

Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**A** For the 2019 calendar year, or tax year beginning January 1, 2019, and ending December 31, 20

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

**C** Name of organization **Inc**  
Out in the Open INC.

Number and street (or P.O. box if mail is not delivered to street address) **Inc** Room/suite  
P O Box 1685

City or town, state or province, country, and ZIP or foreign postal code **03**  
Brattleboro, VT, 05302

**D** Employer identification number **Inc**  
455246211

**E** Telephone number  
503 747 9495

**F** Group Exemption Number ▶ **Inc**

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B **Inc**  
(Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ [www.weareoutintheopen.org](http://www.weareoutintheopen.org)

**J** Tax-exempt status (check only one) –  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 159646.00

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I) **Inc**

Check if the organization used Schedule O to respond to any question in this Part I

		Revenue		Expenses		Net Assets	
<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	150367.00			<b>18</b>	21374.00
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	4010.00			<b>19</b>	80678.71
<b>3</b>	Membership dues and assessments	<b>3</b>	0			<b>20</b>	-287.00
<b>4</b>	Investment income	<b>4</b>	184.00			<b>21</b>	101,765.71
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	0				
<b>5b</b>	Less: cost or other basis and sales expenses	<b>5b</b>	0				
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	<b>5c</b>	0				
<b>6</b>	Gaming and fundraising events:						
<b>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	5085.00				
<b>6b</b>	Gross income from fundraising events (not including \$ 150367.00 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	0				
<b>6c</b>	Less: direct expenses from gaming and fundraising events	<b>6c</b>	0				
<b>6d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	5085.00				
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	0				
<b>7b</b>	Less: cost of goods sold	<b>7b</b>	0				
<b>7c</b>	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	<b>7c</b>	0				
<b>8</b>	Other revenue (describe in Schedule O)	<b>8</b>	0				
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	159646.00				
<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>10</b>	0				
<b>11</b>	Benefits paid to or for members	<b>11</b>	164.00				
<b>12</b>	Salaries, other compensation, and employee benefits <b>Inc</b>	<b>12</b>	101636.00				
<b>13</b>	Professional fees and other payments to independent contractors <b>Inc</b>	<b>13</b>	10132.00				
<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	9917.00				
<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	1618.00				
<b>16</b>	Other expenses (describe in Schedule O) <b>Inc</b>	<b>16</b>	14805.00				
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	138272.00				
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 9)	<b>18</b>	21374.00				
<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	80678.71				
<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	-287.00				
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	101,765.71				

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OPEN, UT

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Support for rural Lesbian, Gay, Bisexual, & Trans community

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

Table with 3 columns: Description, Expense amount, Expense code. Rows include LGBTQ Community Support, Out in the Open Summit, LGBTQ Peer Support Groups, and Total program service expenses.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

ABO

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

Table with columns Yes, No and row 33

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions

Table with columns Yes, No and row 34

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

Table with columns Yes, No and row 35a

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

Table with columns Yes, No and row 35b

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

Table with columns Yes, No and row 35c

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

Table with columns Yes, No and row 36

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

37a 0

Table with columns Yes, No and row 37a

b Did the organization file Form 1120-POL for this year?

Table with columns Yes, No and row 37b

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

Table with columns Yes, No and row 38a

b If "Yes," complete Schedule L, Part II, and enter the total amount involved

38b

Table with columns Yes, No and row 38b

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

39a

Table with columns Yes, No and row 39a

b Gross receipts, included on line 9, for public use of club facilities

39b

Table with columns Yes, No and row 39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0; section 4912 0; section 4955 0

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

Table with columns Yes, No and row 40b

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

0

Table with columns Yes, No and row 40c

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization

0

Table with columns Yes, No and row 40d

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

Table with columns Yes, No and row 40e

41 List the states with which a copy of this return is filed Vermont

42a The organization's books are in care of HB Lozito Telephone no. 503 747.9495 Located at 74 Cotton Mill Hill, Unit A206, Brattleboro Vermont ZIP + 4 05301

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

Table with columns Yes, No and row 42b

If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country

Table with columns Yes, No and row 42c

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns Yes, No and row 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 44a

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 44b

c Did the organization receive any payments for indoor tanning services during the year?

