| Form | <b>990</b> |
|------|------------|

Department of the Treasury

# EXTENDED TO NOVEMBER 15, 2018 **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.

OMB No. 1545-0047 Open to Public

| Inte          | rnal Reven             | ue Service                    | Go to www.i                              | rs.gov/Form990 for instructions and                | d the lates  | t information.           |              | Inspection                |
|---------------|------------------------|-------------------------------|--|--|--------------|--------------------------|--------------|---------------------------|
| Α             | For the                | 2017 calend                   | lar year, or tax year beginning          | g and  | l ending     |                          |              |                           |
| В             | Check if<br>applicable | <b>C</b> Name c               | of organization                          |  |              | D Employer ident         | tificatio    | on number                 |
| Г             | Addres                 |                               | NOX OPEN LIBRAR                          | Y INITIATIVE INC.                                  |              |                          |              |                           |
| Γ             | Name                   |                               | pusiness as                              |  |              |                          | 487          | 7798                      |
|               | Initial<br>return      |                               | r and street (or P.O. box if mail is     | s not delivered to street address)                 | Room/suite   | E Telephone num          |              |                           |
|               | Final<br>return/       |                               | BOX 69                                   | ,  |              |                          |              | 1-8364                    |
|               | termin-<br>ated        | City or                       | town, state or province, countr          | y, and ZIP or foreign postal code                  | •            | G Gross receipts \$      |              | 2,072,753.                |
|               | Amend<br>return        | NORC                          | ROSS, GA 30091                           |  |              | H(a) Is this a group     | o return     | l                         |
|               | Applica                | <sup>a-</sup> <b>F</b> Name a | and address of principal officer:        | MICHAEL E. RYLANDE                                 | R            | for subordinat           | tes?         | Yes X No                  |
|               | pendin                 | P.0.                          | BOX 69, NORCROS                          |  |              | H(b) Are all subordinate | es include   | d? Yes No                 |
|               |                        |                               | X 501(c)(3) 501(c) (                     |  | or 52        | 7 If "No," attach        | n a list.    | (see instructions)        |
|               |                        |                               | S://WWW.EQUINOX                          |  |              | H(c) Group exemp         |              |                           |
|               |                        |                               | X Corporation Trust                      | Association Other ►                                | L Year       | r of formation: 2017     | <b>M</b> Sta | ite of legal domicile: GA |
| Р             |                        | Summary                       |  |  |              |                          |              |                           |
| ģ             | ן <b>1</b>             |                               |  | r most significant activities: THE                 |              |                          |              |                           |
| Governance    |                        |                               |  | USIVELY FOR THE CHA                                |              |                          |              |                           |
| ar o          |                        |                               |  | discontinued its operations or dispos              |              | 1                        |              |                           |
| č             |                        |                               | ting members of the governing            |  |              |                          | 3            | 4                         |
| Q             | <u>ة  </u>             |                               |  | the governing body (Part VI, line 1b)              |              |                          | 4            | 21                        |
| joi.          |                        |                               |  | endar year 2017 (Part V, line 2a)                  |              |                          | 5            | 0                         |
| Activities    |                        |                               |  | ssary)   |              |                          | 6<br>7a      | 0.                        |
|               |                        |                               |  | VIII, column (C), line 12<br>I Form 990-T, line 34 |              |                          | 7b           | 0.                        |
| _             |                        |                               |  | 1 Point 990-1, line 34                             | ·····        | Prior Year               |              | Current Year              |
|               | . 8                    | Contributions                 | and grants (Part \/III_line 1h)          |  |              | Filor Tear               | +            | 0.                        |
| Bevenue       |                        |                               | ice revenue (Part VIII, line 2g)         |  |              |                          | +            | 2,044,876.                |
| - Leve        |                        | •                             |  | es 3, 4, and 7d)                                   |              |                          | +            | 88.                       |
| å             |                        |                               |  | 6d, 8c, 9c, 10c, and 11e)                          |              |                          |              | 27,789.                   |
|               |                        |                               |  | equal Part VIII, column (A), line 12)              |              |                          |              | 2,072,753.                |
|               |                        |                               |  | olumn (A), lines 1-3)                              |              |                          |              | 0.                        |
|               |                        |                               |  | umn (A), line 4)                                   |              |                          |              | 0.                        |
|               | 45 0                   |                               |  | nefits (Part IX, column (A), lines 5-10)           |              |                          |              | 1,419,008.                |
| Evnancae      | 2 16a I                |                               |  | ın (A), line 11e)                                  |              |                          |              | 0.                        |
| ğ             | b b                    |                               | sing expenses (Part IX, column           |  | <u> </u>     |                          |              |                           |
| ů,            | ، 17 <sup>(</sup>      | Other expens                  | es (Part IX, column (A), lines 1         | 1a-11d, 11f-24e)                                   |              |                          |              | 485,019.                  |
|               |                        |                               |  | I Part IX, column (A), line 25)                    |              |                          |              | 1,904,027.                |
|               | 19                     | Revenue less                  | expenses. Subtract line 18 fro           | m line 12  |              |                          |              | 168,726.                  |
| Net Assets or | Ces                    |                               |  |  | В            | eginning of Current Yea  | ır 📃         | End of Year               |
| sets          | ਸ਼ਿਊ <b>20</b> ਂ       | Total assets (                | Part X, line 16)                         |  |              |                          |              | 572,540.                  |
| tAs           | ਸ਼੍ਹੋ 21 ਂ             |                               |  |  |              |                          |              | 1,402,719.                |
|               |                        |                               |  | 1 from line 20                                     |              |                          |              | -830,179.                 |
|               | art II                 | Signatur                      |  |  |              |                          |              |                           |
|               |                        |                               |  | return, including accompanying schedule            |              |                          | my kno       | wledge and belief, it is  |
| tru           | e, correct             | t, and complete               | . Declaration of preparer (other tha     | an officer) is based on all information of w       | hich prepare | r has any knowledge.     | -11/         | 15/2018                   |
| _             |                        | Cionetur                      | e of officer                             |  |              | Data                     | 11/          | 13/2010                   |
| Sig           |                        | · / ·                         |  |  |              | Date                     |              |                           |
| He            | ere                    |                               | IAEL E. RYLANDER<br>print name and title | , PRESIDENT  |              |                          |              |                           |
|               |                        | <b>v</b> 31                   | •  |  | T            | Date Check               |              | PTIN                      |
| Pai           | ia I                   | Print/Type pre                |  | Preparer's signature<br>NANCY ROSS                 |              | 11/13/18                 |              | P00086647                 |
|               | eparer                 |                               | ► CARR, RIGGS &                          | -  | ŀ            | Firm's EIN               | _            | 2-1396621                 |
|               | e Only                 |                               | $\sim$ 3500 PTEDMONT                     | -  |              |                          |              | 2 I))002I                 |

|               | ATLANTA, GA 30305   | Phone no. 404 - 233 - 54 | 86        |
|---------------|---|--------------------------|-----------|
| May the IRS   | S discuss this return with the preparer shown above? (see instructions) | X Yes                    | No No     |
| 732001 11-28- | 17 LHA For Paperwork Reduction Act Notice, see the separate in          | structions. Form C       | 90 (2017) |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| Form   | 990 (2017) EQUINOX OPEN LIBRARY INITIATIVE INC.   | 20-4877798            | Page <b>2</b>    |
|--------|---|-----------------------|------------------|
| Par    | rt III Statement of Program Service Accomplishments   |                       |                  |
|        | Check if Schedule O contains a response or note to any line in this Part III                                      |                       | Χ                |
| 1      | Briefly describe the organization's mission:  |                       |                  |
|        | THE CORPORATION IS ORGANIZED & SHALL BE OPERATED EXCLUSI  |                       |                  |
|        | CHARITABLE, SCIENTIFIC, & EDUCATIONAL PURPOSES, INCLUDIN  | -                     |                  |
|        | LIMITATION - TO OPERATE A COMPUTER NETWORK TO FACILITATE  | THE EXCHANG           | E                |
|        | OF BIBLIOGRAPHIC INFORMATION AMONG THE LIBRARIES OF MEME  | BERS, WHICH           |                  |
| 2      | Did the organization undertake any significant program services during the year which were not listed on the      |                       |                  |
|        | prior Form 990 or 990-EZ?   | Yes                   | XNo              |
|        | 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                   | XNo              |
|        | 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    | measured by expenses. |                  |
|        | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe | <b>,</b> ,            | nd               |
|        | revenue, if any, for each program service reported.   |                       |                  |
| 4a     |   | nue\$ 2,044,          | 876.)            |
| Ĩ      | EQUINOX'S PURPOSE IS TO PROVIDE SERVICES FOR ALL LIBRARY  |                       | /                |
|        | DATA MIGRATION TO OPEN SOURCE TECHNOLOGIES SUCH AS EVER   |                       |                  |
|        | INCLUDING PROJECT MANAGEMENT, DATA SERVICES AND TRAINING  |                       |                  |
|        | EXTENDED SERVICES INCLUDING HOSTING & SUPPORT ILS, CONSU  |                       |                  |
|        | CUSTOMIZATION AND DEVELOPMENT.  |                       |                  |
|        | COSTOMIZATION AND DEVELOPMENT.  |                       |                  |
|        |   |                       |                  |
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|        |   |                       |                  |
|        |   |                       |                  |
|        |   |                       |                  |
|        |   |                       |                  |
|        |   |                       |                  |
| 4b     | (Code:) (Expenses \$ including grants of \$) (Reve  | nue \$                | )                |
|        |   |                       |                  |
|        |   |                       |                  |
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|        |   |                       |                  |
|        |   |                       |                  |
| 4c     | (Code:) (Expenses \$ including grants of \$) (Reve  | nue\$                 | )                |
|        |   |                       |                  |
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|        |   |                       |                  |
|        |   |                       |                  |
| 4d     | Other program services (Describe in Schedule O.)  |                       |                  |
|        | (Expenses \$ including grants of \$ ) (Revenue \$   | ١                     |                  |
| 40     | Total program service expenses ► 1,302,328.   | )                     |                  |
| -10    |   | Eorm 9                | <b>90</b> (2017) |
| 720000 | ) 11 20 17  |                       | (2017)           |
| 132002 | 2 11-28-17 <b>2</b>   |                       |                  |

13061113 794202 60-06435.000 2017.05000 EQUINOX OPEN LIBRARY INIT 60-06431

| ·   | 000 | (0017) |  |
|-----|-----|--------|--|
| onn | 990 | (2017) |  |

|     | · ·   |          | Yes | No   |
|-----|---|----------|-----|------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?   |          | 103 |      |
| -   | If "Yes," complete Schedule A   | 1        | х   |      |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2        |     | Х    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for                       |          |     |      |
|     | public office? If "Yes," complete Schedule C, Part I  | 3        |     | х    |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect                      |          |     |      |
| -   | during the tax year? If "Yes," complete Schedule C, Part II   | 4        |     | х    |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or                          | <u> </u> |     |      |
| Ū   | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  | 5        |     | х    |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to                             | L_       |     |      |
| Ū   | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I                          | 6        |     | х    |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,   |          |     |      |
| '   | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7        |     | х    |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete                          | <b>+</b> |     |      |
| 0   |   | 8        |     | х    |
| 0   | Schedule D, Part III<br>Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | <b>o</b> |     | - 23 |
| 9   |   |          |     |      |
|     | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?                             |          |     | х    |
| 40  | If "Yes," complete Schedule D, Part IV  | 9        |     |      |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent                         |          |     | v    |
|     | endowments, or 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,                           |          | 37  |      |
|     | 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                           |          |     |      |
|     | 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                            |          |     |      |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c      |     | X    |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in                          |          |     |      |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d      |     | X    |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                 | 11e      | X   |      |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses                               |          |     |      |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                                | 11f      |     | X    |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete                                   |          |     |      |
|     | Schedule D, Parts XI and XII  | 12a      |     | X    |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?   |          |     |      |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                                 | 12b      |     | X    |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13       |     | Х    |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a      |     | X    |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,                               |          |     |      |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000                            |          |     |      |
|     | or more? If "Yes," complete Schedule F, Parts I and IV  | 14b      |     | X    |
| 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,                               |          |     |      |
|     | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  | 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? <i>If</i> "Yes."                         |          |     |      |
|     | complete Schedule G. Part III   | 19       |     | х    |

| Form 990 (2017)  |                     |                     |             | INITIATIVE | INC. |
|------------------|---------------------|---------------------|-------------|------------|------|
| Part IV Checklis | st of Required Sche | edules <sub>(</sub> | (continued) |            |      |

|            |   |           | Yes | No       |
|------------|---|-----------|-----|----------|
| 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        |     | X        |
| 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        |     | X        |
| 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, 6, or 22 for receivables from or payables to any current or             |           |     |          |
|            | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"            |           |     |          |
|            | complete Schedule L, Part II  | 26        | Х   | <u> </u> |
| 27         | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial              |           |     |          |
|            | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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 Schedule L, Part IV                 |           |     |          |
|            | instructions for applicable filing thresholds, conditions, and exceptions):   |           |     |          |
|            | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                           | 28a       | X   | <u></u>  |
|            | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV        | 28b       |     | X        |
| С          | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,   |           |     | 37       |
|            | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c       |     | X<br>X   |
| 29         | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                          | 29        |     |          |
| 30         | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation       |           |     | v        |
| <b>.</b> . | contributions? If "Yes," complete Schedule M  | 30        |     | X        |
| 31         | Did the organization liquidate, terminate, or dissolve and cease operations?  |           |     | v        |
| 20         | 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? <i>If</i> "Yes," <i>complete</i>    | 0         |     | x        |
| 22         | Schedule N, Part II<br>Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32        |     |          |
| 33         |   | 33        |     | x        |
| 34         | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33        |     |          |
| 94         |   | 34        |     | x        |
| 352        | Part V, line 1<br>Did the organization have a controlled entity within the meaning of section 512(b)(13)?                         | 34<br>35a |     | X        |
|            | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity         | 000       |     | <u> </u> |
| 5          | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b       |     |          |
| 36         | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?        |           |     | <u> </u> |
|            | If "Yes," complete Schedule R, Part V, line 2   | 36        |     | x        |
| 37         | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                  |           |     | <u> </u> |
|            | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                      | 37        |     | x        |
| 38         | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?                    |           |     |          |
|            | Note. All Form 990 filers are required to complete Schedule O   | 38        | х   |          |

