end balance	e (line 1	g, column (a	l)) held as:						
c       Term endowment      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> </ul> <ul> <li>(i) Unrelated organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations (see organizations listed as required on Schedule R?</li> <li>(iii) Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>Description of property</li> <li>(a) Cost or other</li> <li>(b) Cost or other</li> <li>(c) Accumulated</li> <li>(d) Book value</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(i) Accumulated</li> <li>(i) Add lines 1a through 1e. (Column (d) must equal Form 990, Part</li></ul>	а	Board designated or quasi-endowment		_%								
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value desis (other)</li> <li>(i) Cost or other basis (other)</li> <li>(i) Book value desis (other)</li> <li>(i) Book value desi</li></ul>	b	Permanent endowment	%									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes       No         (i) Unrelated organizations       3a(i)       1a       3a(i)       1a       Sb       1a       Land       So       1a       Land       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land       457,600       392,863       64,737       64,737         Cother       Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c,)       1ine 10c,       64,737	С	Term endowment	%									
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) (i) Unrelated organizations (ii) Related organizations (iii) Related orga		The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
(i)       Unrelated organizations       3a(i)       3a(i)         (ii)       Related organizations       3a(ii)       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XII the intended uses of the organization's endowment funds.       3b       3b         Part VI       Land, Buildings, and Equipment.       3b       3b         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       1       1         b       Buildings       1       1         c       Leasehold improvements       4       1         d       Equipment       457,600, 392,863, 64,737, e       64,737, e         Other       1       457,600, 392,863, 64,737, e       64,737, e	3a	Are there endowment funds not in the posses	ssion of the organiza	ation that	at are held a	nd administer	ed for the	organiza	tion	_		
(ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b Buildings       (d) Book value         c Leasehold improvements       457,600.         d Equipment       457,600.         Other       64,737.         Fotal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       64,737.		by:								`	Yes	No
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b       Buildings         c       Leasehold improvements         d       Equipment         e       Other         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       64,737.		(i) Unrelated organizations								3a(i)		
4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b Buildings       (d) Book value         c Leasehold improvements       457,600.         d Equipment       457,600.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       64,737.		(ii) Related organizations								3a(ii)		
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	b									Зb		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.							
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land	Par	t VI Land, Buildings, and Equipm	ent.									
Image: Second system       Image: Second system       Image: Second system       Image: Second system         1a Land       Image: Second system       Image: Second system       Image: Second system       Image: Second system         b Buildings       Image: Second system       Image: Second syste		Complete if the organization answered	d "Yes" on Form 990	), Part l	V, line 11a. S	See Form 990	, Part X, li	ne 10.				
1a Land		Description of property	(a) Cost or o	other	(b) Cos	t or other	<b>(c)</b> Ac	cumulate	d	(d) Book	value	э
b Buildings	_		1		basis	(other)	• •					
b Buildings	1a	Land										
c       Leasehold improvements												
d Equipment       457,600.       392,863.       64,737.         e Other             Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)         64,737.												
e Other						457,600.		392,8	363.		64.	737.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					1	, ,		,			,	
				X colu	mn (R) line 1						64.	737.
	1010		<u>quai FUIII 990, Fall</u>	<u>, coiu</u>	<u>, , , , , , , , , , , , , , , , , , , </u>	<i>vv.j</i>			Schedule	D (Form		

Schedule D	(Form 990) 2021	●●f:s—EQUINOX	OPEN	LIBRARY	INITIATIVE	INC	
Part VII	Investments -						

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)		
(F)		
(G)		
(H)		
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

#### 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	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(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	i.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	●●f:s—_DEFERRED CONTRACT LIABILITIES	519,215.
(3)	●●f:s—_PAYROLL LIABILITIES	4,471.
(4)	●●f:s—INVESTMENT IN CANADA	5,183.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	528,869.