Table with columns Yes, No and row 44c

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Table with columns Yes, No and row 44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Table with columns Yes, No and row 45a

b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

Table with columns Yes, No and row 45b

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

	Yes	No
46		<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

47 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 . . . . .

	Yes	No
47		<input checked="" type="checkbox"/>

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

	Yes	No
48		<input checked="" type="checkbox"/>

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

	Yes	No
49a		<input checked="" type="checkbox"/>

b If "Yes," was the related organization a section 527 organization? . . . . .

	Yes	No
49b		<input checked="" type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 . . . . . NONE

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 . . . . . NONE

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . . . . .  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here  Signature of officer HB [Signature] Date 7/14/2020  
 Type or print name and title HB LOZITO Executive Director

**Paid Preparer Use Only**  
 Pnnt/Type preparer's name, Preparer's signature, Date, Check  if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
OUT IN THE OPEN INC

Employer identification number  
45-5246211

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2019; 15 Public support percentage from 2018 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2019; b 33 1/3% support test - 2018; 17a 10%-facts-and-circumstances test - 2019; b 10%-facts-and-circumstances test - 2018; 18 Private foundation.

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	\$32,785	\$33,446	\$54,300	\$114,651	\$69,025	\$304,207
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	\$400 00	\$2,000 00	2380 00	\$3,000	\$4,010	\$11,790
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	\$33,185	\$35,446	\$56,680	\$117,651	\$73,035	\$315,997
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .	0	0	0	0	0	0
<b>b</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	0	0	0	0	0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						315,997

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 . . . . .	\$33,185	\$35,446	\$56,680	\$117,651	\$73,035	\$315,997
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	\$10	\$15	\$13	\$51	\$184	273
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .	0	0	0	0	0	0
<b>c</b> Add lines 10a and 10b . . . . .	\$10	15	13	51	184	273
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	0	0	0	0	0	0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	\$33,195	\$35,461	\$56,693	\$117,702	\$73,219	\$316,270
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	99.91 %
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	51.8 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	0.09 %
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.03 %

- 19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . ▶
- b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization  
Out in the Open INC

Employer identification number  
45-5246211

LINE 16 OTHER EXPENSES Bank Service Fees - \$2 00

Computer expenses - \$1275 00

Directors & Officers Insurance - \$561.00

Payment processing fees - \$133.00

Software - \$749 00

Travel - \$1931 00

Program Expenses & Supplies - \$10154 00

LINE 20 - \$287 discrepancy between 2018 and 2019 net assets at beginning of year: we fixed a minor issue with how recurring donations were being reconciled resulting in this discrepancy

ITEM B Describing the significant change In June of 2019, we changed the name of our organization from Green Mountain Crossroads INC to Out in the Open INC. We have attached updated supporting documents here This was a change in name only All programming, mission, vision, values, and purpose of the nonprofit remained the same



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

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OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization  
Out in the Open INC

Employer identification number  
45-5246211

LINE 16 OTHER EXPENSES Bank Service Fees - \$2 00

Computer expenses - \$1275 00

Directors & Officers Insurance - \$561 00

Payment processing fees - \$133 00

Software - \$749 00

Travel - \$1931 00

Program Expenses & Supplies - \$10154 00

LINE 20 - \$287 discrepancy between 2018 and 2019 net assets at beginning of year we fixed a minor issue with how recurring donations were being reconciled resulting in this discrepancy

ITEM B Describing the significant change In June of 2019, we changed the name of our organization from Green Mountain Crossroads INC to Out in the Open INC We have attached updated supporting documents here. This was a change in name only. All programming, mission, vision, values, and purpose of the nonprofit remained the same