| Part U         Statements Regarding Other IRS Filings and Tax Compliance           Check # Schedule O contains a response or note to any line in the Part V         Image: Check # Schedule O contains a response or note to any line in the Part V           Image: Check # Schedule O contains a response or note to any line in the Part V         Image: Check # Schedule O contains a response or note to any line in the Part V           Image: Check # Schedule O contains a response or note to any line in the Part V         Image: Check # Schedule O contains a response or note to any line in the Part V           Image: Check # Schedule O contains a response or note to any line in the Part V         Image: Check # Schedule O contains a response or note to any line in the Part V           Image: Check # Schedule O contains a response or note to any line in the Part V         Image: Check # Schedule O contains for the Schedule O containstate conthe Schedule O containsthe Schedule O containstate Ch  | Form | 990 (2017) EQUINOX OPEN LIBRARY INITIATIVE INC. 20-4877   | 798 | P   | age <b>5</b> |
|--|------|---|-----|-----|--------------|
| 1a         Enter the number reported in Box 3 of Form 1098. Enter 0 if not applicable         1a         0         1a         0         1a         1a <th>Pa</th> <th>t V Statements Regarding Other IRS Filings and Tax Compliance</th> <th></th> <th></th> <th></th>   | Pa   | t V Statements Regarding Other IRS Filings and Tax Compliance   |     |     |              |
| a Enter the number efforms V006 Enter-0 <sup>-1</sup> not applicable         10         0           b Enter the number of forms V006 included in line is Enter 0 <sup>-1</sup> , in capplicable approximation is and reportable gaming igantifing isomings to price winners?         10           c Enter the number of orms V006 included in line is a first 0 <sup>-1</sup> , in capplicable approximation is reported on in 20, did the organization fiel al required ideal amplyment tax returns?         21           b If a least one is reported on in 20, did the organization fiel al required ideal amplyment tax returns?         28         X           Note. If the sum of lines 1 and 2 is greater than 250, you may be required to <i>a</i> -fie (see instructions)         3a         X           b If *Ves, ' hast if tied a form 900 <sup>-1</sup> for this year? If *Vo, 's to ime 2 by provide an explanation on Schedulo O         3a         X           b If *Ves, ' not if the name of the foreign country.         A         At any time drive the name of the foreign country.         As           c B Dott enganization have an intrabut as or is a party to a prohibite tax sheet transaction at any time during the tax year?         Sa         X           b If *Ves, ' to line 5a or 5b, did the organization have an intrabut any time during the tax year?         Sa         X           b D d any taxebile party notify the aug and you the sub at the anomally greater than \$100,000, and did the organization solid any contributions far the anomally greater than \$100,000, and did the organization solid any contribution far any time during the saler anomallow the sub of the graanization solid any   |      | Check if Schedule O contains a response or note to any line in this Part V  |     |     |              |
| a Enter the number efforms V006 Enter-0 <sup>-1</sup> not applicable         10         0           b Enter the number of forms V006 included in line is Enter 0 <sup>-1</sup> , in capplicable approximation is and reportable gaming igantifing isomings to price winners?         10           c Enter the number of orms V006 included in line is a first 0 <sup>-1</sup> , in capplicable approximation is reported on in 20, did the organization fiel al required ideal amplyment tax returns?         21           b If a least one is reported on in 20, did the organization fiel al required ideal amplyment tax returns?         28         X           Note. If the sum of lines 1 and 2 is greater than 250, you may be required to <i>a</i> -fie (see instructions)         3a         X           b If *Ves, ' hast if tied a form 900 <sup>-1</sup> for this year? If *Vo, 's to ime 2 by provide an explanation on Schedulo O         3a         X           b If *Ves, ' not if the name of the foreign country.         A         At any time drive the name of the foreign country.         As           c B Dott enganization have an intrabut as or is a party to a prohibite tax sheet transaction at any time during the tax year?         Sa         X           b If *Ves, ' to line 5a or 5b, did the organization have an intrabut any time during the tax year?         Sa         X           b D d any taxebile party notify the aug and you the sub at the anomally greater than \$100,000, and did the organization solid any contributions far the anomally greater than \$100,000, and did the organization solid any contribution far any time during the saler anomallow the sub of the graanization solid any   |      |   |     | Yes | No           |
| b       Enter the number of Forms W-20 included in line 1a. Enter 0- if not applicable       10   | 1a   | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  |     |     |              |
| c       Dot the organization comply with backup withholding rules for reportable gamming (gambling) withings to price withing in the within the year covered by this return       2a       21         2a       Easter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, field for the calendar year anding with or within the year covered by this return       2a       21         2b       X       X         Note. If the sum of times 1a and 2a is greater than 250, you may be required to <i>a</i> - <i>his</i> (see instructions)       3a       X         3b       Det organization have unrelated busines groups incore of 31, 000 or more during the search year. (d) the organization have an explanation in Schedule O       3b       A         bit 17-vs; 'has If field a form 900 T for this year? If 'No, 'no large the provide an explanation in Schedule O       3a       X         5b       Was the organization have mintersti in, or a signature or other ealthority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       4a       X         5c       Bit Yes, 'to line 8a or 8b, oth the organization have an theorem country?       5a       5a       X         5c       Did engnization have manual gross neclifies that are normally greater than \$100,000, and did the organization solic.       5a       X         6b       Yes, 'to line 8a or 8b, oth the organization have an oth suble organization.       5a       X         6b  | -    |   |     |     |              |
| gambing winnings to prize winners?       to       to         2a       Enter the number of enolyses reported on from W3. Transmittal of Wage and Tax Statements,<br>lifed for the calendar year ending with or within the year covered by this return       2a       211         b       If at least one is reported on line 2a, did the organization file all required feedral employment tax returns?       2b       X         3a       Did the organization have unrelated buisness gross income of \$1,000 or more during the year?       3a       X         3b       If "Yes," hast filed a form 990-167 to this year? (Yes, 'to line 2b, organization have an interest in, or a signature or other authority over, a franceial account is foreign outry (so that as bank account, securities account, or other financial account) (PAP).       5a       X         b       If "Yes," enter the name of the foreign country.       5a       X       5a       X         5a       Us any taxable party to a prohibited tax shelts transaction at any time during the tax year?       5a       X         5a       Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were nort tax deductibles or abarbaile control.       5a       X         b       If "Yes," idd the organization include with every solicitation an express statement that such contributions or gifts were nort tax deductibles or abarbaile control.       5a       X         b       If Yes, 'tidd the organiz   | с    |   |     |     |              |
| 2a       Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.       2a       21         bit at least one is reported on line 2a, did the organization file all required forait employment tax returns?       2b       X         3a       Dot the organization have uncleade business gross income of \$1,000 or more during the year?       3a       X         3b       If Y+ss," has it filed a form 990-T for this year?       year       year       Xa         bit Y+ss," has it filed a form 990-T for this year?       year       year       Xa         bit Y+ss," has it filed a form 990-T for this year?       year       Xa       Year       Year       Xa         bit Y+ss," has it filed a form 990-T for this year?       year       Xa       Year       Xa       Year       Xa         bit Y+ss," has it filed a form 990-T for this year?       Sa       X       Xa       Year       Xa       Year       Xa       Xa <t< th=""><th></th><th></th><th>1c</th><th></th><th></th></t<>   |      |   | 1c  |     |              |
| till of or the calendary year ending with or within the year covered by this return.       2a       21         b If at least one is reported on line 2s, did the organization file all required to <i>a</i> -file (see instructions?       2b       X         3a Dat the arganization have unabled business gross income of \$1,000 or more during the year?       3a       X         3b       11 "Yes", inst file al Form 900-16 trith year?       3a       X         3b       11 "Yes", inst file al Form 900-16 trith year?       3a       X         3c       11 "Yes", inst file al Form 900-16 trith year?       3a       X         3c       11 "Yes", inst file al Form 900-16 trith year?       3a       X         3c       11 "Yes", inst file al Form 900-16 trith year?       3a       X         3c       X       11 "Yes", inder the mame of the foreign cauthry:       Se       X         3c       Note, if he sum 60, if the organization that it was or is a party to a prohibited tax shelter transaction?       Se       X         3c       11 "Yes", if oid the organization netix deductible contributions and earth site contributions or gifts were not tax deductible contributions and earth site contribution an express tatement that such contribution and earth year schemater that such and the party or yearthit the secos and the sechatter the schemater the secos and the seco  | 2a   |   |     |     |              |
| b       If at least one is regorded on line 2, all the organization file all regured federal employment tax returns?       25       X         Note. If the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         b       If "Yeas," has it filed a form B00 T for this year? If "No' to line 3b, provide an explanation in Schedule O       3a       X         b       If "Yeas," has it filed a form B00 T for this year? If "No' to line 3b, provide an explanation in Schedule O       3a       X         b       If "Yeas," has it filed a form B00 T for this year? If "No' to line 3b, provide an explanation in Schedule O       4a       X         b       If "Yeas," has it filed a form B00 T for this year? If "No' to line 3b, provide an explanation in Schedule O       4a       X         b       If "Yeas," the the name of the foreign Earn Am Financial Accounts (FBAR).       5a       X         c       Bod the organization has the schedit transaction at any time during the tax shells transaction?       5a       X         b       If "Yes," to line 6a or 5b, did the organization the Nore B806 T?       5a       X         c       Bod the organization set were annual gross recepts that are normally greater than \$100,000, and did the organization set were annual gross recepts that are normally organization set were annual gross recepts that are normally organization set were annual gross recepts that are normally organization set were annual gross recepts that are normal gross recepts pr   |      |   |     |     |              |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e</i> , <i>file</i> (see instructions)       3a       X         3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         3b       If "Yes," has it filed a Form 580 T for this year? If "No," to line 3b, provide an explaintation in Schedule O       3b       X         4a       At any time during the calendar year, (d) the organization have an interest in, or a signature or other financial account? or the financial account?       4a       X         b       If "Yes," enter the name of the foreign country, <b>b</b> See instructions for filing requirements for Filing FORN K and Financial Accounts (FBAR).       5a       X         5a       Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any toxable party toxity the organization the Form 8867 for the soluto solid the organization nolude with every solicitation an express statement that such contributions or gifts were not tax deductible?       5a       X         b       If "Yes," did the organization nolity the dore of the value of the orgon solid any contributions solid area (scherable contributions under section 170(c).       5a       X         b       If "Yes," did the organization nolity the dore of the value of the organization contract?       7a       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Zd       7a       X <th>b</th> <th>, , , , ,</th> <th>2b</th> <th>х</th> <th></th>   | b    | , , , , ,   | 2b  | х   |              |
| 3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         bill 'Ves,'' has illied a Form 990-T for this year? If 'No, 'to line 3b, provide an explanation in Schedule O       3b       4a         bill 'Ves,'' has illied a Form 990-T for this year? If 'No, 'to line 3b, provide an explanation in Schedule O       4a       X         bill 'Ves,'' has illied a Form 990-T for this year? If 'No, 'to line 3b, provide an explanation of the authority over, a       4a       X         bill 'Ves,'' that the name of the forsign country (such as a bark account, securities account, or other authority over, a       4a       X         bill 'Ves,'' to line forsign country (such as a bark account, securities account, or other authority over, a       4a       X         bill 'Ves,'' to line forsign country (such as a bark account, securities account, or other authority over, a       5a       X         bill 'Ves,'' to line forsign country (such as a bark account, securities account, or other authority over, a       5a       X         bill 'Ves,'' to line forsign country (such as a bark account, securities account, or other authority over, a       5a       X         bill 'Ves,'' to line forsign country (such as a bark account, securities account, or other authority over, a       5a       X         constant author   |      |   |     |     |              |
| b       If "Yes," has it filed a Form 990. <sup>-1</sup> for this yea?" if "No," to line 3b, provide an explanation in Schedue 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? and the foreign country: ▶       4a       X         b       If "Yes," enter the name of the foreign country: ▶   | 3a   |   | 3a  |     | x            |
| 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 is a single occurn (as count, as a bank account, as counter financial account)?       4a       X         b If 'Yes,' enter the name of the foreign country: >   |      |   |     |     |              |
| In anciel account in a foreign country: ►     4a     X       b If Yes,' enter the name of the foreign country: ►     5e     5e     X       See instructions for filing requirements for FIGEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).     5a     XX       5 U day stable party notify the organization that t was or is a party to a prohibited tax sheler transaction?     5b     X       6 Does the organization a party to a prohibited tax sheler transaction?     5c     X       7 Organizations that were not tax deductible as charitable contributions?     5c     X       9 If Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).     7a     X       9 If Horganization receive a parment in excess of 5f made party as a contribution and partly for goods and services provided to the payor?     7a     X       9 If the organization neceive any fund, since of 5f made party is a contribution and partly for which it was required?     7b     7c     X       10 If the organization neceive any fund, directly or indirectly, to pay premiums on a personal benefit contract?     7c     X       11 If the organization neceive any constrained for any time during the year     7a     7a       11 If the organization neceive any constrained on cons, boats, any time during the year?     7a     7a       12 If the organization neceive any construle in thinto the accel partice in thild.     9b  |      |   |     |     |              |
| b       If 'Yes,' enter the name of the foreign country:   |      |   | 4a  |     | x            |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         5a       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5c       X         5a       Descenter 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 chartable contributions?       5c       X         5a       Did any taxable party notify the organization and party bit organization solicit any contributions that were not tax deductible contributions under section 170(c).       6a       X         7       Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282?       7c       X         10       the organization neceive a payment in excess of \$75 made party party indiverse ty or otheract?       7c       X         11       Tesses, indicate the number of Forms 8282 filed during the year       Td       7d       X         12       Did the organization include on of qualified intellectual property for which it was required       7d       X         14       the organization receive a contribution of qualified intellectual property, did the organization file Form 8889 as required?   | b    |   |     |     |              |
| 5a       Was the organization a party to a prohibited tax sheller 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?       5a       X         c1       'Yes,' is line 5a or 50, is did the organization file Form 8886-7?       5c   |      |   |     |     |              |
| b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c       If "Yes," to line 5a or 5b, did the organization file Form 8886-1?       5c       5c         B       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid.       5a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       5b       X         7       Organization seth a payment in xocos of \$75 made party as a contribution and party for goods and services provided to the payor?       7a       X         b       If "Yes," did the organization neelixe a payment in xocos of \$75 made party as a contribution and party for which it was required to file Form 8282?       7b       7c       X         b       If "Yes," indicate the number of Forms 8282 filed during the year       [cd]       7c       X         f       Did the organization receive any funds, directly or indirectly or napersonal benefit contract?       7c       X         f       Did the organization received a contribution of qualified intellectual propery, did the organization file a Form 1098-C?       7n       7n       7d  | 5a   |   | 5a  |     | x            |
| c     If "Yes," to line 5a or 5b, did the organization file Form 8886-1?     5c       Ge     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit<br>any contributions that were not 1ax deductible as charitable contributions?     5c     x       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts<br>were not tax deductible as charitable contributions?     6a     X       c     Organizations that may receive deductible contributions under section 170(c).     10 di the organization receive a payment in excess of \$76 made parity as a contribution and parity for goods and services provided to the payor?     7a     X       d     If "Yes," did the organization notify the donor of the value of the goods or services provided?     7b     -       c     Did the organization receive a payment in excess of \$76 made parity as a contribution and parity for goods and services provided to the payor?     7a     X       d     If "Yes," indicate the number of Forms 8282? Bied during the year     7d     -     X       f     Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7f     X       f     If the organization receive a contribution of qualified intellectual property, did the organization file a Form 1098.C?     7h     -       f     If the organization meabing donor advised funds.     Did the sponsoring organization meabing submess holdings at any time during  |      |   |     |     |              |
| Ga       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?       Ga       X         b If "Ves," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as payment in excess of 3/5 made party as a contribution and party for goods and services provided to the payor?       Fa       X         b If "Ves," did the organization netify the donor of the value of the goods or services provided?       To       Ta       X         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       To       Ta       X         d If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td       X       Td       X         g If the organization received a contribution of qualified intellectual property, (or norm 8893 as required)       Tr       X       Td       X         g If the organization naive excess business holdings at any time during the year, pay premiums, on a personal benefit contract?       Tr       X         g Boonsoring organizations maik anigh doorn advised funds.       Did the sononsing organization make any taxable distributions under section 4966?       Se   |      |   | 5c  |     |              |
| 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         7 Organizations that may receive deductible contributions under section 170(c).       7a       X       7b       7a       X         7 bit "Yes," did the organization notify the donor of the value of the goods or services provided?       7a       X       7b       7c       X         7b If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X       7f       X         10 the organization notify the donor of the value of the goods or services provided?       7d       7c       X         10 the organization receive a payment in excess 05376 made parts       7d       7c       X         11 the set," indicate the number of Forms 8282 filed during the year       7d       7d       X         11 the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         11 the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C?       7h       X         21 bit the organization make any taxable distributions under section 4966?       9a       X       X         29 Sponsoring or   |      |   |     |     |              |
| 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).       7a       X         8       X       7b       7c       X         7b       if "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         7c       if "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       X         7d       the organization setwes a payment in excess of stations of that must be of the organization receive any functions that setwice is provided?       7d       X         7d       the organization receive any function of the value of the goods or services provided?       7d       X         7d       the organization receive any function of acriticely, to pay premiums on a personal benefit contract?       7t       X         7d       the organization receive a contribution of cars, basic, airplanes, or other vehicles, did the organization file a Form 1088-C?       7t       X         8       Sponsoring organization make any taxable distributions under section 4966?       9a       X         9       Sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       X         10       Section 501(c)(7) organizations. En  |      |   | 6a  |     | x            |
| were not tax deductible?     6b       7 Organizations that may receive deductible contributions under section 170(c).     7a       8 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       2 Did the organization settive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?     7b       2 Did the organization settive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?     7c     X       4 If "Yes," indicate the number of Forms 8282 filed during the year     7d     7c     X       9 Did the organization receive a contribution of qualified intellectual property, did the organization file a Form 1098-C?     7f     X       9 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?     7h     X       9 Did the organization make any taxable distributions under section 4966?     9a     X       9 Did the sponsoring organization make any taxable distributions under section 4966?     9a     X       9b Did the sponsoring organization make any taxable during the year     10a     10b       10 Section 501(c)(7) organization make a distributions under section 4966?     9a     X       9b Did the sponsoring organization make any taxable distributions under section 4966?     9a     X       10 Gross income from other sources (Do not net anounts due or pa  | b    | •   |     |     |              |
| 7       Organizations that may receive deductible contributions under section 170(c).       a       a       X         a       Did the organization receive a payment in excess of 255 made partly as a contribution and partly for goods and services provided 1 the payor?       7a       X         b       If "Ses," idd the organization notify the donor of the value of the goods or services provided?       7b       Z         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282 filed during the year       Zd       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Zd       7c       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         f       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C7       7h       X         8       Sponsoring organization make eavy taxable distributions under section 4966?       9a       X         9       Did the sponsoring organization make any taxable distributions onder section 4966?       9a       X         9       Did the sponsoring organizations maintaining door advised funds.       10a       10a       10a         10       If the organization make any taxable distrib   |      |   | 6b  |     |              |
| b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       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       7c       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7r       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7h       X         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1099.C?       7h       X         8       Sponsoring organizations maintaining donor advised funds.       Did donor advised funds.       8       X         9       Sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       X         10       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         11       Section 501(c)(2) organizations. Enter:       11a       11a       11a       11a         12a       If the organization makes a distribution or accrued during the year?       12a       12a  | 7    |   |     |     |              |
| b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       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       7c       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7h       X         f       If the organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098 C?       7h       X         8       Sponsoring organizations maintaining donor advised funds.       a Did the sponsoring organization make a vecess business holdings at any time during the year?       9a       X         9       Donsoring organization make a vecess business holdings at any time during the year?       9b       X         10       Sponsoring organizations maintaining donor advised funds.       10a       10a       10a         10       Sponsoring organization make a vecess business holdings at any time during the year?       9b       X         10       Boid the sponsoring organizations. Enter:   | 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  |     | х            |
| to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         e 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?       7e       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       X         8 Sponsoring organizations maintaining donor advised funds.       0id the sponsoring organization have excess business holdings at any time during the year?       8       X         9 Sponsoring organization make a distribution surfare section 4966?       9a       X         9 Did the sponsoring organization make a distribution surfare section 4966?       9a       X         9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       X         11 Section 501(c)(7) organizations. Enter:       10a       10b       11a         12 Section 501(c)(2) organizations. Enter:       11a       12a       12a         13 Gross income from members or shareholders       11a       12a       12a       12a         14 Section 501(c)(29) qualified nonprofit health insurance issuers.       11a       12a <th></th> <th></th> <th>7b</th> <th></th> <th></th>  |      |   | 7b  |     |              |
| d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         e 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       X         f Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7n       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7n       X         9 Sponsoring organizations maintaining donor advised funds.       8       X         9 Sponsoring organization make any taxable distributions under section 4966?       9a       X         b Did the sponsoring organizations. Enter:       10a       10b       10b         11 Section 501(c)(12) organizations. Enter:       10a       10b       11a       10b         12 Section 501(c)(12) organizations. Enter:       10b       11b       12a       12a         13 Gross income from members or shareholders       11a       10b       12a       12a       12a         14 Section 501(c)(2  | с    | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required                               |     |     |              |
| e 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       X         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         8 Sponsoring organizations maintaining donor advised funds.       8       X         9 Sponsoring organization make any taxable distributions under section 4966?       9a       X         9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       X         10 de the sponsoring organizations. Enter:       10a       9b       X         11 Section 501(c)(7) organizations. Enter:       10b       10b       11b       12a         12 Section 501(c)(2) organizations. Enter:       10b       10b       11b       12a         13 Gross income from members or shareholders       11b       11b       12a       12a         13 Gross income from them.       11b       11b       12a       12a       12a       12a       12a       12a       12a       12   |      | to file Form 8282?  | 7c  |     | 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       7h       X         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       7h       X         8       Sponsoring organization have excess business holdings at any time during the year?       8       X         9       Sponsoring organization make any taxable distributions under section 4966?       9a       X         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a       X         10       Section 501(c)(7) organizations. Enter:       10a       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       11a       10b         12       Gross income from members or shareholders       11a       10b       11b       12a       10b         12       Section 501(c)(12) organization filend phorpofit health insurance issuers.       11b       12a   | d    | If "Yes," indicate the number of Forms 8282 filed during the year 7d  |     |     |              |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         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 organizations maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization make asy taxable distributions under section 4966?       8       X         9 Did the sponsoring organizations. Enter:       a lot the sponsoring organizations. Enter:       9a       X         10 Gross receipts, included on Form 990, Part VIII, line 12.       10a       10b       10b         11 Section 501(c)(7) organizations. Enter:       10a       10b       10b       10c         12 Section 501(c)(12) organizations. Enter:       10a       10b       10b       10c       10c         12 Section 501(c)(12) organizations. Enter:       a Gross income from members or shareholders       11a       12a       12a       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       11a       12a       13a       13a         13 Section 501(c)(20) qualified nonprofit health plans in more than one state?       13a       13a       13a         14a       13z       13a       13a       13a       13a       13a         14a       13b <th>е</th> <th>Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</th> <th>7e</th> <th></th> <th>Х</th>   | е    | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                 | 7e  |     | Х            |
| 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 organizations maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8       X         9       Sponsoring organization make any taxable distributions under section 4966?       9a       X         10       Bection 501(c)(7) organizations. Enter:       9b       X         10       Section 501(c)(7) organizations. Enter:       10a       10b       9b       X         11       Section 501(c)(12) organizations. Enter:       10a       10b       <  | f    | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                    | 7f  |     | Х            |
| 8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8       X         9       Sponsoring organizations maintaining donor advised funds.       9       X         9       Sponsoring organization make any taxable distributions under section 4966?       9a       X         9       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       X         10       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b       11a       10b         12       Section 501(c)(12) organizations. Enter:       a       11a       10b       11b       12a       10b       11a       11b       12a       10b       12a       10b       12a       10b       12a  | g    | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                | 7g  |     |              |
| sponsoring organization have excess business holdings at any time during the year?       8       X         9       Sponsoring organizations maintaining donor advised funds.       9a       X         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a       X         9       Sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       X         10       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       10b       10b       10c       10b       10c  | h    | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?              | 7h  |     |              |
| 9       Sponsoring organizations maintaining donor advised funds.         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a       X         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       X         10       Section 501(c)(7) organizations. Enter:       10a       10a       10a       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       11b       10a       10b  | 8    | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the  |     |     |              |
| 9       Sponsoring organizations maintaining donor advised funds.       9a       X         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a       X         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       X         10       Section 501(c)(7) organizations. Enter:       10a       10a       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b <th></th> <th>sponsoring organization have excess business holdings at any time during the year?</th> <th>8</th> <th></th> <th>Х</th>   |      | sponsoring organization have excess business holdings at any time during the year?  | 8   |     | Х            |
| b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       X         10       Section 501(c)(7) organizations. Enter:       10a       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b       10b         12       Section 501(c)(12) organizations. Enter:       11a       10b       10b       10b         13       Gross income from members or shareholders       11a       11b       11b       12a         12       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a       13a         14       Did the organization is licensed to issue qualified health plans       13b       13a       13a         144       Did the organization rece   | 9    |   |     |     |              |
| 10       Section 501(c)(7) organizations. Enter:         a       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         11       Section 501(c)(12) organizations. Enter:         a       Gross income from members or shareholders         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?         13       Section 501(c)(29) qualified nonprofit health insurance issuers.         a       Is the organization licensed to issue qualified health plans in more than one state?         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         c       Enter the amount of reserves on hand         14a       Did the organization receive any payments for indoor tanning services during the tax year?         14a       If "Yes," has it filed a Form 720 to report these payments? <i>If "No." provide an explanation in Schedule O</i>  | а    | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a  |     | X            |
| a Initiation fees and capital contributions included on Part VIII, line 12       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(12) organizations. Enter:       10b         a 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.)       11b         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       12b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b         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         c Enter the amount of reserves on hand       13c       14a         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? <i>If "No." provide an explanation in Schedule O</i> 14b   | b    | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b  |     | X            |
| b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       11a         a       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.)       11b         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       12b       13a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13b       13b         c       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       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X </th <th>10</th> <th>Section 501(c)(7) organizations. Enter:</th> <th></th> <th></th> <th></th>   | 10   | Section 501(c)(7) organizations. Enter:   |     |     |              |
| 11       Section 501(c)(12) organizations. Enter:         a       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.)       11b         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       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13c         c       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       13c         t       I3b       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b       14b  | а    | Initiation fees and capital contributions included on Part VIII, line 12 10a  |     |     |              |
| a 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.)       11b         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       12b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b         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         c Enter the amount of reserves on hand       13c       13a         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? <i>If "No." provide an explanation in Schedule O</i> 14b       14b  | b    | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b   |     |     |              |
| b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         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       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13a         c       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       13b         c       Enter the amount of reserves on hand       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>[f "No," provide an explanation in Schedule O</i> 14b       14b   | 11   | Section 501(c)(12) organizations. Enter:  |     |     |              |
| amounts due or received from them.)       11b       12a         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       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13a         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       13b         c       Enter the amount of reserves on hand       13c       14a       X         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? <i>If "No," provide an explanation in Schedule O</i> 14b       14b   | а    | Gross income from members or shareholders 11a   |     |     |              |
| 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       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13a         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       13b         c       Enter the amount of reserves on hand       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b       14b  | b    | Gross income from other sources (Do not net amounts due or paid to other sources against  |     |     |              |
| b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         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         c       Enter the amount of reserves on hand       13b       13c         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? <i>If "No," provide an explanation in Schedule O</i> 14b  |      | amounts due or received from them.) 11b   |     |     |              |
| 13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         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         c       Enter the amount of reserves on hand       13c         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? <i>If "No," provide an explanation in Schedule O</i> 14b       14b  | 12a  | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                      | 12a |     |              |
| a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         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         c Enter the amount of reserves on hand       13c       14a         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 in Schedule O       14b       14b   | b    | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   |     |     |              |
| Note. See the instructions for additional information the organization must report on Schedule O.       Image: Description of the serves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       Image: | 13   | Section 501(c)(29) qualified nonprofit health insurance issuers.  |     |     |              |
| 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       13b         c       Enter the amount of reserves on hand       13c       14a       14a         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? <i>If "No," provide an explanation in Schedule O</i> 14b   | а    | Is the organization licensed to issue qualified health plans in more than one state?  | 13a |     |              |
| organization is licensed to issue qualified health plans       13b       13b         c Enter the amount of reserves on hand       13c       13c         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 in Schedule O       14b   |      | Note. See the instructions for additional information the organization must report on Schedule O.   |     |     |              |
| c Enter the amount of reserves on hand       13c       13c       14a         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 in Schedule O       14b       14b  | b    | Enter the amount of reserves the organization is required to maintain by the states in which the  |     |     |              |
| c Enter the amount of reserves on hand       13c       13c       14a         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 in Schedule O       14b       14b  |      | organization is licensed to issue qualified health plans 13b  |     |     |              |
| 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 in Schedule O       14b       V   | с    | Enter the amount of reserves on hand  |     |     |              |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 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 in Schedule O                                       | 14b |     |              |