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

Schedule D (Form 990) 2021

132053 10-28-21

09590816 131839 A137683

Sche	edule D (Form 990) 2021 ••f:s—EQUINOX OPEN LIBRARY INITIATIVE	INC	20-4877798	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.		
1	Total revenue, gains, and other support per audited financial statements			
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			
с	Recoveries of prior year grants			
d				
е			2e	
3	Subtract line <b>2e</b> from line <b>1</b>	t XIII.)       2d         2d       2d         2d       2d         2d       2d         Sorm 990, Part VIII, line 12, but not on line 1:       4a         not included on Form 990, Part VIII, line 7b       4a         t XIII.)       4b         es 3 and 4c. (This must equal Form 990, Part I, line 12.)       ion of Expenses per Audited Financial Statements With Expenses		
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	4a		
b	Other (Describe in Part XIII.)			
с	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Expension	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.		
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.)	2d		
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	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b			
с _5	Add lines <b>4a</b> and <b>4b</b> <u>Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) <b>rt XIII Supplemental Information.</b></u>			

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.

132054 10-28-21

Department of the Treasury Internal Revenue Service	► Go to	www.irs.gov/Fo	P Attach to Form 990.	information.		to Public ection
Name of the organization	-				Employer identif	ication number
••f:s-EQUINOX OPEN I					20-4877798	
		ctivities Out	side the United States. Compl	ete if the orgar	ization answered "א	'es" on
Form 990, Part <b>1 For grantmakers.</b> Do		n maintain recor	ds to substantiate the amount of its gra	nts and other	assistance	
-	-		the selection criteria used to award the			Yes 🗌 No
5 5 ,	5			5		
•	scribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance outs	de the
United States.				ll <b>\</b>		
	(The following Part (b) Number of	T	an be duplicated if additional space is r (d) Activities conducted in the region		ivity listed in (d)	(f) Total
(a) Region	offices	employees,	(by type) (such as, fundraising, pro-	.,	gram service,	expenditures
	in the region	agents, and independent	gram services, investments, grants to		e specific type	for and
		contractors	recipients located in the region)	of service	e(s) in the region	investments in the region
●●f:s—NORTH AMERICA	_	in the region				
••f:s—CANADA AND MEX						
••f:s-BUT NOT THE UN	,		••f:s-EXEMPT PURPOSE PROGRA		N SUIDCE INTEGR	ן גיידיד
••f:s—STATES	1	0			RARY SYSTEMS SE	
••f:s-NORTH AMERICA		0			WART STSTERS SE	
••f:s—CANADA AND MEX						
••f:s—BUT NOT THE UN	,		••f:s-EXEMPT PURPOSE PROGRA		N SUIDCE INTEGR	ן גיידיד
••f:s—STATES	1	0	• f:s_SERVICES - INVESTMENT			
		0			KARI DIDIEMD DE	KVICED5,105
3 a Subtotal		0				30,542
<b>b</b> Total from continuatio						
sheets to Part I	0	0				0.

Statement of Activities Outside the United States

Attach to Form 990.

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

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

2

0

Schedule F (Form 990) 2021

30,542.

OMB No. 1545-0047

12

2

Open to Public

132071 12-20-21

c Totals (add lines 3a

and 3b)

SCHEDULE F (Form 990)

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	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
			l ecognized as charities by the t			1	1	ı
			or counsel has provided a sect					
3 Enter total number of	other organizations of	or entities				<u></u>		

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) 2021

		••f:s—EQUINOX	OPEN	LIBRARY	INITIATIVE	INC
Part IV	Foreign Forms					

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

Schedule F (Form 990) 2021

#### Part V Supplemental Information

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

••f:s—PART I - LINE 3

••f:s-ACTUAL INCOME AND EXPENSES RELATED TO PROGRAM SERVICES.