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| Form 990 ( | 2017) |
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Section A. Governing Body and Management

#### EQUINOX OPEN LIBRARY INITIATIVE INC.

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

X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

|      | 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 in Schedule O.   |          |          |     |      |
|      | Enter the number of voting members included in line 1a, above, who are independent  | 4        |          |     |      |
| 2    | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other  |          |          |     |      |
|      | officer, director, trustee, or key employee?  | ··       | 2        |     | X    |
| 3    | Did the organization delegate control over management duties customarily performed by or under the direct supervision   |          |          |     |      |
|      | of officers, directors, or 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        |     | X    |
| 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       | x   |      |
| 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       |     | Х    |
| 8    | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                               |          |          |     |      |
|      | The governing body?   | . 8      | Ba       | Х   |      |
|      | Each committee with authority to act on behalf of the governing body?   |          | 3b       | 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 in Schedule O   |          | 9        |     | x    |
| Sect | 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?  | 1        | 0a       |     | Х    |
|      | 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?   | 1        | 0b       |     |      |
| 11a  | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form                                      |          | 1a       | Х   |      |
|      | Describe in Schedule O the process, if any, used by the organization to review this Form 990.   |          |          |     |      |
|      | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 1        | 2a       | Х   |      |
|      | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                             |          | 2b       |     | Х    |
|      | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe  | ····  -  |          |     |      |
| ·    | in Schedule O how this was done   | 1        | 2c       | х   |      |
| 13   | Did the organization have a written whistleblower policy?   | ·· –     | 13       |     | Х    |
| 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  | ⊢        |          |     |      |
| 10   | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |          |          |     |      |
| 2    | The organization's CEO, Executive Director, or top management official  | - 1      | 5a       | х   |      |
|      | Other officers or key employees of the organization   |          | 5a<br>5b | X   |      |
| U.   | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   | ···   -  | 55       |     |      |
| 16-  | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a   |          |          |     |      |
| iud  |   |          | 6a       |     | х    |
| h    | taxable entity during the year?<br>If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | ··       | Ja       |     | - 11 |
| U    | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's  |          |          |     |      |
|      | exempt status with respect to such arrangements?  | 4        | 6b       |     |      |
| Sect | tion C. Disclosure  |          | 55       |     |      |
|      | List the states with which a copy of this Form 990 is required to be filed ►GA  |          |          |     |      |
|      | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s onl                                    | v) avail | ahlo     |     |      |
|      | for public inspection. Indicate how you made these available. Check all that apply.   | , avai   | 2010     |     |      |
|      | Own website       Another's website       X       Upon request       Other (explain in Schedule O)  |          |          |     |      |
| 19   | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,                                     | and fin  | anci     | al  |      |
| 19   |   |          | anci     | al  |      |
| 20   | statements available to the public during the tax year.   |          |          |     |      |
| 20   | State the name, address, and telephone number of the person who possesses the organization's books and records:<br>MIKE RYLANDER - 770-709-5573                 |          |          |     |      |
|      | P.O. BOX 69, NORCROSS, GA 30091   |          |          |     |      |
|      |   |          |          | 990 | 1004 |

| Form 990 (2017)                  | EQUINOX  | OPEN LIBRA          | ARY INITIATIVI            | E INC.           | 20-4877798                          | Page 7   |  |  |  |
|----------------------------------|--|---------------------|---------------------------|------------------|-------------------------------------|----------|--|--|--|
| Part VII Compensa                | tion of Officers,  | Directors, Trus     | tees, Key Employee        | es, Highest (    | Compensated                         |          |  |  |  |
| Employees                        | s, and Independe   | ent Contractors     |                           |                  |                                     |          |  |  |  |
| Check if Sche                    | Check if Schedule O contains a response or note to any line in this Part VII |                     |                           |                  |                                     |          |  |  |  |
| Section A. Officers, Dir         | ectors, Trustees, Key  | y Employees, and I  | lighest Compensated E     | mployees         |                                     |          |  |  |  |
| <b>1a</b> Complete this table fo | r all persons required   | to he listed Report | compensation for the cale | endar vear endir | a with or within the organization's | tax vear |  |  |  |

equired to be listed. Report compensation for the calendar year ending with or within the organization's tax y • List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A)                     | (B)               |                                |                       | _ (0             | C)               |                                 |              |                      | (D) (E)                      |                        |  |  |  |
|-------------------------|-------------------|--------------------------------|-----------------------|------------------|------------------|---------------------------------|--------------|----------------------|------------------------------|------------------------|--|--|--|
| Name and Title          | Average           |                                | not c                 |                  | more             | than o                          |              | Reportable           | Reportable                   | Estimated              |  |  |  |
|                         | hours per<br>week | box<br>offi                    | , unles<br>cer an     | ss per<br>Id a d | rson i<br>irecto | s both<br>r/trus                | n an<br>tee) | compensation<br>from | compensation<br>from related | amount of<br>other     |  |  |  |
|                         | (list any         | tor                            |                       |                  |                  |                                 |              | the                  | organizations                | compensation           |  |  |  |
|                         | hours for         | r direc                        |                       |                  |                  | eq                              |              | organization         | (W-2/1099-MISC)              | from the               |  |  |  |
|                         | related           | tee o                          | ustee                 |                  |                  | ensat                           |              | (W-2/1099-MISC)      |                              | organization           |  |  |  |
|                         | organizations     | al trus                        | nal tr                |                  | loyee            | e comp                          |              |                      |                              | and related            |  |  |  |
|                         | below             | Individual trustee or director | Institutional trustee | Officer          | Key employee     | Highest compensated<br>employee | Former       |                      |                              | organizations          |  |  |  |
| (1) MICHAEL E. RYLANDER | line)             | Inc                            | <u> </u>              | HO               | Ke               | 분분                              | Foi          |                      |                              |                        |  |  |  |
| PRESIDENT               | 45.00             | x                              |                       | x                |                  |                                 |              | 109,200.             | 0.                           | 0                      |  |  |  |
| (2) J. GRACE DUNBAR     | 45.00             | ^                              |                       | ^                |                  | -                               |              | 109,200.             | 0.                           | 0.                     |  |  |  |
| VICE PRESIDENT          | 45.00             | x                              |                       | x                |                  |                                 |              | 76,111.              | 0.                           | 0.                     |  |  |  |
| (3) JASON A. ETHERIDGE  | 40.00             | ^                              |                       | <u> </u>         |                  | -                               |              | /0,111.              | 0.                           | 0.                     |  |  |  |
| TREASURER, SECRETARY    | 40.00             | x                              |                       | x                |                  |                                 |              | 90,000.              | 0.                           | 0.                     |  |  |  |
| TREASURER, SECRETARI    |                   | ^                              |                       | <u> </u>         |                  | -                               |              | 90,000.              | 0.                           | 0.                     |  |  |  |
|                         |                   | •                              |                       |                  |                  |                                 |              |                      |                              |                        |  |  |  |
|                         |                   |                                |                       |                  |                  |                                 |              |                      |                              |                        |  |  |  |
|                         |                   |                                |                       |                  |                  |                                 |              |                      |                              |                        |  |  |  |
|                         |                   |                                |                       |                  |                  |                                 |              |                      |                              |                        |  |  |  |
|                         |                   |                                |                       |                  |                  |                                 |              |                      |                              |                        |  |  |  |
|                         |                   | 1                              |                       |                  |                  |                                 |              |                      |                              |                        |  |  |  |
|                         |                   |                                |                       |                  |                  |                                 |              |                      |                              |                        |  |  |  |
|                         |                   |                                |                       |                  |                  |                                 |              |                      |                              |                        |  |  |  |
|                         |                   |                                |                       |                  |                  |                                 |              |                      |                              |                        |  |  |  |
|                         |                   |                                |                       |                  |                  |                                 |              |                      |                              |                        |  |  |  |
|                         |                   |                                |                       |                  |                  |                                 |              |                      |                              |                        |  |  |  |
|                         |                   |                                |                       |                  |                  |                                 |              |                      |                              |                        |  |  |  |
|                         |                   |                                |                       |                  |                  |                                 |              |                      |                              |                        |  |  |  |
|                         |                   |                                |                       |                  |                  |                                 |              |                      |                              |                        |  |  |  |
|                         |                   |                                |                       |                  |                  |                                 |              |                      |                              |                        |  |  |  |
|                         |                   |                                |                       |                  |                  |                                 |              |                      |                              |                        |  |  |  |
|                         |                   |                                |                       |                  |                  |                                 |              |                      |                              |                        |  |  |  |
|                         |                   |                                |                       |                  |                  |                                 |              |                      |                              |                        |  |  |  |
|                         |                   |                                |                       |                  |                  |                                 |              |                      |                              |                        |  |  |  |
|                         |                   |                                |                       |                  |                  |                                 |              |                      |                              |                        |  |  |  |
|                         |                   |                                |                       |                  |                  |                                 |              |                      |                              |                        |  |  |  |
|                         |                   |                                |                       |                  |                  |                                 |              |                      |                              |                        |  |  |  |
| 732007 11-28-17         | 1                 | <u> </u>                       |                       | I                | I                | I                               | I            | 1                    |                              | Form <b>990</b> (2017) |  |  |  |

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2017.05000 EQUINOX OPEN LIBRARY INIT 60-06431

|     | <u>1990 (2017) EQUINOX C</u>   | DPEN LIE   | BRA                            | LRΥ                   | Ί  | NI        | TI                  | AΤ                                       | IVE INC.                                       | 20-48   | <u>777</u> | 98                         | Pa   | age <b>8</b>  |
|-----|--|--|--------------------------------|-----------------------|--|-----------|---------------------|--|--|---|------------|----------------------------|--|---------------|
| Par | t VII Section A. Officers, Directors, Trust  | ees, Key Emp   | ploy                           | ees,                  | and  | l Hig     | ghes                | t C                                      | ompensated Employee                            | s (continued)                                   |            |                            |  |               |
|     | <b>(A)</b><br>Name and title   | <b>(B)</b><br>Average<br>hours per   | not cl<br>, unles              | Posi<br>heck r        | (C)<br>Position<br>eck more than one<br>s person is both an<br>d a director/trustee) |           |                     | <b>(D)</b><br>Reportable<br>compensation | <b>(E)</b><br>Reportable<br>compensation       |   |            | (F)<br>imate<br>ount o     |  |               |
|     |  | week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer D  |           | Highest compensated |  | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC |            | comp<br>fro<br>orga<br>and | other<br>oensation the<br>inizati<br>relate<br>nizatio | e<br>on<br>ed |
|     |  |  |                                |                       |  |           |                     |  |  |   | _          |                            |  |               |
|     |  |  |                                |                       |  |           |                     |  |  |   | +          |                            |  |               |
|     |  |  |                                |                       |  |           |                     |  |  |   | +          |                            |  |               |
|     |  |  |                                |                       |  |           |                     |  | +  |   |            |                            |  |               |
|     |  |  |                                |                       |  |           |                     |  |  |   |            |                            |  |               |
|     |  |  |                                |                       |  |           |                     |  |  |   | _          |                            |  |               |
|     |  |  |                                |                       |  |           |                     |  |  |   | +          |                            |  |               |
|     | Sub-total  |  |                                |                       |  |           |                     |  | 275,311.                                       | (   | D.         |                            |  | 0.            |
| с   | Total from continuation sheets to Part VII<br>Total (add lines 1b and 1c)  | , Section A  |                                |                       |  |           |                     |  | <u> </u>                                       | (   | ).<br>).   |                            |  | 0.            |
| 2   | Total number of individuals (including but no compensation from the organization   |  |                                |                       |  |           |                     | o re                                     | ceived more than \$100,                        | 000 of reportable                               |            |                            |  | 1             |
| 3   | Did the organization list any <b>former</b> officer,   | ,  |                                | ,                     |  |           |                     |  | 0  |   |            |                            | Yes  | No            |
| 4   | line 1a? If "Yes," complete Schedule J for su<br>For any individual listed on line 1a, is the su   | m of reportabl   | e co                           | mpe                   | ensat  | tion      | and                 | oth                                      | er compensation from t                         | he organization                                 |            | 3                          |  | x<br>x        |
| 5   | and related organizations greater than \$150<br>Did any person listed on line 1a receive or a<br>rendered to the organization? <i>If</i> "Yes," <i>com</i> | ccrue compen   | Isati                          | on fr                 | om   | any       | unre                | elate                                    | ed organization or individ                     | dual for services                               |            | 5                          |  | x             |
| Sec | tion B. Independent Contractors  |  |                                |                       |  |           | 911                 |  |  |   |            |                            |  |               |
| 1   | Complete this table for your five highest cor<br>the organization. Report compensation for t   | -  |                                |                       |  |           |                     |  |  | · · · · ·                                       | nsatio     | on froi                    | m  |               |
|     | (A)<br>Name and business   | address  | NC                             | ONE                   | 2  |           |                     |  | <b>(B)</b><br>Description of s                 | ervices   | Co         | (C)<br>mpen                |  | 1             |
|     |  |  |                                |                       |  |           |                     |  |  |   |            |                            |  |               |
|     |  |  |                                |                       |  |           |                     |  |  |   |            |                            |  |               |
|     |  |  |                                |                       |  |           |                     |  |  |   |            |                            |  |               |
|     |  |  |                                |                       |  |           |                     |  |  |   |            |                            |  |               |
| 2   | Total number of independent contractors (ir \$100,000 of compensation from the organiz   | •  | ot lin                         | nitec                 | d to t   | thos<br>C |                     | ted                                      | above) who received mo                         | ore than  |            |                            | 000 //   |               |

| Form                                     | ı 99 | 0 (2 | 2017) EQUIN   | IOX OPEN        | LIBRARY           | INITIATIVE           | INC.  | 20-4877                                 | 798 Page 9   |
|--|------|------|---|-----------------|-------------------|----------------------|---|---|--|
| Pa                                       |      |      |   |                 |                   |                      |   |   |  |
|  |      |      | Check if Schedule O cont                            | ains a response | or note to anv li | ne in this Part VIII |   |   |  |
|  |      |      |   |                 |                   | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512 - 514 |
| ς, ω                                     | 1    | а    | Federated campaigns                                 | 1a              |                   |                      |   |   |  |
| ts, Grants<br>Amounts                    |      |      | Membership dues                                     |                 |                   | 1                    |   |   |  |
| ີ ອີ ອີ                                  |      |      | Fundraising events                                  |                 |                   | 1                    |   |   |  |
| Gifts,<br>ilar An                        |      |      | Related organizations                               |                 |                   | -                    |   |   |  |
| ia i                                     |      |      |   |                 |                   | -                    |   |   |  |
| Sir                                      |      |      | Government grants (contributions                    |                 |                   | -                    |   |   |  |
| utio                                     |      | T    | All other contributions, gifts, gran                |                 |                   |                      |   |   |  |
| Contributions, Gift<br>and Other Similar |      |      | similar amounts not included abor                   |                 |                   | -                    |   |   |  |
| bq                                       |      | -    | Noncash contributions included in lines             |                 |                   |                      |   |   |  |
| 0 0                                      |      | n    | Total. Add lines 1a-1f                              |                 |                   |                      |   |   |  |
|  | _    |      |   |                 | Business Code     |                      | 1 226 600                                       |   |  |
| ice                                      | 2    |      | DEFERRED CONTRA                                     |                 | 518210<br>518210  | 1,226,699.           |   |   |  |
| er v                                     |      |      | SALES   |                 | 518210            | 818,177.             | 818,177.  |   |  |
| Program Service<br>Revenue               |      | c    |   |                 |                   |                      |   |   |  |
| Jrar<br>Sev                              |      | d    |   |                 |                   |                      |   |   |  |
| lo<br>D                                  |      | е    |   |                 |                   |                      |   |   |  |
| Δ.                                       |      |      | All other program service reve                      |                 |                   | 0 044 076            |   |   |  |
|  |      |      | Total. Add lines 2a-2f                              |                 |                   | 2,044,876.           |   |   |  |
|  | 3    |      | Investment income (including                        |                 |                   | 0.0                  |   |   |  |
|  | _    |      | other similar amounts)                              |                 |                   | 88.                  |   |   | 88.  |
|  | 4    |      | Income from investment of tax                       |                 |                   |                      |   |   |  |
|  | 5    |      | Royalties   |                 |                   |                      |   |   |  |
|  | _    |      | _   | (i) Real        | (ii) Personal     | 4                    |   |   |  |
|  | 6    |      | Gross rents   |                 |                   | 4                    |   |   |  |
|  |      |      | Less: rental expenses                               |                 |                   | -                    |   |   |  |
|  |      |      | Rental income or (loss)                             |                 |                   |                      |   |   |  |
|  |      |      |   |                 |                   |                      |   |   |  |
|  | 7    | а    | Gross amount from sales of                          | (i) Securities  | (ii) Other        | 4                    |   |   |  |
|  |      |      | assets other than inventory                         |                 |                   | 4                    |   |   |  |
|  |      | b    | Less: cost or other basis                           |                 |                   |                      |   |   |  |
|  |      |      | and sales expenses                                  |                 |                   | 4                    |   |   |  |
|  |      |      | Gain or (loss)                                      |                 |                   |                      |   |   |  |
| Ø  | 8    |      | Net gain or (loss)<br>Gross income from fundraising |                 | ····· ►           |                      |   |   |  |
| ňué                                      |      |      | including \$  | of              |                   |                      |   |   |  |
| eve                                      |      |      | contributions reported on line                      | 1c). See        |                   |                      |   |   |  |
| r<br>B                                   |      |      | Part IV, line 18                                    | a               | 1                 |                      |   |   |  |
| Other Revenue                            |      | b    | Less: direct expenses                               |                 |                   |                      |   |   |  |
| 0  |      |      | Net income or (loss) from func                      |                 | ►                 |                      |   |   |  |
|  | 9    |      | Gross income from gaming ac                         |                 |                   |                      |   |   |  |
|  |      |      | Part IV, line 19                                    | a               | ·                 |                      |   |   |  |
|  |      | b    | Less: direct expenses                               |                 |                   |                      |   |   |  |
|  |      |      | Net income or (loss) from gam                       |                 |                   |                      |   |   |  |
|  | 10   | а    | Gross sales of inventory, less                      | returns         |                   |                      |   |   |  |
|  |      |      | and allowances                                      | a               | ·                 |                      |   |   |  |
|  |      | b    | Less: cost of goods sold                            | b               |                   |                      |   |   |  |
|  |      |      | Net income or (loss) from sale                      |                 | <b>&gt;</b>       |                      |   |   |  |
|  |      |      | Miscellaneous Revenu                                |                 | Business Cod      | e                    |   |   |  |
| ĺ  | 11   | а    |   |                 | 900099            | 15,781.              |   |   | 15,781.  |
|  |      |      | SETTLEMENT INCO                                     | ME              | 900099            | 12,000.              |   |   | 12,000.  |
|  |      | с    | MISCELLANEOUS O                                     |                 | 900099            | 8.                   |   |   | 8.   |
|  |      | d    | All other revenue                                   |                 |                   |                      |   |   |  |
|  |      |      | Total. Add lines 11a-11d                            |                 |                   | 27,789.              |   |   |  |
|  | 12   |      | Total revenue. See instructions.                    |                 |                   | 2,072,753.           |   | 0.                                      | 27,877.  |
| 73200                                    |      |      |   |                 |                   |                      |   |   | Form <b>990</b> (2017)   |

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2017.05000 EQUINOX OPEN LIBRARY INIT 60-06431

| Form 990 (2017) |
|-----------------|
|-----------------|

EQUINOX OPEN LIBRARY INITIATIVE INC. 20-4877798 Page 10 Part IX Statement of Functional Expenses

|        | Check if Schedule O contains a respons  | (A)<br>Total expenses | (B)<br>Program service | (C)<br>Management and | ∟<br>( <b>D)</b><br>Fundraising |
|--------|---|-----------------------|------------------------|-----------------------|---------------------------------|
| 7b,    | 8b, 9b, and 10b of Part VIII.   |                       | expenses               | general expenses      | expenses                        |
| 1      | Grants and other assistance to domestic organizations   |                       |                        |                       |                                 |
|        | and domestic governments. See Part IV, line 21  |                       |                        |                       |                                 |
| 2      | Grants and other assistance to domestic   |                       |                        |                       |                                 |
|        | individuals. See Part IV, line 22   |                       |                        |                       |                                 |
| 3      | Grants and other assistance to foreign  |                       |                        |                       |                                 |
|        | organizations, foreign governments, and foreign   |                       |                        |                       |                                 |
|        | individuals. See Part IV, lines 15 and 16   |                       |                        |                       |                                 |
| 4      | Benefits paid to or for members   |                       |                        |                       |                                 |
| 5      | Compensation of current officers, directors,  |                       |                        |                       |                                 |
|        | trustees, and key employees   |                       |                        |                       |                                 |
| 6      | Compensation not included above, to disqualified  |                       |                        |                       |                                 |
|        | persons (as defined under section 4958(f)(1)) and   |                       |                        |                       |                                 |
|        | persons described in section 4958(c)(3)(B)  |                       |                        |                       |                                 |
| 7      | Other salaries and wages  | 1,116,373.            | 850,331.               | 266,042.              |                                 |
| 3      | Pension plan accruals and contributions (include  |                       |                        |                       |                                 |
|        | section 401(k) and 403(b) employer contributions)   |                       |                        |                       |                                 |
| 9      | Other employee benefits   | 195,561.              |                        | 195,561.              |                                 |
| )      | Payroll taxes   | 107,074.              | 81,557.                | 25,517.               |                                 |
| 1      | Fees for services (non-employees):  |                       |                        |                       |                                 |
| а      | Management  |                       |                        |                       |                                 |
| b      | Legal   | 13,307.               |                        | 13,307.               |                                 |
| с      | Accounting  | 19,730.               |                        | 19,730.               |                                 |
| d      | Lobbying  | - ,                   |                        |                       |                                 |
| ĕ      | Professional fundraising services. See Part IV, line 17   |                       |                        |                       |                                 |
| f      | Investment management fees  |                       |                        |                       |                                 |
| g      | Other. (If line 11g amount exceeds 10% of line 25,  |                       |                        |                       |                                 |
| 9      | column (A) amount, list line 11g expenses on Sch 0.)  | 145,295.              | 139,573.               | 5,722.                |                                 |
| 2      | Advertising and promotion   | 46,707.               | 46,707.                |                       |                                 |
| 3      | Office expenses   | 47,138.               | 2077070                | 47,138.               |                                 |
| 5<br>4 | Information technology  | 45,847.               | 34,385.                | 11,462.               |                                 |
|        |   |                       | 54,5051                | 11,402.               |                                 |
| 5      | Royalties   |                       |                        |                       |                                 |
| 5      |   | 44,106.               | 44,106.                |                       |                                 |
| 7      | Travel  | 44,100.               | 44,100.                |                       |                                 |
| 3      | Payments of travel or entertainment expenses  |                       |                        |                       |                                 |
|        | for any federal, state, or local public officials   |                       |                        |                       |                                 |
| )      | Conferences, conventions, and meetings  |                       |                        |                       |                                 |
| )      | Interest  |                       |                        |                       |                                 |
| I      | Payments to affiliates  | 100                   | 1.4.0                  | 4.0                   |                                 |
| 2      | Depreciation, depletion, and amortization   | 197.                  | 148.                   | 49.                   |                                 |
| 3      | Insurance   | 4,747.                | 4,747.                 |                       |                                 |
| ŀ      | Other expenses. Itemize expenses not covered<br>above. (List miscellaneous expenses in line 24e. If line<br>24e amount exceeds 10% of line 25, column (A)<br>amount, list line 24e expenses on Schedule 0.) |                       |                        |                       |                                 |
| а      | TRADE SHOW EXPENSES   | 52,468.               | 52,468.                |                       |                                 |
| a<br>b | UTILITIES   | 21,742.               | 16,307.                | 5,435.                |                                 |
| с<br>С | TELEPHONE   | 14,809.               | 11,107.                | 3,702.                |                                 |
| c<br>d | PRINTING AND REPRODUCTI   | 10,371.               | 10,371.                | 5,102.                |                                 |
|        |   | 18,555.               | 10,521.                | 8,034.                |                                 |
|        | All other expenses  | 1,904,027.            | 1,302,328.             | 601,699.              |                                 |
| 5      | Total functional expenses. Add lines 1 through 24e  | 1,007,04/0            | ±,302,320•             | UUL, UJJ.             |                                 |
| 6      | Joint costs. Complete this line only if the organization  |                       |                        |                       |                                 |
|        | reported in column (B) joint costs from a combined  |                       |                        |                       |                                 |
|        | educational campaign and fundraising solicitation.  |                       |                        |                       |                                 |

10

732010 11-28-17

#### 13061113 794202 60-06435.000

Form **990** (2017)

13061113 794202 60-06435.000

Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Assets 7 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other ..... 10a 624,278. basis. Complete Part VI of Schedule D 621,495. b Less: accumulated depreciation \_\_\_\_\_ 10b 0. 2,783. 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 0. 16,520. 15 Other assets. See Part IV, line 11 15 572,540. Total assets. Add lines 1 through 15 (must equal line 34) 0. 16 16 14,795. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons. 698,636. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 0. 689,288. 25 Schedule D 1,402,719. 0. 26 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🛄 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here  $\blacktriangleright$  X and complete lines 30 through 34. 82. Capital stock or trust principal, or current funds 0. 30 30 0. 18,751. Paid-in or capital surplus, or land, building, or equipment fund 31 31 -849,012. 0. 32 Retained earnings, endowment, accumulated income, or other funds 32 -830,179. 0. Total net assets or fund balances 33 33 0. 572,540. 34 34 Total liabilities and net assets/fund balances

#### 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

Pledges and grants receivable, net

20-4877798 Page 11

1

2

3

4

**(B)** End of year

72,662.

480,575.

Form 990 (2017)

(A) Beginning of year

Form 990 (2017) Part X Balance Sheet

1

2

3

4

| Form | 1990 (2017) EQUINOX OPEN LIBRARY INITIATIVE INC.  | 20-48      | 77798        | Pag  | <sub>je</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   |            |              |      | X                |  |  |
|      |   |            |              |      |                  |  |  |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1          | 2,072        |      |                  |  |  |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2          | 1,904        |      |                  |  |  |
| 3    | Revenue less expenses. Subtract line 2 from line 1  | 168        | 3,72         | 26.  |                  |  |  |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                           | 4          |              |      | 0.               |  |  |
| 5    | Net unrealized gains (losses) on investments  | 5          |              |      |                  |  |  |
| 6    | Donated services and use of facilities  | 6          |              |      |                  |  |  |
| 7    | Investment expenses   | 7          |              |      |                  |  |  |
| 8    | Prior period adjustments  | 8          |              |      |                  |  |  |
| 9    | Other changes in net assets or fund balances (explain in Schedule O)  | 9          | -998         | 3,90 | )5.              |  |  |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,                  |            |              |      |                  |  |  |
|      | column (B))   | 10         | -830         | ),1  | <u>79.</u>       |  |  |
| Pa   | rt XII Financial Statements and Reporting   |            |              |      |                  |  |  |
|      | Check if Schedule O contains a response or note to any line in this Part XII  |            | ·····        |      |                  |  |  |
|      |   |            |              | Yes  | No               |  |  |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other  |            |              |      |                  |  |  |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule      | 0.         |              |      | X                |  |  |
| 2a   | 2a Were the organization's financial statements compiled or reviewed by an independent accountant?                  |            |              |      |                  |  |  |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed     | l 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?                                  |            | <b>2</b> b   |      | X                |  |  |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate    | e basis,   |              |      |                  |  |  |
|      | consolidated basis, or both:  |            |              |      |                  |  |  |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |            |              |      |                  |  |  |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the  | e audit,   |              |      |                  |  |  |
|      | 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 in Sche  |            |              |      |                  |  |  |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | ngle Audit |              |      |                  |  |  |
|      | Act and OMB Circular A-133?   |            | . <b>3</b> a |      | <u> </u>         |  |  |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi  |            |              |      |                  |  |  |
|      | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                            |            | <b>3</b> b   |      |                  |  |  |
|      |   |            | _ (          |      |                  |  |  |

| SCH | EDU | LE A |
|-----|-----|------|
|-----|-----|------|

(Form 990 or 990-EZ)