Schedule F (Form 990) 2021

132075 12-20-21

SC	HEDULE J	Compens	ation Information	1	OMB No. 1	545-004	17
(Fo	rm 990)		rs, Trustees, Key Employees, and Highest		20	71	
		Comp	ensated Employees		<b>20</b>		I
Dene	transfelder Transferre		nswered "Yes" on Form 990, Part IV, line 23. Each to Form 990.		Open to	Publi	ic
	tment of the Treasury al Revenue Service		0 for instructions and the latest information.		Inspe	ction	
Nam	ne of the organization	1		Employer i	dentificatio	on nur	nber
			INITIATIVE INC	20-4	877798		
Pa	rt I Question	s Regarding Compensation					
						Yes	No
1a	Check the appropri	ate box(es) if the organization provided any o	of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any rele	vant information regarding these items.				
	First-class or c	harter travel	Housing allowance or residence for perso	nal use			
	Travel for com	panions	Payments for business use of personal res	sidence			
	Tax indemnific	ation and gross-up payments	Health or social club dues or initiation fee	5			
	Discretionary :	pending account	Personal services (such as maid, chauffer	ır, chef)			
b	If any of the boxes	on line 1a are checked, did the organization	follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described abo	ove? If "No," complete Part III to explain		1b		
2	Did the organization	require substantiation prior to reimbursing	or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, reg	garding the items checked on line 1a?		2		<u> </u>
3							
	CEO/Executive Dire	ctor. Check all that apply. Do not check any	boxes for methods used by a related organization	on to			
	establish compensa	tion of the CEO/Executive Director, but exp	lain in Part III.				
	Compensation	committee	X Written employment contract				
	Independent of	ompensation consultant	Compensation survey or study				
	Form 990 of o	her organizations	X Approval by the board or compensation c	ommittee			
4		•••	ction A, line 1a, with respect to the filing				
	organization or a re	ated organization:					
а							X
b	-		-				X
с	-				4c		X
	If "Yes" to any of lir	heck the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990 art VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, c any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or bimbursement or provision of all of the expenses described above? If "No," complete Part III to explain id the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, ustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? dicate which, if any, of the following the organization used to establish the compensation of the organization's EO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization t stablish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee					
-							
5	-		the organization pay or accrue any compensatio	n			
-	-				<b>F</b> -		х
							x
a					<u>5b</u>		Δ
~			the organization pay or approximation of the	n			
6			the organization pay or accrue any compensatio	11			
-	-	-			6-		х
a h							x
a					6b		
7		,	the organization provide only perfined asymptotic				
1					-		х
0					7		
8							х
0					8		-1
9					9		
					9   ule J (Form	1 0001	2024
цпΑ	FOI Paperwork R	suuction Activotice, see the instructions i		Scried	uie J (Form	1 990)	2021

132111 11-02-21

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
••f:s-(1) LISA CARLUCCI	(i)	137,500.	500.	0.	6,875.	8,492.	153,367.	0
●●f:s—EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Page 3

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

••f:s—PART I, LINE 3:

••f:s-THERE IS A COMPENSATION COMMITTEE, COMPRISED OF TRUSTEES AND THE EXECUTIVE

••f:s-DIRECTOR, THAT REVIEWS SALARIES; EXCLUDING THAT PERSON OF WHICH THE

••f:s-COMPENSATION IS BEING DECIDED. SALARIES ARE SET DURING A MEETING OF THE

••f:s-TRUSTEES AND THE MATERIALIZATION OF THE COMPENSATION COMMITTEES DECISION IS

••f:s-INCLUDED IN THE MEETING MINUTES.

Schedule J (Form 990) 2021

# (Form 990)

Department of the Treasury

Internal Revenue Service

## Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Employer ident	ification number
----------------	------------------

OMB No. 1545-0047

20

Inspection

**Open To Public** 

●●f:s—_E	QUINOX OPEN LIBRARY INITIATIVE	INC	20-4877798			
Part I Excess Benefit Tran	sactions (section 501(c)(3), section 50	1(c)(4), and section 501(c)(29) organi	zations only).			
Complete if the organization	on answered "Yes" on Form 990, Part IV, I	ine 25a or 25b, or Form 990-EZ, Par	t V, line 40b.			
1 (b) Relationship between disqualified			action	(d) Corr	Corrected?	
(a) Name of disqualified person	person and organization	(c) Description of transaction		Yes	No	
2 Enter the amount of tax incurred b	y the organization managers or disqualifie	d persons during the year under				
section 4958			🕨 💲			
3 Enter the amount of tax, if any, on	3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization					
Part II Loans to and/or Fro	m Interested Persons.					
Complete if the organization	on answered "Yes" on Form 990-F7 Part	V line 38a or Form 990 Part IV line	26. or if the organ	ization		

reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization		fron	an to or n the zation?	<b>(e)</b> Original principal amount	(f) Balance due	<b>(g)</b> defa		(h) Ap by bo comm	ard or	(i) W agreer	
			То	From			Yes	No	Yes	No	Yes	No
••f:s—SHAE TETTERTON	●●f:s—_TRUST	EEf:s—Share	RXE		47,129.	25,617.		Х	Х		х	
••f:s-MIKE RYLANDER	••f:sINDIV	∎DÐ:s—SHARE	RÆ		224,755.	75,008.		Х	Х		Х	
••f:s-JASON A. ETHERI	••f:sINDIV	∎DÐ:s—SHARE	RÆ		170,140.	92,725.		Х	Х		Х	
●●f:s—GALEN CHARLTON	●●f:s—TRUST	EEf:s—Share	RXE		87,112.	47,474.		Х	Х		Х	
Total					> \$	240,824.						