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

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

| OMB No. 1545-0047            |
|------------------------------|
| 2017                         |
| Open to Public<br>Inspection |

| Department of the Treasury<br>Internal Revenue Service |           |  |   |                        | Attach to Form 990 or F<br>v/Form990 for instruction |                                    |                                   | nformation.                             |                | Open to Public<br>Inspection |
|--|-----------|--|---|------------------------|--|------------------------------------|-----------------------------------|---|----------------|------------------------------|
| Nar  | ne of     | the organizati   | , i i i i i i i i i i i i i i i i i i i | 0.0 10 11 1            |  |                                    |                                   |   | Employer       | r identification number      |
|  |           |  |   | NOX OPEN L             | IBRARY INITIA  | ATT VE                             | TNC.                              |   |                | 0-4877798                    |
| Pa   | nrt I     | Reason   | for Public (                            | Charity Status         | All organizations must co                            | molete th                          | is part ) Se                      | e instruction                           |                | 40////00                     |
|  |           |  |   |                        | For lines 1 through 12, cl                           |                                    |                                   |   |                |                              |
| 1  |           |  |   |                        | on of churches described                             |                                    |                                   | ()(A)(i)                                |                |                              |
| 2  | $\square$ |  |   |                        |  |                                    |                                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                |                              |
|  | $\square$ | A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ).)<br>A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b> |   |                        |  |                                    |                                   |   |                |                              |
| 3  | $\square$ | •  |   |                        |  |                                    |                                   |   | V:::) Enter    | the beenitel's name          |
| 4  |           |  | 0                                       | ation operated in col  | njunction with a hospital                            | described                          | Sectio                            | A)(T)(a)01F n                           | .)(III). Enter | the hospital's name,         |
| _  |           | city, and stat   |   |                        |  |                                    |                                   |   |                | l :                          |
| 5  |           | 0  | •                                       |                        | llege or university owned                            | or operat                          | eu by a go                        | vernmentaru                             | nit describe   |                              |
|  |           | section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).   |   |                        |  |                                    |                                   |   |                |                              |
| 6  |           |  |   |                        |  |                                    |                                   |   |                |                              |
| 7  |           | •  |   |                        | ntial part of its support fr                         | om a gove                          | ernmental                         | unit or from t                          | ne general j   | public described in          |
| _  |           |  |   | omplete Part II.)      |  |                                    |                                   |   |                |                              |
| 8  |           | -  |   |                        | (1)(A)(vi). (Complete Par                            | -                                  |                                   |   |                |                              |
| 9  |           |  |   |                        | in section 170(b)(1)(A)(                             |                                    |                                   |   |                |                              |
|  |           | -  | or a non-land-g                         | grant college of agric | ulture (see instructions).                           | Enter the                          | name, city                        | , and state of                          | the college    | eor                          |
|  | 37        | university:  |   |                        |  |                                    |                                   |   |                |                              |
| 10   | X         |  |   |                        | than 33 1/3% of its supp                             |                                    |                                   |   |                |                              |
|  |           |  |   |                        | ct to certain exceptions,                            | . ,                                |                                   |   |                | •                            |
|  |           |  |   |                        | (less section 511 tax) fro                           | m busines                          | sses acqui                        | red by the or                           | ganization a   | after June 30, 1975.         |
|  |           | See section 509(a)(2). (Complete Part III.)  |   |                        |  |                                    |                                   |   |                |                              |
| 11   |           |  |   |                        | ively to test for public sat                         |                                    |                                   |   |                |                              |
| 12   |           | An organizati  | on organized a                          | and operated exclusi   | ively for the benefit of, to                         | perform t                          | he functio                        | ns of, or to ca                         | rry out the    | purposes of one or           |
|  |           | more publicly  | supported or                            | ganizations describe   | ed in section 509(a)(1) o                            | r section                          | 509(a)(2).                        | See section                             | 509(a)(3). (   | Check the box in             |
|  | _         | _  | -                                       | • •                    | f supporting organizatior                            |                                    | -                                 |   | -              |                              |
| a  |           | <b>Type I.</b> A s   | upporting orga                          | anization operated, s  | upervised, or controlled                             | by its supp                        | oorted org                        | anization(s), t                         | ypically by    | giving                       |
|  |           | the suppor   | ted organizatio                         | on(s) the power to reg | gularly appoint or elect a                           | majority c                         | of the direc                      | tors or truste                          | es of the su   | upporting                    |
|  |           | organizatio  | n. <b>You must c</b>                    | complete Part IV, Se   | ections A and B.                                     |                                    |                                   |   |                |                              |
| b  |           | <b>Type II.</b> A s  | supporting org                          | anization supervised   | l or controlled in connect                           | ion with it                        | s supporte                        | ed organizatio                          | n(s), by hav   | /ing                         |
|  |           | control or r   | nanagement o                            | of the supporting orga | anization vested in the sa                           | ame perso                          | ns that co                        | ntrol or mana                           | ge the supp    | ported                       |
|  |           | organizatio  | n(s). <b>You mus</b>                    | t complete Part IV,    | Sections A and C.                                    |                                    |                                   |   |                |                              |
| c  | :         | Type III fui   | nctionally inte                         | grated. A supportin    | g organization operated                              | in connect                         | tion with, a                      | and functiona                           | lly integrate  | ed with,                     |
|  |           | its support  | ed organizatio                          | n(s) (see instructions | ). You must complete I                               | Part IV, Se                        | ections A,                        | D, and E.                               |                |                              |
| c  |           | Type III no  | n-functionally                          | y integrated. A supp   | oorting organization oper                            | ated in co                         | nnection v                        | vith its suppo                          | rted organiz   | zation(s)                    |
|  |           | that is not  | functionally int                        | egrated. The organiz   | ation generally must sat                             | isfy a distr                       | ibution red                       | quirement and                           | d an attentiv  | veness                       |
|  |           | requiremer   | it (see instruct                        | ions). You must cor    | nplete Part IV, Sections                             | A and D,                           | and Part                          | V.                                      |                |                              |
| e  |           | Check this   | box if the orga                         | anization received a v | written determination from                           | m the IRS                          | that it is a                      | Туре I, Туре                            | II, Type III   |                              |
|  |           | functionally   | integrated, or                          | r Type III non-functio | nally integrated supportin                           | ng organiz                         | ation.                            |   |                |                              |
| f  | Ent       | er the number  | of supported o                          | organizations          |  |                                    |                                   |   |                |                              |
| <u>c</u>   | Pro       | vide the follow  | ing informatior                         | n about the supporte   |  |                                    |                                   |   |                |                              |
|  |           | (i) Name of supp   |   | (ii) EIN               | (iii) Type of organization (described on lines 1-10  | (iv) Is the orga<br>in your govern | anization listed<br>ing document? | (v) Amount o                            | ,              | (vi) Amount of other         |
|  |           | organizatior   | 1                                       |                        | above (see instructions))                            | Yes                                | No                                | support (see i                          | nstructions)   | support (see instructions)   |
|  |           |  |   |                        |  |                                    |                                   |   |                |                              |
|  |           |  |   |                        |  |                                    |                                   |   |                |                              |
|  |           |  |   |                        |  |                                    |                                   |   |                |                              |
|  |           |  |   |                        |  |                                    |                                   |   |                |                              |
|  |           |  |   |                        |  |                                    |                                   |   |                |                              |
|  |           |  |   |                        |  |                                    |                                   |   |                |                              |
|  |           |  |   |                        |  |                                    |                                   |   |                |                              |
|  |           |  |   |                        |  |                                    |                                   |   |                |                              |
|  |           |  |   |                        |  |                                    |                                   |   |                |                              |
|  |           |  |   |                        |  |                                    |                                   |   |                |                              |

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 13

#### 20-4877798 Page 2 Schedule A (Form 990 or 990-EZ) 2017 EQUINOX OPEN LIBRARY INITIATIVE INC. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

| See         | ction A. Public Support                      |                       |                       |                       |                     |                      |                 |
|-------------|--|-----------------------|-----------------------|-----------------------|---------------------|----------------------|-----------------|
| Cale        | ndar year (or fiscal year beginning in) 🕨    | (a) 2013              | <b>(b)</b> 2014       | (c) 2015              | (d) 2016            | (e) 2017             | (f) Total       |
| 1           | Gifts, grants, contributions, and            |                       |                       |                       |                     |                      |                 |
|             | membership fees received. (Do not            |                       |                       |                       |                     |                      |                 |
|             | include any "unusual grants.")               |                       |                       |                       |                     |                      |                 |
| 2           | Tax revenues levied for the organ-           |                       |                       |                       |                     |                      |                 |
|             | ization's benefit and either paid to         |                       |                       |                       |                     |                      |                 |
|             | or expended on its behalf                    |                       |                       |                       |                     |                      |                 |
| 3           | The value of services or facilities          |                       |                       |                       |                     |                      |                 |
|             | furnished by a governmental unit to          |                       |                       |                       |                     |                      |                 |
|             | the organization without charge              |                       |                       |                       |                     |                      |                 |
| 4           | Total. Add lines 1 through 3                 |                       |                       |                       |                     |                      |                 |
| 5           | The portion of total contributions           |                       |                       |                       |                     |                      |                 |
|             | by each person (other than a                 |                       |                       |                       |                     |                      |                 |
|             | governmental unit or publicly                |                       |                       |                       |                     |                      |                 |
|             | supported organization) included             |                       |                       |                       |                     |                      |                 |
|             | on line 1 that exceeds 2% of the             |                       |                       |                       |                     |                      |                 |
|             | amount shown on line 11,                     |                       |                       |                       |                     |                      |                 |
|             | column (f)                                   |                       |                       |                       |                     |                      |                 |
|             | Public support. Subtract line 5 from line 4. |                       |                       |                       |                     |                      |                 |
| See         | ction B. Total Support                       | 1                     | 1                     | 1                     | 1                   | 1                    | 1               |
|             | ndar year (or fiscal year beginning in) 🕨    | (a) 2013              | (b) 2014              | (c) 2015              | (d) 2016            | (e) 2017             | (f) Total       |
| 7           | Amounts from line 4                          |                       |                       |                       |                     |                      |                 |
| 8           | Gross income from interest,                  |                       |                       |                       |                     |                      |                 |
|             | dividends, payments received on              |                       |                       |                       |                     |                      |                 |
|             | securities loans, rents, royalties,          |                       |                       |                       |                     |                      |                 |
|             | and income from similar sources $\dots$      |                       |                       |                       |                     |                      |                 |
| 9           | Net income from unrelated business           |                       |                       |                       |                     |                      |                 |
|             | activities, whether or not the               |                       |                       |                       |                     |                      |                 |
|             | business is regularly carried on             |                       |                       |                       |                     |                      |                 |
| 10          | Other income. Do not include gain            |                       |                       |                       |                     |                      |                 |
|             | or loss from the sale of capital             |                       |                       |                       |                     |                      |                 |
|             | assets (Explain in Part VI.)                 |                       |                       |                       |                     |                      |                 |
| 11          | Total support. Add lines 7 through 10        |                       |                       |                       |                     | ļ.,                  |                 |
| 12          | Gross receipts from related activities,      | etc. (see instruction | ons)                  |                       |                     | 12                   |                 |
| 13          | First five years. If the Form 990 is for     | r the organization'   | s first, second, thir | d, fourth, or fifth t | ax year as a sectio | n 501(c)(3)          |                 |
| <u>.</u>    | organization, check this box and stor        | here                  |                       |                       |                     |                      | <b>&gt;</b>     |
| See         | ction C. Computation of Publi                | c Support Per         | rcentage              |                       |                     | <u> </u>             |                 |
|             | Public support percentage for 2017 (I        |                       | •                     | .,,                   |                     | 14                   | %               |
|             | Public support percentage from 2016          |                       |                       |                       |                     | 15                   | %               |
| <b>16</b> a | 33 1/3% support test - 2017. If the c        | organization did no   | ot check the box o    | n line 13, and line   | 14 is 33 1/3% or m  | nore, check this bo  |                 |
|             | stop here. The organization qualifies        |                       | -                     |                       |                     |                      |                 |
| b           | 33 1/3% support test - 2016. If the c        |                       |                       |                       |                     |                      |                 |
|             | and <b>stop here.</b> The organization qual  |                       |                       |                       |                     |                      |                 |
| 17a         | 10% -facts-and-circumstances test            |                       |                       |                       |                     |                      |                 |
|             | and if the organization meets the "fac       |                       |                       |                       | -                   | -                    |                 |
|             | meets the "facts-and-circumstances"          |                       |                       |                       |                     |                      |                 |
| b           | 10% -facts-and-circumstances test            | - 2016. If the org    | panization did not o  | check a box on lin    | e 13, 16a, 16b, or  | 17a, and line 15 is  | 10% or          |
|             | more, and if the organization meets the      | ne "facts-and-circu   | mstances" test, ch    | neck this box and     | stop here. Explai   | n in Part VI how the | e               |
|             | organization meets the "facts-and-circ       |                       | -                     |                       |                     |                      | ▶∐              |
| 18          | Private foundation. If the organization      | n did not check a     | box on line 13, 16    | a, 16b, 17a, or 17    |                     |                      |                 |
|             |  |                       |                       |                       | Sch                 | edule A (Form 990    | or 000 E7) 2017 |

Schedule A (Form 990 or 990-EZ) 2017

732022 10-06-17

## Schedule A (Form 990 or 990 EZ) 2017 EQUINOX OPEN LIBRARY INITIATIVE INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

| Section A. Public Support   |                             |                       |                        |                      |                      |                   |
|---|-----------------------------|-----------------------|------------------------|----------------------|----------------------|-------------------|
| Calendar year (or fiscal year beginning in) 🕨   | (a) 2013                    | <b>(b)</b> 2014       | (c) 2015               | (d) 2016             | (e) 2017             | (f) Total         |
| 1 Gifts, grants, contributions, and   |                             |                       |                        |                      |                      |                   |
| membership fees received. (Do not   |                             |                       |                        |                      |                      |                   |
| include any "unusual grants.")  |                             |                       |                        |                      |                      |                   |
| 2 Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the                                 |                             |                       |                        |                      | 1005001              | 1005001           |
| organization's tax-exempt purpose   |                             |                       |                        |                      | 1985201.             | 1985201.          |
| <b>3</b> Gross receipts from activities that  |                             |                       |                        |                      |                      |                   |
| are not an unrelated trade or bus-<br>iness under section 513   |                             |                       |                        |                      | 12,008.              | 12,008.           |
| 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  |                             |                       |                        |                      | 1997209.             | 1997209.          |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |                             |                       |                        |                      |                      | 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.                |
| <b>c</b> Add lines 7a and 7b  |                             |                       |                        |                      |                      | 0.                |
| 8 Public support. (Subtract line 7c from line 6.)<br>Section B. Total Support   |                             |                       |                        |                      |                      | 1997209.          |
| Calendar year (or fiscal year beginning in)   | (a) 2013                    | <b>(b)</b> 2014       | (c) 2015               | (d) 2016             | (e) 2017             | (f) Total         |
| 9 Amounts from line 6   |                             |                       |                        |                      | 1997209.             | 1997209.          |
| <b>10a</b> Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources                                 |                             |                       |                        |                      | 88.                  | 88.               |
| <b>b</b> Unrelated business taxable income  |                             |                       |                        |                      |                      |                   |
| (less section 511 taxes) from businesses  |                             |                       |                        |                      |                      |                   |
| acquired after June 30, 1975  |                             |                       |                        |                      | 0.0                  |                   |
| <ul> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</li> </ul> |                             |                       |                        |                      | 88.                  | 88.               |
| 12 Other income. Do not include gain<br>or loss from the sale of capital  |                             |                       |                        |                      |                      |                   |
| assets (Explain in Part VI.)<br>13 Total support. (Add lines 9, 10c, 11, and 12.)   |                             |                       |                        | 1                    | 1997297.             | 1997297.          |
| 14 First five years. If the Form 990 is for   | r the organization's        | s first, second, thir | d, fourth, or fifth ta | ax year as a section | n 501(c)(3) organiza | ation,            |
|   | 0                           |                       |                        | 5                    |                      | · · ·             |
| Section C. Computation of Publi   |                             |                       |                        |                      |                      |                   |
| 15 Public support percentage for 2017 (I  | ine 8, column (f) di        | vided by line 13, c   | column (f))            |                      | 15                   | %                 |
| 16 Public support percentage from 2016  | Schedule A, Part            | III, line 15          |                        |                      | 16                   | %                 |
| Section D. Computation of Inves   | stment Income               | e Percentage          |                        |                      |                      |                   |
| 17 Investment income percentage for 20  | <b>)17</b> (line 10c, colur | nn (f) divided by li  | ne 13, column (f))     |                      | 17                   | %                 |
| <b>18</b> Investment income percentage from   | 2016 Schedule A,            | Part III, line 17     |                        |                      | 18                   | %                 |
| 19a 33 1/3% support tests - 2017. If the  | organization did r          | ot check the box      | on line 14, and line   | e 15 is more than    | 33 1/3%, and line 17 | 7 is not          |
| more than 33 1/3%, check this box ar  | nd stop here. The           | e organization qua    | lifies as a publicly   | supported organiz    | ation                |                   |
| b 33 1/3% support tests - 2016. If the  | organization did r          | ot check a box or     | n line 14 or line 19a  | a, and line 16 is m  | ore than 33 1/3%, a  | nd                |
| line 18 is not more than 33 1/3%, che   |                             |                       |                        |                      |                      | ▶∐                |
| 20 Private foundation. If the organization  | n did not check a           | box on line 14, 19    | a, or 19b, check th    |                      |                      |                   |
| 732023 10-06-17   |                             | 4 -                   |                        | Scl                  | nedule A (Form 990   | ) or 990-EZ) 2017 |
|   |                             | 15                    |                        |                      |                      |                   |

2017.05000 EQUINOX OPEN LIBRARY INIT 60-06431

#### Schedule A (Form 990 or 990-EZ) 2017 EQUINOX OPEN LIBRARY INITIATIVE INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2017

# Schedule A (Form 990 or 990-EZ) 2017 EQUINOX OPEN LIBRARY INITIATIVE INC. Part IV Supporting Organizations (continued)

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

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Schedule A (Form 990 or 990-EZ) 2017

|      | edule A (Form 990 or 990-EZ) 2017 EQUINOX OPEN LIBRARY IN rt V Type III Non-Functionally Integrated 509(a)(3) Supportin |            |                           | 20-4877798 Page 6                 |
|------|---|------------|---------------------------|-----------------------------------|
|      |   |            |                           |                                   |
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifyin  | -          |                           | n Part VI.) See instructions. All |
| Sect | other Type III non-functionally integrated supporting organizations must co<br>ion A - Adjusted Net Income              | mplete S   | (A) Prior Year            | (B) Current Year<br>(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  | Ť          |                           |                                   |
| •    | collection of gross income or for management, conservation, or  |            |                           |                                   |
|      | maintenance of property held for production of income (see instructions)  | 6          |                           |                                   |
| 7    | Other expenses (see instructions)   | 7          |                           |                                   |
| 8    | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  | 8          |                           |                                   |
|      | ion B - Minimum Asset Amount  |            | (A) Prior Year            | (B) Current Year<br>(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         |                           |                                   |
| C    | Fair market value of other non-exempt-use assets  | 1c         |                           |                                   |
| d    | Total (add lines 1a, 1b, and 1c)  | 1d         |                           |                                   |
| е    | Discount claimed for blockage or other  |            |                           |                                   |
|      | factors (explain in detail in <b>Part VI</b> ):   |            |                           |                                   |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets  | 2          |                           |                                   |
| 3    | Subtract line 2 from line 1d  | 3          |                           |                                   |
| 4    | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,  |            |                           |                                   |
|      | see instructions)   | 4          |                           |                                   |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5          |                           |                                   |
| 6    | Multiply line 5 by .035   | 6          |                           |                                   |
| 7    | Recoveries of prior-year distributions  | 7          |                           |                                   |
| 8    | Minimum Asset Amount (add line 7 to line 6)   | 8          |                           |                                   |
| Sect | ion C - Distributable Amount  |            |                           | Current Year                      |
| 1    | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1          |                           |                                   |
| 2    | Enter 85% of line 1   | 2          |                           |                                   |
| 3    | Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3          |                           |                                   |
| 4    | Enter greater of line 2 or line 3   | 4          |                           |                                   |
| 5    | Income tax imposed in prior year  | 5          |                           |                                   |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to  |            |                           |                                   |
|      | emergency temporary reduction (see instructions)  | 6          |                           |                                   |
| 7    | Check here if the current year is the organization's first as a non-functional  | ly integra | ted Type III supporting o | rganization (see                  |

instructions).

Schedule A (Form 990 or 990-EZ) 2017

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# Schedule A (Form 990 or 990 EZ) 2017 EQUINOX OPEN LIBRARY INITIATIVE INC.

| Fai   | Type III Non-Functionally Integrated 509                        | a)(s) Supporting Orga         | inizations (continued)                 |   |
|-------|---|-------------------------------|--|---|
| Secti | on D - Distributions  |                               |  | Current Year                              |
| 1     | Amounts paid to supported organizations to accomplish exe       | mpt purposes                  |  |   |
| 2     | Amounts paid to perform activity that directly furthers exemp   | ot purposes of supported      |  |   |
|       | organizations, in excess of income from activity                |                               |  |   |
| 3     | Administrative expenses paid to accomplish exempt purpose       | es of supported organization  | S                                      |   |
| 4     | Amounts paid to acquire exempt-use assets                       |                               |  |   |
| 5     | Qualified set-aside amounts (prior IRS approval required)       |                               |  |   |
| 6     | Other distributions (describe in Part VI). See instructions.    |                               |  |   |
| 7     | Total annual distributions. Add lines 1 through 6.              |                               |  |   |
| 8     | Distributions to attentive supported organizations to which the | ne organization is responsive |  |   |
|       | (provide details in Part VI). See instructions.                 |                               |  |   |
| 9     | Distributable amount for 2017 from Section C, line 6            |                               |  |   |
| 10    | Line 8 amount divided by line 9 amount                          |                               |  |   |
| Secti | on E - Distribution Allocations (see instructions)              | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2017 | (iii)<br>Distributable<br>Amount for 2017 |
| 1     | Distributable amount for 2017 from Section C, line 6            |                               |  |   |
| 2     | Underdistributions, if any, for years prior to 2017 (reason-    |                               |  |   |
|       | able cause required- explain in Part VI). See instructions.     |                               |  |   |
| 3     | Excess distributions carryover, if any, to 2017                 |                               |  |   |
| а     |   |                               |  |   |
| b     | From 2013   |                               |  |   |
| с     | From 2014   |                               |  |   |
| d     | From 2015   |                               |  |   |
| е     | From 2016   |                               |  |   |
| f     | Total of lines 3a through e                                     |                               |  |   |
| g     | Applied to underdistributions of prior years                    |                               |  |   |
| h     | Applied to 2017 distributable amount                            |                               |  |   |
| i     | Carryover from 2012 not applied (see instructions)              |                               |  |   |
| j     | Remainder. Subtract lines 3g, 3h, and 3i from 3f.               |                               |  |   |
| 4     | Distributions for 2017 from Section D,                          |                               |  |   |
|       | line 7: \$  |                               |  |   |
| а     | Applied to underdistributions of prior years                    |                               |  |   |
| b     | Applied to 2017 distributable amount                            |                               |  |   |
| с     | Remainder. Subtract lines 4a and 4b from 4.                     |                               |  |   |
| 5     | Remaining underdistributions for years prior to 2017, if        |                               |  |   |
|       | any. Subtract lines 3g and 4a from line 2. For result greater   |                               |  |   |
|       | than zero, explain in <b>Part VI.</b> See instructions.         |                               |  |   |
| 6     | Remaining underdistributions for 2017. Subtract lines 3h        |                               |  |   |
|       | and 4b from line 1. For result greater than zero, explain in    |                               |  |   |
|       | Part VI. See instructions.                                      |                               |  |   |
| 7     | Excess distributions carryover to 2018. Add lines 3j            |                               |  |   |
|       | and 4c.   |                               |  |   |
| 8     | Breakdown of line 7:  |                               |  |   |
|       | Excess from 2013  |                               |  |   |
|       | Excess from 2014  |                               |  |   |
|       | Excess from 2015  |                               |  |   |
|       | Excess from 2016  |                               |  |   |
|       | Excess from 2017  |                               |  |   |

Schedule A (Form 990 or 990-EZ) 2017

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| Schedule A     | (Form 990 or 990-EZ) 2017  | EQUINOX O  | PEN LIB   | RARY I                                     | NITIATIV   | E INC.   | 20-4877798  | Page <b>8</b>  |
|----------------|--|--|---|--|--|--|---|----------------|
| Part VI        | Supplemental Inform<br>Part IV, Section A, lines 1,<br>line 1; Part IV, Section D, I | <b>nation.</b> Provide 1<br>2, 3b, 3c, 4b, 4c, 5<br>ines 2 and 3; Part I | he explanatior<br>a, 6, 9a, 9b, 9<br>V, Section E, li | ns required<br>c, 11a, 11b,<br>nes 1c, 2a, | by Part II, line 10<br>and 11c; Part IV<br>2b, 3a, and 3b; I | ); Part II, line 17a<br>/, Section B, line<br>Part V, line 1; Pa | es 1 and 2; Part IV, Section<br>art V, Section B, line 1e; Pa | n C,<br>art V, |
|                | Section D, lines 5, 6, and 8<br>(See instructions.)                                  | 3; and Part V, Secti   | on E, lines 2, 5                                      | i, and 6. Als                              | o complete this  | part for any add   | itional information.  | -              |
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| 732028 10-06-1 | 17   |  |   | 20   |  | Sche   | dule A (Form 990 or 990                                       | -EZ) 2017      |

| SCHEDULE [ | ) |
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Department of the Treasury Internal Revenue Service

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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



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| EQUINOX OPERN LIBRARY INITIATIVE INC.         20-4877798           Part1         Organization asswered Yes" on Form 980, Part V, line 6.         (a) Donor advised funds or Other Similar Funds or Accounts. Complete if the organization asswered Yes" on Form 980, Part V, line 6.           1         Total number at end of year         (a) Donor advised funds         (b) Funds and other accounts           2         Aggregate value of controlutions to futuring year)         (a) Aggregate value of grant from (during year)         (b) Funds and other accounts           3         Aggregate value of grant from (during year)         (b) Funds and other accounts         (b) Funds and other accounts           4         Aggregate value of grant from (during year)         (c) Funds and other accounts         (c) Funds and other accounts           3         Aggregate value of grant from (during year)         (c) Funds and thore accounts         (c) For any other purpose conferring importantiation from and grantenee, concervation accounts         (c) Funds and funds and funds and funds and balat         (c) For any other purpose conferring           Purpose(g) to conservation assements held by the oreganization r  | Nam    | e of the organization   |   | E              | nployer identification number     |
|---|--------|---|---|----------------|-----------------------------------|
| organization answered "Yes" on Form 930, Part IV, Ime 6.       (a) Donor advised funds       (b) Funds and other accounts         1       Total number at end of year       (a) Donor advised funds       (b) Funds and other accounts         2       Aggregate value of contributions to (during year)       (a) Aggregate value of contributions to (during year)       (b) Funds and other accounts         3       Aggregate value of ans thor (during year)       (c) Aggregate value of ans thor (during year)       (c) No         4       Aggregate value of ans thor (during year)       (c) Aggregate value of ans thor (during year)       (c) No         5       Dott the organization inform all donors and donor advisor in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or form yother purpose conferring impermation the ageneration (d) and for public use (e.g., recreation or education)       (c) Preservation of a historically important land area         Protection of natural habitat       (c) ageneration (d) (d) advisor (d)   | De     |   |   | 01 1 000       | 20-4877798                        |
| (a) Donor advised funds       (b) Funds and other accounts         2       Aggregate value of contributions to (during year)  | Pa     |   |   | OF ACCOL       | <b>Complete if the</b>            |
| 1 Total number at end of year 2 Aggregate value of combutions to (during year) 3 Aggregate value of combutions to (during year) 4 Aggregate value of antist from (during year) 4 Aggregate value of antist from (during year) 5 Did the organization is property, subject to the organization is exclusive legal control? Yes No 6 Did the organization is property, subject to the organization is exclusive legal control? Yes No 6 Did the organization is property, subject to the organization is exclusive legal control? Yes No 6 Did the organization is property, subject to the organization is exclusive legal control? Yes No 6 Part II Conservation Easements. Complete if the organization control addition of a historically important land area Protection of natural habitat Protection of conservation easements in organization held a qualified conservation contribution in the form of a conservation easements. 2 complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements. 3 total acreage restricted by conservation easements in a conservation easements in a conservation easements in a conservation easements. 3 total acreage restricted by conservation easements is actually induced in (a) 2 do addition during the tax year. 4 Number of conservation easements on a conservation easements is cotacted > 2 do additions, and enforcing conservation easements is actually induced in (a) 2 do additions, and enforcing conservation easements is botks? 3 boos the organization have a written poly regarding the period constrony. Inspecting, handling of violations, and enforcing conservation easements   |        | organization answered "Yes" on Form 990, Part IV, lin             |   | (1-) [-        |                                   |
| Aggregate value of contributions to (during year)     Aggregate value of contributions to (during year)     Aggregate value of contributions to (during year)     Aggregate value of and the organization inform all donors and door advisors in writing that the assets held in donor advisor fluxes     The organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only     for chartisble purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring     impermissible purposes and not for the benefit of the donor or donor advisor, or form synther purpose conferring     impermissible purposes and not for the benefit of the donor or donor advisor, or form synther purpose conferring     impermissible purposes and to for be benefit of the donor or donor advisor, or form synther purpose conferring     impermissible purposes and the label at the arganization answered "Yas" on Form 990, Part IV, line 7.     Purpose(s) of conservation easements. Complete if the organization contribution in the form of a conservation easement on the last     day of the tax year.     Complete inter a 2 at the adjust of the donor advisor, and not on a historic structure     Preservation of open space     Complete inter of conservation easements     dual field conservation easements in a certified historic structure included in (a)     Number of conservation easements included (b) (a) could at attract 72206, and not on a historic structure     tax     year >         Number of conservation easements included (b, transferred, released, extinguished, or terminated by the organization flow as a written policy regarding the periodic monitoring, inspect[b, nandling of violations, and enforcing conservation easements individed     year >         Staff and volunteer hours deviced to monitoring, inspect[b, nandling of violations, and enforcing conservation easements during the year         S         So besea the organization nepote to measuration in seasements in flox dev                    |        |   | (a) Donor advised funds   | (D) F          | unds and other accounts           |
| Aggregate value of grants from (during year)     Aggregate value of grants from (during year)     Aggregate value of grants from (during year)     Do the organization inform all donors and donor advisors in writing that the assets held in donor advised funds     are the organization is property, subject to the organization's exclusive legal control?     Do the organization inform all donors and donor advisors in writing that grant tod, scan be used only     for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring     impermissible private benefit?     Purpose(s) of conservation Easements. Complete if the organization (check all that apply).     Preservation of and for public use (e.g., recreation or education)     Preservation of a historically important land area     Protection of natural habitat     Preservation of and for public use (e.g., recreation or education)     Preservation of a certified historic structure     Preservation of accomplete if the organization is exceeding the regulation of a certified historic structure     Augregate value of conservation easements     a cartified historic structure     Augregate value of conservation easements     a cartified historic structure     at year.     a Total number of conservation easements     a cartified historic structure     at year.     a Total arceage restructed by conservation easements     a cartified historic structure     at year >     a Total arceage restructed by conservation easements     burget of conservation easements in actified historic structure     at year and of conservation easements     a cartified historic structure     at year and or conservation easements     a cartified historic structure     advisor the halional Register     Augregate value of the conservation easements     actified historic structure     advisor structure     advisor the advisor engister     Augregate value of the conservation easements     a cartified historic structure     advisor structure     adv                    | 1      |   |   |                |                                   |
| Aggregate value at end of year     Did the organization inform all donors advisors in writing that the assets held in donor advised funds     are the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds     are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only     for charable purposes and to for the benefit of the donor of any tother purpose conferring     impermissible private benefit?     Ves No     Part IL Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.     Purpose(s) of conservation easements held by the organization (check all that apply).     Preservation of land for public use (e.g., recreation or education)     Preservation of a historically important land area     Preservation of open space     Complete lines 2 at tworup? (all the organization held a qualified conservation contribution in the form of a conservation easement on the last     day of the tax year.     Total number of conservation easements in cluded in (a) aquived after 725/06, and not on a historic structure     Held at the End of the Tax Year     Number of conservation easements included in (a) aquived after 725/06, and not on a historic structure     lated on onservation easements included in (a) aquived after 725/06, and not on a historic structure     lated in the National Register     Ves No     Staff and volunteer hours devoted to conservation easements is located >     Suther of stars where groperty subject to conservation easements on a certified historic structure is located >     So as each conservation easements is chide?     Anount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year     S     S     So as each conservation easements is chide?     Anount of expenses incurred in monitoring, inspecting, handling of violations, and expense statement, and balance sheet works of art, h                    | 2      |   |   |                |                                   |
| Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds     are the organization's property, subject to the organization's exclusive legal control?     Did the organization inform all grantees, donors, and donor advisor, or for any other purpose confering     impermissible private benefit?     Percentation is exclusive legal control?     Percentation is exclusive legal control?     Percentation is exclusive legal control?     Percentation is a control to the benefit of the organization answered 'Ves' on Form 990, Part IV, line 7.     Percentation of and for public use (e.g., recreation or education)     Preservation of a historically important land area     Protection of natural habitat     Preservation of a certified historic structure     Preservation of a conservation easements held a qualified conservation contribution in the form of a conservation easement in the last     day of the laxie wark.     Total number of conservation easements in a certified historic structure included in (a)     2e     do Number of conservation easements included in (c) acquired after 7/2506, and not on a historic structure     detail to the Alaxie and Exclusion easements included in (c) acquired after 7/2506, and not on a historic structure     detail to explore or conservation easements included in (c) acquired after 7/2506, and not on a historic structure     detail to explore or conservation easements included in (c) acquired after 7/2506, and not on a historic structure     detail to explore or conservation easements included in (c) acquired after 7/2506, and not on a historic structure     detail to explore or the explore or the organization secting. Indice organization during the year     wark is a differed on the reganization easements in toda?     Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year     wark is a differed on tomotoring, inspecting, handling of violations, and enforc                    | 3      |   |   |                |                                   |
| are the organization's property, subject to the organization's exclusive legal control?       Wes       No         6       Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only tor charatable purposes and not for the benefit of the donor or donor advisor, of or any other purpose conferring impermisable private benefit?       Yes       No         Part II       Conservation easements. Complete if the organization answered "Ves" on Form 990, Part IV, line 7.       Impermisable private benefit?       Yes       No         Perservation of land for public use (e.g., recreation or education)       Preservation of a land prublic use (e.g., recreation or education)       Preservation of a conservation easements in the last day of the tax year.       Impermisable private benefit?       Yes       No         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements included in (a) qualified conservation contribution in the form of a conservation easements included in (a) a qualified conservation easements included in (a)       Ze       Ze         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year       Yes       No         4       Number of conservation easements included in (b) acoustering inspecting, handling of violations, and enforcing conservation easements during the year       Yes  | 4      | Aggregate value at end of year                                    |   |                |                                   |
| B bit the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring  | 5      | Did the organization inform all donors and donor advisors in v    | writing that the assets held in donor advis   | ed funds       |                                   |
| <pre>for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? </pre> Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, time 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of and for public use (e.g., recreation or education) Preservation of and for public use (e.g., recreation or education) Preservation of and for public use (e.g., recreation or education) Preservation of and for public use (e.g., recreation or education) Preservation of an of pan page. 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2 Total anrough 2d if the organization held a qualified conservation contribution in the form of a conservation easements. 2 A truther of conservation easements 2 a day 2 day 3 day  |        | are the organization's property, subject to the organization's    | exclusive legal control?  |                | Yes No                            |
| Impermissible private benefit?       Yes       No.         Part II       Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.       Imposed of conservation easements held by the organization (check all that apply).         Imposed of conservation easements held by the organization (check all that apply).       Preservation of a host for abuild use (e.g., recreation or education)       Preservation of a certified historic structure         Imposed of conservation easements held by the organization held a qualified conservation contribution in the form of a conservation easement on the last       2a         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements.       2a         2       Total acreage restricted by conservation easements.       2a         2       Total acreage restricted by conservation easements.       2a         2       Aumber of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2d         3       Number of states where property subject to conservation easement is located >       2d         4       Number of states where property subject to conservation easements in cluded on hins 2(d) violations, and enforcing conservation easements during the year         4       Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         5       Does she conservati  | 6      | Did the organization inform all grantees, donors, and donor a     | dvisors in writing that grant funds can be  | used only      |                                   |
| Part II       Conservation Easements. Complete if the organization answered "Yes' on Form 990, Part IV, line 7.         1       Purpose(s) of conservation easements held by the organization (check all that apply).       Preservation of an tor public use (e.g., recreation or education)       Preservation of a historically important land area         Protection of natural habitat       Preservation of a certified historic structure       Preservation of a conservation easement on the last         day of the tax year.       Total number of conservation easements       2a         2       Total acreage restricted by conservation easements       2a         2       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year /         4       Number of states where property subject to conservation easements is located >         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year         6       Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         5       S       Does each conservation easements in thods?         8       Does acah conservation easements in office on servation easements in its rev   |        | for charitable purposes and not for the benefit of the donor o    | r donor advisor, or for any other purpose   | conferring     |                                   |
| 1       Purpose(s) of conservation easements held by the organization (check all that apply).         □       Preservation of land for public use (e.g., recreation or education)       □       Preservation of a historically important land area         □       Preservation of analral habitat       □       Preservation of a conservation easement on the last         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements       Image: Conservation easements         2       Total arcmage restricted by conservation easements       Zad       Zad         5       Total arcmage restricted by conservation easements       Zad       Zad         4       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       Zad         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax         year ▶   |        |   |   |                |                                   |
| □       Preservation of land for public use (e.g., recreation or education)       □       Preservation of a network land land land land land land land land   | Pa     | t II Conservation Easements. Complete if the org                  | ganization answered "Yes" on Form 990,  | Part IV, line  | 7.                                |
| Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total accega restricted by conservation easements b Total accega restricted by conservation easements a Total number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure a Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year A Number of states where property subject to conservation easement is located > Cost and not volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcement of the conservation easements in holds? B Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year >   | 1      | Purpose(s) of conservation easements held by the organization     | on (check all that apply).  |                |                                   |
| □       Preservation of open space         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last         day of the tax year.       a Total acreage restricted by conservation easements       2a         Dotal acreage restricted by conservation easements on a certified historic structure included in (a)       2a         d. Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register       2d         d. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.       2d         d. Number of states where property subject to conservation easements is located ▶  |        |   |   | torically imp  | ortant land area                  |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.   4 Total acreage restricted by conservation easements   b Total acreage restricted by conservation easements   c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure   isted in the National Register 2d   2d 2d   2d 2d   2d 2d    3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure isted in the National Register 4 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 4 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements the last for a conservation easement is located for any organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 5 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 5 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements accounting for conservation easements. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(0) and section 170(h)  |        | Protection of natural habitat                                     | Preservation of a cer   | tified histori | c structure                       |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.   4 Total acreage restricted by conservation easements   b Total acreage restricted by conservation easements   c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure   isted in the National Register 2d   2d 2d   2d 2d   2d 2d    3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure isted in the National Register 4 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 4 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements the last for a conservation easement is located for any organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 5 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 5 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements accounting for conservation easements. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(0) and section 170(h)  |        | Preservation of open space  |   |                |                                   |
| day of the tax year.       Held at the End of the Tax Year.         a Total number of conservation easements       Za         b Total acreage restricted by conservation easements on a certified historic structure included in (a)       Ze         d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register       Zd         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year       Zd         4 Number of states where property subject to conservation easement is located  | 2      |   | ied conservation contribution in the form   | of a conser    | vation easement on the last       |
| a Total number of conservation easements 2a   b Total acreage restricted by conservation easements on a certified historic structure included in (a) 2c   c Number of conservation easements on a certified historic structure included in (a) 2c   d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d   3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  2d   4 Number of states where property subject to conservation easements is located  |        |   |   |                |                                   |
| b Total acreage restricted by conservation easements       2b         c Number of conservation easements in (c) acquired after 7/25/06, and not on a historic structure insted in the National Register       2d         3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2d         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶       2d         4 Number of states where property subject to conservation easement is located ▶   | а      |   |   | 22             |                                   |
| c       Number of conservation easements on a certified historic structure included in (a)       2c         d       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶       2d         4       Number of states where property subject to conservation easement is located ▶  | h      |   |   |                |                                   |
| d       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register       2d         3       Number of states where property subject to conservation easement is located ▶       2d         4       Number of states where property subject to conservation easement is located ▶       5         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?       6         6       Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶   |        | <b>o y</b>  |   |                |                                   |
| <ul> <li>listed in the National Register</li></ul>  | с<br>А |   |   |                |                                   |
| <ul> <li>3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶</li></ul>  | u      |   |   |                |                                   |
| <ul> <li>year ▶</li></ul>   | 2      |   |   | ·····          |                                   |
| <ul> <li>4 Number of states where property subject to conservation easement is located ▶</li> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>▶</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>&gt; \$</li> <li>S Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>and section 170(h)(4)(B)(ii)?</li> <li>Yes</li> <li>No</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under SFAS 116 (ASC 958), not report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the roin sinder assets held for public exhibition, education, or research in furtheran</li></ul> | 3      |   | eased, extinguished, or terminated by the   | organizatio    | in during the tax                 |
| <ul> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>▶</li></ul>   |        |   | and the formation in the second se |                |                                   |
| <ul> <li>violations, and enforcement of the conservation easements it holds?</li> <li>Yes No</li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li></ul>  |        |   |   |                |                                   |
| <ul> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>▲</li> <li>▲</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>▲ \$</li> <li>■ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)</li> <li>and section 170(h)(4)(B)(ii)?</li> <li>■ Yes</li> <li>No</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of publi</li></ul>    | 5      |   |   |                |                                   |
| <ul> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li></ul>  | -      |   |   |                |                                   |
| <ul> <li>\$</li></ul>   | 6      | Staff and volunteer hours devoted to monitoring, inspecting,      | handling of violations, and enforcing cons  | servation ea   | sements during the year           |
| <ul> <li>\$</li></ul>   |        |   |   |                |                                   |
| <ul> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li></ul>  | 7      |   | lling of violations, and enforcing conserva   | tion easeme    | ents during the year              |
| <ul> <li>and section 170(h)(4)(B)(ii)?</li></ul>  |        |   |   |                |                                   |
| <ul> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>\$</li> <li>(ii) Assets included in Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> </ul></li></ul>                              | 8      |   |   |                |                                   |
| <ul> <li>include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.<br/>Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: <ul> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>(iii) Assets included on Form 990, Part VIII, line 1</li> </ul> </li> </ul>  |        | and section 170(h)(4)(B)(ii)?                                     |   |                | Yes No                            |
| <ul> <li>conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.<br/>Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>\$</li> <li>(ii) Assets included in Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: <ul> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>\$</li> </ul> </li> </ul></li></ul>  | 9      | In Part XIII, describe how the organization reports conservation  | on easements in its revenue and expense   | statement,     | and balance sheet, and            |
| Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 8.         1a       If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.         b       If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of these items: <ul> <li>if the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:       <ul> <li>if the organization elected on Form 990, Part VIII, line 1</li> <li>if the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>if the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:</li> <li>a Revenue included on Fo</li></ul></li></ul>   |        | include, if applicable, the text of the footnote to the organizat | tion's financial statements that describes  | the organiza   | ation's accounting for            |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 8.          1a       If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.         b       If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>(ii) Assets included in Form 990, Part X</li> <li>§</li> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> </ul> <li>§</li>   |        |   | · · · · · · · · · · · · · · · · · · ·   |                |                                   |
| <ul> <li>1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>(iii) Assets included in Form 990, Part X</li> <li>(iii) Assets required to be reported under SFAS 116 (ASC 958) relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> </ul> </li> </ul>   | Pa     |   |   | her Simil      | ar Assets.                        |
| <ul> <li>historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>\$</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: <ul> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>\$</li> </ul> </li> </ul>  |        | Complete if the organization answered "Yes" on Form               | 990, Part IV, line 8.   |                |                                   |
| <ul> <li>the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>\$</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: <ul> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>\$</li> </ul> </li> </ul>  | 1a     | If the organization elected, as permitted under SFAS 116 (AS      | C 958), not to report in its revenue staten   | nent and ba    | lance sheet works of art,         |
| <ul> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: <ul> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>\$</li> </ul> </li> </ul>  |        | historical treasures, or other similar assets held for public exh | nibition, education, or research in furthera  | nce of publi   | c service, provide, in Part XIII, |
| <ul> <li>treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>\$</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: <ul> <li>a Revenue included on Form 990, Part VIII, line 1</li> </ul> </li> </ul>  |        | the text of the footnote to its financial statements that describ | bes these items.  |                |                                   |
| <ul> <li>relating to these items:</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> </ul>  | b      | If the organization elected, as permitted under SFAS 116 (AS      | C 958), to report in its revenue statement  | and balanc     | e sheet works of art, historical  |
| <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> </ul>  |        | treasures, or other similar assets held for public exhibition, ed | ducation, or research in furtherance of pul   | blic service,  | provide the following amounts     |
| <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> </ul>  |        |   |   |                | -                                 |
| <ul> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> </ul>   |        |   |   | ▶              | • \$                              |
| <ul> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> </ul>   |        |   |   |                | · \$                              |
| the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1   | 2      |   |   |                |                                   |
| a Revenue included on Form 990, Part VIII, line 1   | -      |   |   |                |                                   |
|   | 9      |   |   |                | \$                                |
|   |        |   |   |                |                                   |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 732051 10-09-17