Part III

Grants or Assistance Benefiting Interested Persons.

(a) Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of assistance	<b>(d)</b> Type of assistance	(e) Purpose of assistance			

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

Schedule L (Form 990) 2021

••f:s-SEE PART V FOR CONTINUATIONS

132131 11-02-21

FOUTNON ODEN I TERADU TNITUTATIVE TNC

Complete if the organization answer			(a) December 1 and	(e) Sha	arina
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	zatio
				Yes	N
					-
rt V Supplemental Information.					
Provide additional information for re	sponses to questions on Schedule L (see in	structions).			
:s-SCHEDULE L, PART II, LOANS TO	AND FROM INTERESTED PERSONS.				
-SCHEDOLE I, FART II, LOANS IO	AND FROM INTERESTED FERSONS:				
:s-(A) NAME OF PERSON: SHAE TETT	ERTON				
:s-(B) RELATIONSHIP WITH ORGANIZ	AMION. WDIIGWEE/GEODEWADV				
	ATTON: TROSTEE/SECRETARI				
:s-(C) PURPOSE OF LOAN: SHARE RE	PURCHASE				
f:s-(A) NAME OF PERSON: MIKE RYLA	NDER				
f:s-(B) RELATIONSHIP WITH ORGANIZ	ATTON: INDIVIDUAL TRUSTEE				
f:s-(C) PURPOSE OF LOAN: SHARE RE	PURCHASE				
f:s-(A) NAME OF PERSON: JASON A.	ETHERIDGE				
f:s-(B) RELATIONSHIP WITH ORGANIZ	ATION: INDIVIDUAL TRUSTEE				
f:s-(C) PURPOSE OF LOAN: SHARE RE	PURCHASE				
f:s-(A) NAME OF PERSON: GALEN CHA	RLTON				
f:s-(B) RELATIONSHIP WITH ORGANIZ	ATION: TRUSTEE/TREASURER				
f:s-(B) RELATIONSHIP WITH ORGANIZ	ATION: TRUSTEE/TREASURER				
f:s—(B) RELATIONSHIP WITH ORGANIZ f:s—(C) PURPOSE OF LOAN: SHARE RE					