| Ψ          |           |        |
|------------|-----------|--------|
| Schedule D | (Form 990 | ) 2017 |

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| Sche       |  | OPEN LIBRA              |             |                |              |            |               | 20 - 48      |            |         | age <b>2</b> |
|------------|--|-------------------------|-------------|----------------|--------------|------------|---------------|--------------|------------|---------|--------------|
| Par        | t III Organizations Maintaining C                              | ollections of Ar        | t, Histo    | orical Tre     | asures,      | or Othe    | r Simila      | r Assets     | contin     | ued)    |              |
| 3          | Using the organization's acquisition, accessi                  | on, and other record    | s, check    | any of the f   | ollowing th  | at are a s | ignificant    | use of its c | ollection  | items   |              |
|            | (check all that apply):  |                         |             |                |              |            |               |              |            |         |              |
| а          | Public exhibition  | d                       | I 🗌 I       | _oan or excl   | hange prog   | grams      |               |              |            |         |              |
| b          | Scholarly research   | e                       |             | Other          |              |            |               |              |            |         |              |
| с          | Preservation for future generations                            |                         |             |                |              |            |               |              |            |         |              |
| 4          | Provide a description of the organization's co                 | ollections and explair  | how the     | ey further th  | e organiza   | tion's exe | mpt purpo     | ose in Part  | XIII.      |         |              |
| 5          | During the year, did the organization solicit of               | or receive donations of | of art, his | torical treas  | sures, or ot | her simila | r assets      |              | _          |         | _            |
|            | to be sold to raise funds rather than to be ma                 |                         |             |                |              |            |               |              | Yes        |         | No           |
| Par        | t IV Escrow and Custodial Arran                                |                         | ete if the  | organizatio    | n answere    | d "Yes" or | n Form 99     | 0, Part IV,  | line 9, or |         |              |
|            | reported an amount on Form 990, Pa                             | rt X, line 21.          |             |                |              |            |               |              |            |         |              |
| 1a         | Is the organization an agent, trustee, custod                  |                         |             |                |              |            |               | _            | -          |         | -            |
|            | on Form 990, Part X?   |                         |             |                |              |            |               | L            | Yes        |         | No           |
| b          | If "Yes," explain the arrangement in Part XIII                 | and complete the fol    | llowing ta  | able:          |              |            |               |              |            |         |              |
|            |  |                         |             |                |              |            |               |              | Amount     |         |              |
| с          | Beginning balance  |                         |             |                |              |            |               |              |            |         |              |
| d          | Additions during the year                                      |                         |             |                |              |            |               |              |            |         |              |
| е          | Distributions during the year                                  |                         |             |                |              |            |               |              |            |         |              |
| f          | Ending balance   |                         |             |                |              |            |               |              | 7          |         | 1            |
|            | Did the organization include an amount on F                    |                         |             |                |              |            | • • • • • • • | L            | Yes        |         | No           |
| Par        | If "Yes," explain the arrangement in Part XIII.                |                         |             |                |              |            |               |              |            |         |              |
| Fai        | <b>TV</b> Endowment Funds. Complete                            |                         |             |                |              |            |               |              | () [       |         |              |
| 4.         | Destantion of second states a                                  | (a) Current year        | (b) P       | rior year      | (C) 1W0 y    | ears dack  | (d) Inree     | years back   | (e) Four   | years   | раск         |
| 1a         | Beginning of year balance                                      |                         |             |                |              |            |               |              |            |         |              |
| b          | Contributions  |                         |             |                |              |            |               |              |            |         |              |
| c          | Net investment earnings, gains, and losses                     |                         |             |                |              |            |               |              |            |         |              |
| d          | Grants or scholarships   |                         |             |                |              |            |               |              |            |         |              |
| е          | Other expenditures for facilities                              |                         |             |                |              |            |               |              |            |         |              |
|            | and programs   |                         |             |                |              |            |               |              |            |         |              |
|            | Administrative expenses  |                         |             |                |              |            |               |              |            |         |              |
| g          | End of year balance  |                         |             |                |              |            |               |              |            |         |              |
| 2          | Provide the estimated percentage of the curr                   | •                       | e (iine ig  | , column (a)   | ) neiù as.   |            |               |              |            |         |              |
| a<br>L     | Board designated or quasi-endowment ►<br>Permanent endowment ► | %                       | %           |                |              |            |               |              |            |         |              |
| b          | Temporarily restricted endowment                               |                         |             |                |              |            |               |              |            |         |              |
| С          | The percentages on lines 2a, 2b, and 2c sho                    |                         |             |                |              |            |               |              |            |         |              |
| 20         | Are there endowment funds not in the posse                     |                         | tion that   | are hold an    | d adminid    | orod for t | ho organiz    | ation        |            |         |              |
| Ja         | by:  |                         |             | ale neiù an    |              |            | ne organiz    | ation        | ſ          | Yes     | No           |
|            | (i) unrelated organizations                                    |                         |             |                |              |            |               |              | 3a(i)      | 100     | 110          |
|            |  |                         |             |                |              |            |               |              | 3a(ii)     |         |              |
| b          | If "Yes" on line 3a(ii), are the related organizations         |                         |             |                |              |            |               |              | 3b         |         |              |
| 4          | Describe in Part XIII the intended uses of the                 | •                       |             |                |              |            |               |              | 0.0        |         |              |
| Par        | t VI Land, Buildings, and Equipm                               |                         |             |                |              |            |               |              |            |         |              |
|            | Complete if the organization answere                           | d "Yes" on Form 990     | ), Part IV. | , line 11a. S  | ee Form 99   | 90, Part X | , line 10.    |              |            |         |              |
|            | Description of property  | (a) Cost or o           |             | (b) Cost       |              |            | Accumulat     | ed           | (d) Bool   | c value | <br>         |
|            | P. op or J   | basis (investr          |             | basis (        |              | 1          | epreciation   |              | (, 200)    |         |              |
| <b>1</b> a | Land   |                         | -           |                | -            |            |               |              |            |         |              |
| b          | Buildings  | 100                     | 381.        |                |              |            | 186,3         | 81.          |            |         | 0.           |
|            | Leasehold improvements   |                         |             |                |              |            |               |              |            |         |              |
|            | Equipment  | 404                     | 917.        |                | 2,026        | •          | 435,0         | 57.          | -          | L,88    | 36.          |
|            | Other  |                         |             |                | 954          |            | · ·           | 57.          |            |         | 97.          |
|            | . Add lines 1a through 1e. (Column (d) must e                  |                         | X. colum    | n (B), line 1( |              |            |               | . 🕨          | 2          | 2,78    |              |
| -          |  |                         |             |                |              |            |               |              |            |         |              |