Schedule L (Form 990) 2021

132132 11-02-21

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	-EZ	OMB No. 1545-0047
Name of the organization			dentification number
	●●f:s—EQUINOX OPEN LIBRARY INITIATIVE INC	20-48	77798
••f:s—FORM 990, P.	ART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
••f:s—SOFTWARE AN	O OPEN SOURCE PROJECTS, INCLUDING THE DEVELOPMENT OF OPEN		
●●f:s—SOURCE TECH	NOLOGIES AND IMPLEMENTATION OF LIBRARY SYSTEMS. ADDITIONAL		
••f:s—SERVICES IN	CLUDE CONSULTING, PROJECT MANAGEMENT, DATA SERVICES,		
••f:s-IMPLEMENTAT	ION, TRAINING, AND IT SERVICES, SUCH AS HOSTING AND SUPPORT,		
••f:s-CUSTOMIZATI	DN, TECHNICAL MANAGEMENT, AND ADVISEMENT.		
●●f:s—_FORM 990, P.	ART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
●●f:s—EQUINOX OPE	N LIBRARY INITIATIVE ("EQUINOX") WAS ORIGINALLY FOUNDED AS		
●●f:s—EQUINOX SOF	WARE, INC. IN 2007 BY THE DEVELOPERS OF THE EVERGREEN ILS,		
••f:s-ONE OF THE	FIRST OPEN SOURCE INTEGRATED LIBRARY SYSTEMS ON THE MARKET.		
••f:s—IN 2017, EQ	JINOX BECAME A 501(C)(3) NON-PROFIT ORGANIZATION WITH A		
••f:s-MISSION OF	EMPOWERING LIBRARIES WITH OPEN SOURCE TECHNOLOGIES. EQUINOX		
●●f:s—IS COMMITTE	) TO EXPANDING LIBRARY ACCESS TO AFFORDABLE, CUSTOMIZABLE,		
••f:s-OPEN SOURCE	SOFTWARE BY PROVIDING HIGH QUALITY PROJECT MANAGEMENT, DATA		
●●f:s—MANAGEMENT,	MIGRATION, SUPPORT, DEVELOPMENT, AND TRAINING SERVICES.		
••f:s-THIS COMMIT	MENT EXTENDS TO MAKING OPEN SOURCE SOFTWARE AVAILABLE AND		
••f:s—EASY FOR LI	BRARIES TO ADOPT AND USE. EQUINOX SUPPORTS A WIDE RANGE OF		
••f:s-LIBRARY NEE	OS BASED ON THE SPECIFIC REQUIREMENTS OF THE LIBRARY AND		
••f:s-PROACTIVELY	IDENTIFIES INNOVATIONS AND OPPORTUNITIES TO ENHANCE SERVICE		
●●f:s—OFFERINGS W	TH RELEVANT OPEN SOURCE SOLUTIONS. EQUINOX LEVERAGES		
••f:s-PROFESSIONA	AND TECHNICAL KNOWLEDGE IN ORDER TO PROVIDE EXCEPTIONAL		
••f:s—SERVICE AND	SUPPORT FOR LIBRARY OPEN SOURCE SOFTWARE AND OPEN SOURCE		
●●f:s—PROJECTS.			

LHA  $\,$  For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Schedule O (Form 990) 2021

Name of the organization ••f:s—EQUINOX OPEN LIBRARY INITIATIVE INC	Employer identification number 20-4877798
——————————————————————————————————————	20 40///50
••f:s—FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:	
••f:s-EQUINOXEDU IS A COMPREHENSIVE EDUCATION PROGRAM FOCUSED ON OPEN SOURCE	
••f:sTECHNOLOGIES FOR LIBRARIES, ARCHIVES, MUSEUMS, AND CULTURAL	
••f:s-INSTITUTIONS. PROGRAM EVENTS INCLUDE WORKSHOPS, COURSES, AND OPEN	
●●f:s—WEBINARS, FOCUSED ON BUILDING OPEN SOURCE COMMUNITIES.	
••f:s—FORM 990, PART VI, SECTION A, LINE 7A:	
••f:s-UNDER THE BYLAWS. THE BOARD OR THE NOMINATIONS COMMITTEE WILL COMPILE	
••I: BUNDER THE BILLAWS, THE BOARD OR THE NOMINATIONS COMMITTEE WILL COMPTLE	
$\bullet \bullet f:s$ -Nominations for each position on the board, and may make nominations in its	
••f:s-OWN RIGHT. NOMINATIONS MAY BE MADE BY ANY TRUSTEE OR BY THE NOMINATIONS	
••f:s-COMMITTEE. NO NOMINATION WILL BE PLACED ON THE ANNUAL ELECTION BALLOT	
••f:sUNLESS:	
••f:s-(I) THE NOMINEE IS EIGHTEEN YEARS OF AGE. AS REQUIRED BY THE CODE, AND	
· · · ·	
••f:s-(II) THE NOMINEE HAS AFFIRMATIVELY CONSENTED TO THE NOMINATION OR HAS	
••f:s-ELECTED TO AT LEAST ONE NOMINATION, IF PROPOSED FOR MORE THAN ONE OFFICE.	
●●f:s—FORM 990, PART VI, SECTION B, LINE 11B:	
$\bullet f:s$ —FORM 990 IS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY VIA EMAIL FOR	
••f:s-REVIEW IN ADVANCE OF BOARD MEETING. BOARD MEMBERS DISCUSS AT BOARD MEETING	
••f:sPRIOR TO FILING.	
••f:s—FORM 990, PART VI, SECTION B, LINE 12C:	
$\bullet \bullet f:s$ —TO ENSURE THAT THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH	
••f:s-CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE	
••f:s-ITS TAX-EXEMPT STATUS, PERIODIC REVIEWS WILL BE CONDUCTED. WHEN CONDUCTING	
$\bullet f:s$ —THE PERIODIC REVIEWS, THE ORGANIZATION MAY, BUT NEED NOT, USE OUTSIDE	
$\bullet f:s$ Advisors. If outside experts are used, their use will not relieve the	
$\bullet \bullet f: s$ —GOVERNING BOARD OF ITS RESPONSIBILITY FOR ENSURING THAT PERIODIC REVIEWS	
132212 11-11-21 <b>41</b>	Schedule O (Form 990) 202

Name of the organization ••f:s—EQUINOX OPEN LIBRARY INITIATIVE INC	Employer identification number 20-4877798
••f:s-ARE CONDUCTED.	1
••f:s—FORM 990, PART VI, SECTION B, LINE 15:	
••f:s-THERE IS A COMPENSATION COMMITTEE, COMPRISED OF TRUSTEES AND THE EXECUTIVE	
•f:s-DIRECTOR, THAT REVIEWS SALARIES; EXCLUDING THAT PERSON OF WHICH THE	
••f:s-COMPENSATION IS BEING DECIDED. SALARIES ARE SET DURING A MEETING OF THE	
●●f:s—TRUSTEES AND THE MATERIALIZATION OF THE COMPENSATION COMMITTEES DECISION IS	
••f:s-INCLUDED IN THE MEETING MINUTES.	
●●f:s—FORM 990, PART VI, SECTION C, LINE 19:	
••f:s-AVAILABLE UPON REQUEST ALONG WITH INFORMATION AVAILABLE ON AN INDUSTRY	
••f:s-DATABASE AT LIBRARYTECHNOLOGY.ORG	

Page **2** 

Schedule O (Form 990) 2021

Depa	artment of the Treasury
Inter	nal Revenue Service

### **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.

OMB No. 1545-0047

Inspection

Employer identification number

20-4877798

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

Name of the organization

SCHEDULE R (Form 990)

••f:s-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	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity		<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) 2021

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.

	······································											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)		i)	(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	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Gene mana part	ral or aging ner?	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	1											
	1											
	1											
	1	1	1	1		1	I	I		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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	512( cont	<b>i)</b> b)(13) rolled tity?
		country)				233013		Yes	No
••f:s—EQUINOX LIBRARY SERVICES CANADA (ULC)	-		●●f:s—EQUINOX	OPEN					
••f:s-00-3253434, PO BOX 997, HALIFAX, NOVA	●●f:s—OPEN SOURCE LIB	RARY	●●f:s—LIBRARY						
••f:s—SCOTIA, CANADA B3J 2X2	●●f:s—SERVICES	●●f:s—_CA	NAÐASINITIATI	VEf:s-C CORP	224,015.	٥.	100%	x	

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.		Yes	No
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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		х
<b>b</b> Gift, grant, or capital contribution to related organization(s)			х
c Gift, grant, or capital contribution from related organization(s)			х
d Loans or loan guarantees to or for related organization(s)			х
e Loans or loan guarantees by related organization(s)	<u>1e</u>		x
f Dividends from related organization(s)			x
g Sale of assets to related organization(s)			x
h Purchase of assets from related organization(s)	<u>1h</u>		x
i Exchange of assets with related organization(s)	<u>1i</u>		x
j Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		x
I Performance of services or membership or fundraising solicitations for related organization(s)			х
m Performance of services or membership or fundraising solicitations by related organization(s)		X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		х
o Sharing of paid employees with related organization(s)			X
p Reimbursement paid to related organization(s) for expenses			x
<b>q</b> Reimbursement paid by related organization(s) for expenses		X	_
r Other transfer of cash or property to related organization(s)	1r		x
s Other transfer of cash or property from related organization(s)			х
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 tran	saction 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) ••f:s-EQUINOX LIBRARY SERVICES CANADA (ULC)	м	224,015.	●●f:s—SERVICE REVENUE
(2) ●●f:s—EQUINOX LIBRARY SERVICES CANADA (ULC)	Q	25,359.	●●f:s—SERVICE EXPENSE
(3)			
(4)			
(5)			
_(6)			

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### Schedule R (Form 990) 2021 ••f:s-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 tion: allocati <b>Yes</b>	) por- ite ons? <b>No</b>	(j) General managir partner Yes N	(k) Percentage ownership

Schedule R (Form 990) 2021