Schedule D (Form 990) 2017

732052 10-09-17

| (1) Federal income taxes         (2) CREDIT CARDS PAYABLE       24,857.         (3) DEFERRED CONTRACT LIABILITIES       658,564.         (4) PAYROLL LIABILITIES       684.         (5) INVESTMENT IN CANADA       5,183.         (6)       (1)         (7)       (2)         (8)       (2)         (9)       (2)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       (5)         (7)       (6)         (8)       (7)         (9)       (7)         (9)       (6)         (9)       (6)         (7)       (2)         (9)       (6)         (9)       (6)         (9)       (6)         (9)       (6)         (7)       (7)         (8)       (7)         (9)       (7)         (10)       (10)         (10)       (10)         (10)       (10)         (10)       (10)         (10)       (10)         (10)       (10)         (10)       (10)         (10)       (10)         (10)       (10)         (1  |                | Complete if the organization answered "Yes" of         |                           |                          |                     | <u> </u>             |
|--|----------------|--|---------------------------|--------------------------|---------------------|----------------------|
| (2)       Clockey/held equity interests  |                |  | (b) Book value            | (c) Method of valua      | ation: Cost or end  | of-year market value |
| (a)       (b)         (b)       (c)         (c)  | <b>(1)</b> F   | inancial derivatives                                   |                           |                          |                     |                      |
| (A)       (A)         (B)       (B)         (C)       (C)         (B)       (C)         (C)       (C)         (B)       (C)         (C)       (C)         (C)       (C)         (D)  | (2) C          | losely-held equity interests                           |                           |                          |                     |                      |
| (B)  | ( <b>3</b> ) C | ther   |                           |                          |                     |                      |
| G       Image: Second Sec | (A             |  |                           |                          |                     |                      |
| G       Image: Constrained form 990, Part X, col. (B) line 121         Test. (Col. (D) must engal form 990, Part X, col. (B) line 121         Fart YIII       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         (b)       (c) Method of valuation: Cost or endofyear market value         (c)       (c) Method of valuation: Cost or endofyear market value         (d)       (c)         (e)       (c)         (f)       (f)         (f)   | (B             |  |                           |                          |                     |                      |
| (0)       (1)         (8)       (1)         (9)       (1)         (10)       (1)         (10)       (1)         (11)       (11)         (12)       (11)         (11)       (11)         (12)       (11)         (11)       (11)         (12)       (11)         (12)       (11)         (12)       (11)         (12)       (11)         (12)       (11)         (12)       (11)         (13)       (11)         (14)       (11)         (15)       (11)         (16)       (11)         (17)       (11)         (13)       (11)         (14)       (11)         (12)       (11)         (13)       (11)         (14)       (11)         (12)       (11)         (13)       (11)         (14)       (11)         (15)       (11)         (16)       (11)         (17)       (11)         (14)       (11)         (15)       (11)         (14)       <   |                |  |                           |                          |                     |                      |
| (B)  |                |  |                           |                          |                     |                      |
| (P)       (G)         (G)       (G)         (H)       (G)         (H)       (G)         (H)       (G)         (H)       (G)         (H)       (G)         (H)       (G)         (G)  |                |  |                           |                          |                     |                      |
| (6)       (1)         (1)       (1)         Part Vull       (1)         (a) Description of investment       (b) Book value         (c) Method of valuation: Cost or end of year market value         (1)       (a) Description of investment         (a) Description of investment       (b) Book value         (c) Must equal Form 990, Part X, col. (B) line 13.) ▶         Part Will       (b) Other Assets.         (c) Output equal Form 990, Part X, col. (B) line 13.) ▶         Part Will       (b) Description         (1)       (a) Description         (a) Description       (b) Book value         (1)       (a) Description         (b) Book value       (c) Other Assets.         Complete if the organization answered "Yes" on Form 990, Part V, line 116.         (c) Description       (b) Book value         (1)       (c) Description         (c) Description of Invest equal Form 990, Part X, col. (B line 15.         (c) Description of lability       (b) Book value         (f)       (c) Description of lability         (b) Description of lability <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>   |                |  |                           |                          |                     |                      |
| (f)  |                |  |                           |                          |                     |                      |
| Total. (co./t) must equal form 990. Part X, col. (B) line 12.)         Part Will         Investments - Program Related.         Complete if the organization answered 'Yes' on Form 990. Part IX, line 11c. See Form 990. Part X, line 13.         (a)       (b) Book value         (c) Description of investment       (b) Book value         (d)       (c) Method of valuation: Cost or end of year market value         (f)       (c) Method of valuation: Cost or end of year market value         (f)       (c) Method of valuation: Cost or end of year market value         (f)       (c) Method of valuation: Cost or end of year market value         (f)       (c) Method of valuation: Cost or end of year market value         (f)       (c) Method of valuation: Cost or end of year market value         (f)       (c) Method of valuation: Cost or end of year market value         (f)       (c) Method of valuation: Cost or end of year market value         (f)       (c) Method of valuation: Cost or end of year market value         (f)       (c) Method of valuation: Cost or end of year market value         (f)       (f)       (f)         (g)   |                |  |                           |                          |                     |                      |
| 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         (b)       (c)       (c)       (c)         (a)       (c)       (c)       (c)         (d)       (c)       (c)       (c)         (d)       (c)       (c)       (c)       (c)         (e)       (c)       (c)       (c)       (c)       (c)         (g)       (c)       (c)       (c)       (c)       (c)       (c)         (g)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)         (g)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)         (g)       (c)         (g)       (c)   |                |  |                           |                          |                     |                      |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.           (a) Description of investment         (b) Book value         (c) Method of valuation. Cost or end-of-year market value           (1)         (c) Method of valuation. Cost or end-of-year market value         (c)           (a)         (c) Method of valuation. Cost or end-of-year market value         (c)           (a)         (c)         (c)         (c)           (b)         (c)         (c)         (c)           (c)         (c)         (c)         (c)           (d)         (c)         (c)         (c)           (d)         (c)         (c)         (c)           (d)         (c)         (c)         (c)         (c)           (a)         (c)         (c)         (c)         (c)           (d)         (c)         (c)         (c)         (c)           (d)         (c)         (c)         (c)         (c)           (d)         (c)         (c)         (c)         (c)         (c)           (d)         (c)         (c)         (c)         (c)         (c)           (d)         (c)         (c)         (c)         (c)         (c)  |                |  |                           |                          |                     |                      |
| (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)   | Par            |  |                           |                          |                     |                      |
| (1)  |                |  |                           |                          |                     |                      |
| [2]  |                | (a) Description of investment                          | (b) Book value            | (c) Method of valua      | ation: Cost or end  | of-year market value |
| (3)  | (1             |  |                           |                          |                     |                      |
| (3)  | (2             | )  |                           |                          |                     |                      |
| (4)  |                |  |                           |                          |                     |                      |
| (5)  |                |  |                           |                          |                     |                      |
| (6)  |                |  |                           |                          |                     |                      |
| (7)       (8)         (9)       (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►       (9)         Part IX       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.       (9)         (1)       (a) Description       (b) Book value         (1)       (a)       (b) Book value         (2)       (a)       (b) Book value         (3)       (c)       (c)         (4)       (c)       (c)         (5)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (c)         Part X       Other Liabilities.       (c)         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (c)         (1)       Federal income taxes       (c)       (c)         (2)       CREDIT CARDS PAYABLE       24, 857.       (c)         (3)       DEFERRED CONTRACT LIABILITIES       658, 564.       (c)         (6) <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>   |                |  |                           |                          |                     |                      |
| (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         (c)         (a) Description         (b) Book value         (c)         (a) Observation         (b) Book value         (c)         (a) Observation         (b) Book value         (c)  |                |  |                           |                          |                     |                      |
| 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.       (b) Book value         (1)       (a) Description       (b) Book value         (2)       (a)       (b) Book value         (3)       (a)       (b) Book value         (4)       (b)       (c)       (c)         (6)       (c)       (c)       (c)         (7)       (c)       (c)       (c)         (8)       (c)       (c)       (c)         (9)       (c)       (c)       (c)         Part X       Other Liabilities.       (c)       (c)         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (c)       (b) Book value         (1)       Federal income taxes       (c)       (c)       (c)         (2)       CREDIT CARDS PAYABLE       24, 857.       (c)       658, 564.         (a)       DEFERRED CONTRACT LIABILITIES       658, 564.       (c)       (c)         (6)       (c)       (c)       (c)       (c)       (c)         (7)       (c)       (c)       (c)       (c)       (c)         (6)       (c)   |                |  |                           |                          |                     |                      |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.       (b) Book value         (1)       (a) Description       (b) Book value         (2)       (a)       (b)         (3)       (a)       (c)         (4)       (c)       (c)         (5)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)         Part X       Other Liabilities.       (c)         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (a) Description of liability         (b) Book value       (1) Federal income taxes       (c)       (c)         (2) CREDIT CARDS PAYABLE       24 , 857 .       (c)         (3) DEFERRED CONTRACT LIABILITIES       658 , 564 .       (c)         (4) PAYROLL LIABILITIES       658 , 564 .       (c)         (7)       (c)       (c)       (c)       (c)         (7)       (c)       (c)       (c)       (c)         (8)       (c)       (c)       (c)       (c)         (9)       (c)       (c)       (c   |                |  |                           |                          |                     |                      |
| (a) Description       (b) Book value         (1)       (a)         (2)       (b) Book value         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value         (1) Federal income taxes         (2) CREDIT CARDS PAYABLE       24,857.         (3) DEFERRED CONTRACT LIABILITIES       658,564.         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (6)       (c)         (7)       (c)         (8)       (c) <td>Par</td> <td></td> <td></td> <td></td> <td></td> <td></td>   | Par            |  |                           |                          |                     |                      |
| (1)  |                |  |                           | e 11d. See Form 990, Par | t X, line 15.       |                      |
| (2)       (3)         (4)       (5)         (5)       (6)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value       (b) Book value         (1)       Federal income taxes         (2)       CREDIT CARDS PAYABLE         (2)       CREDIT CARDS PAYABLE         (3)       DEFERRED CONTRACT LIABILITIES         (6)       684.         (7)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       689 , 288.   |                | (a) [  | Description               |                          |                     | (b) Book value       |
| (3)       (4)         (4)       (5)         (5)       (6)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (9)         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value       (b) Book value         (1) Federal income taxes       (b)         (2) CREDIT CARDS PAYABLE       24, 857.         (3) DEFERRED CONTRACT LIABILITIES       658, 564.         (4) PAYROLL LIABILITIES       684.         (5) INVESTMENT IN CANADA       5, 183.         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       689, 288.  | (1             |  |                           |                          |                     |                      |
| (3)       (4)         (4)       (5)         (5)       (6)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (9)         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value       (b) Book value         (1) Federal income taxes       (b)         (2) CREDIT CARDS PAYABLE       24, 857.         (3) DEFERRED CONTRACT LIABILITIES       658, 564.         (4) PAYROLL LIABILITIES       684.         (5) INVESTMENT IN CANADA       5, 183.         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       689, 288.  | (2             | )  |                           |                          |                     |                      |
| (4)       (5)         (6)       (7)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ►         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value         (1)       Federal income taxes         (2)       CREDIT CARDS PAYABLE         (3)       DEFERRED CONTRACT LIABILITIES         (4)       PAYROLL LIABILITIES         (5)       INVESTMENT IN CANADA         (6)       (7)         (7)       (8)         (9)       (689, 288.)   |                |  |                           |                          |                     |                      |
| (5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990. Part X, col. (B) line 15.)  |                |  |                           |                          |                     |                      |
| (6)       (7)         (8)       (9)         Total. Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value         (1) Federal income taxes         (2) CREDIT CARDS PAYABLE       24,857.         (3) DEFERRED CONTRACT LIABILITIES       658,564.         (4) PAYROLL LIABILITIES       684.         (5) INVESTMENT IN CANADA       5,183.         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       689, 288.  |                |  |                           |                          |                     |                      |
| (7)       (8)         (9)       Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value         (1) Federal income taxes         (2) CREDIT CARDS PAYABLE         (2) CREDIT CARDS PAYABLE         (3) DEFERRED CONTRACT LIABILITIES         68         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         689, 288.   |                |  |                           |                          |                     |                      |
| (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value         (1) Federal income taxes         (2) CREDIT CARDS PAYABLE         (3) DEFERRED CONTRACT LIABILITIES         658, 564.         (4) PAYROLL LIABILITIES         66         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         689, 288.  |                | •  |                           |                          |                     |                      |
| (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         Part X         Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value         (1) Federal income taxes         (2) CREDIT CARDS PAYABLE         (2) CREDIT CARDS PAYABLE         (3) DEFERRED CONTRACT LIABILITIES         658, 564.         (4) PAYROLL LIABILITIES         66         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         689, 288.   |                |  |                           |                          |                     |                      |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1) Federal income taxes       (b) Book value         (2) CREDIT CARDS PAYABLE       24,857.         (3) DEFERRED CONTRACT LIABILITIES       658,564.         (4) PAYROLL LIABILITIES       684.         (5) INVESTMENT IN CANADA       5,183.         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       689,288.  |                |  |                           |                          |                     |                      |
| Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Book value         (1)       Federal income taxes         (2)       CREDIT CARDS PAYABLE       24,857.         (3)       DEFERRED CONTRACT LIABILITIES       658,564.         (4)       PAYROLL LIABILITIES       684.         (5)       INVESTMENT IN CANADA       5,183.         (6)       (7)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       689,288.   |                | •  |                           |                          |                     |                      |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Book value         (1)       Federal income taxes  |                | (Column (b) must equal Form 990, Part X, col. (B) line | <u>15.)</u>               |                          | ▶                   |                      |
| 1.       (a) Description of liability       (b) Book value         (1)       Federal income taxes         (2)       CREDIT CARDS PAYABLE       24,857.         (3)       DEFERRED CONTRACT LIABILITIES       658,564.         (4)       PAYROLL LIABILITIES       684.         (5)       INVESTMENT IN CANADA       5,183.         (6)       (7)       (8)         (9)       (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       689,288.   | Par            |  |                           |                          |                     |                      |
| (1) Federal income taxes   |                |  | on Form 990, Part IV, lin |                          | 0, Part X, line 25. |                      |
| (2) CREDIT CARDS PAYABLE       24,857.         (3) DEFERRED CONTRACT LIABILITIES       658,564.         (4) PAYROLL LIABILITIES       684.         (5) INVESTMENT IN CANADA       5,183.         (6)       (6)         (7)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       689,288.   | 1.             | (a) Description of liability                           |                           | (b) Book value           |                     |                      |
| (3) DEFERRED CONTRACT LIABILITIES       658,564.         (4) PAYROLL LIABILITIES       684.         (5) INVESTMENT IN CANADA       5,183.         (6)       (6)         (7)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       689,288.  | (1             | ) Federal income taxes                                 |                           |                          |                     |                      |
| (4) PAYROLL LIABILITIES       684.         (5) INVESTMENT IN CANADA       5,183.         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       689,288.   | (2             | ) CREDIT CARDS PAYABLE                                 |                           | 24,857.                  |                     |                      |
| (4) PAYROLL LIABILITIES       684.         (5) INVESTMENT IN CANADA       5,183.         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       689,288.   | (3             | DEFERRED CONTRACT LIABILIT                             | IES                       | 658,564.                 |                     |                      |
| (5) INVESTMENT IN CANADA       5,183.         (6)       (7)         (7)       (8)         (9)       (7)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       689,288.  |                | ·  |                           |                          |                     |                      |
| (6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 689 , 288 .   |                |  |                           |                          |                     |                      |
| (7)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       689,288.  |                |  |                           |                          |                     |                      |
| (8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 689, 288.   |                |  |                           |                          |                     |                      |
| (9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 689 , 288 .  |                |  |                           |                          |                     |                      |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 689 , 288 .   |                |  |                           |                          |                     |                      |
|  | (9             |  |                           |                          |                     |                      |
| 0 Linkility for upportain toy positions. In Dort VIII, provide the toy'r of the factorist to the organization's financial statements that concrta the  |                |  |                           |                          |                     |                      |
| 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII  |                |  |                           |                          |                     |                      |

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organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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Schedule D (Form 990) 2017

Part VII Investments - Other Securities.

| Sche | dule D (Form 990) 2017 EQUINOX OPEN LIBRARY IN                                  | TIATIVE INC.           | 20-4877798 Page 4 |
|------|---|------------------------|-------------------|
| Par  | t XI Reconciliation of Revenue per Audited Financial State                      | ements With Revenue pe | er Return.        |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line          | e 12a.                 |                   |
| 1    | Total revenue, gains, and other support per audited financial statements        |                        | 1                 |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |                        |                   |
| а    | Net unrealized gains (losses) on investments                                    | 2a                     |                   |
| b    | Donated services and use of facilities  |                        |                   |
| с    | Recoveries of prior year grants   |                        |                   |
| d    | Other (Describe in Part XIII.)  |                        |                   |
| е    | Add lines 2a through 2d   |                        | 2e                |
| 3    | Subtract line 2e from line 1  |                        |                   |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |                        |                   |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a                     |                   |
| b    | Other (Describe in Part XIII.)  | 4b                     |                   |
| с    | Add lines 4a and 4b   |                        | 4c                |
| 5    | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |                        | 5                 |
| Pa   | t XII Reconciliation of Expenses per Audited Financial Sta                      | tements With Expenses  | per Return.       |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line          |                        |                   |
| 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  |                        |                   |
| b    | Prior year adjustments  | 2b                     |                   |
| С    | Other losses  | 2c                     |                   |
| d    | Other (Describe in Part XIII.)  |                        |                   |
| е    | Add lines 2a through 2d   |                        |                   |
| 3    | Subtract line 2e from line 1  |                        | 3                 |
| 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.)  | 4b                     |                   |
| С    | Add lines 4a and 4b   |                        | 4c                |
| 5    | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  | .)                     | 5                 |
| Pa   | t XIII Supplemental Information.  |                        |                   |

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

732054 10-09-17

| SCHEDULE L  |                  | Tra    | nsact                 | ion                                     | is V   | Vith              | Inter       | ested             | Persons                 |          |         | ON                | IB No. 1         | 545-00      | 47       |
|---|------------------|--------|-----------------------|---|--------|-------------------|-------------|-------------------|-------------------------|----------|---------|-------------------|------------------|-------------|----------|
| (Form 990 or 990-EZ)                              | Complete if      | the or | -                     |   |        |                   |             |                   | IV, line 25a, 25b, 2    | 6, 27, 2 | 28a,    |                   | 20               | 17          | 7        |
|   |                  |        |                       |   |        |                   |             | V, line 38a       |                         |          |         | _                 |                  |             |          |
| Department of the Treasury                        |                  | o to u | -                     |   |        |                   |             | rm 990-EZ         | latest information.     |          |         |                   | oen To<br>specti |             | olic     |
| Internal Revenue Service Name of the organization |                  | 010 %  | •••••.ii 5.yu         | JV/FU                                   | 111990 |                   | ISU UCUOI   |                   |                         | Emn      | lovor   | identi            | •                |             | mhor     |
| Name of the organization                          | EQUINO           | 7 OT   | ד זאים ס              | סס                                      | λDV    | TNT               | רשד אש.     | Т.7 ст. т.К.      |                         |          | -       | 777               |                  | mnu         | mber     |
| Part I Excess B                                   |                  |        |                       |   |        |                   |             |                   | I (c)(29) organizations |          |         | 111.              | 70               |             |          |
|   |                  |        |                       |   |        |                   |             |                   | , or Form 990-EZ, Pa    |          |         | h                 |                  |             |          |
| 1   | the organization |        | elationship           |   |        |                   |             | 254 01 250        | , OF FORM 990-EZ, F2    | utv, m   | ie 40   | υ.                |                  | Corre       | cted?    |
| (a) Name of disqualifi                            | ed person        |        | person a              |   |        |                   | illeu       | (c                | ) Description of tran   | sactior  | ר       |                   | Ye               |             | No       |
|   |                  |        | -                     |   | -      |                   |             |                   |                         |          |         |                   | + •              |             |          |
|   |                  |        |                       |   |        |                   |             |                   |                         |          |         |                   |                  |             |          |
|   |                  |        |                       |   |        |                   |             |                   |                         |          |         |                   |                  |             |          |
|   |                  |        |                       |   |        |                   |             |                   |                         |          |         |                   |                  |             |          |
|   |                  |        |                       |   |        |                   |             |                   |                         |          |         |                   |                  |             |          |
|   |                  |        |                       |   |        |                   |             |                   |                         |          |         |                   |                  |             |          |
| 2 Enter the amount of                             | tax incurred by  | the or | ganization            | mana                                    | agers  | or disq           | ualified pe | ersons duri       | ng the year under       |          |         |                   | •                |             |          |
| section 4958                                      |                  |        | <b>.</b>              |   |        |                   |             |                   |                         |          | ▶ \$    |                   |                  |             |          |
| 3 Enter the amount of                             |                  |        |                       |   |        |                   |             |                   |                         |          |         |                   |                  |             |          |
|   | -                |        |                       |   | -      |                   |             |                   |                         |          |         |                   |                  |             |          |
| Part II Loans to                                  | and/or From      | n Inte | erested I             | Pers                                    | ions.  |                   |             |                   |                         |          |         |                   |                  |             |          |
| Complete if                                       | the organization | answ   | ered "Yes'            | " on F                                  | Form 9 | 90-EZ,            | Part V, lir | ne 38a or F       | orm 990, Part IV, line  | e 26; o  | r if th | e orgar           | nizatio          | n           |          |
| reported an                                       | amount on Forn   | n 990, | Part X, lin           | e 5, 6                                  | Ú      |                   |             |                   |                         |          |         | 10. 1             |                  |             |          |
| (a) Name of                                       | (b) Relation     |        | (c) Purpo             |   |        | an to or<br>n the |             | riginal           | (f) Balance due         | (g)      |         | (h) App<br>by boa | rd or            | (i) V       | /ritten  |
| interested person                                 | with organiz     | zation | of loar               | า                                       |        | zation?           | principa    | l amount          |                         | defa     | ult?    | comm              | ittee?           | agree       | ement?   |
|   |                  |        |                       |   |        | From              |             |                   |                         | Yes      | No      | Yes               | No               | Yes         | No       |
| HILLARY PINTE                                     |                  |        |                       |   |        |                   |             | ,844.             | 62,901.                 |          | Х       | X                 |                  | Х           |          |
| SHAE TETTERTO                                     |                  |        |                       |   |        |                   |             | ,129.             | 45,022.                 |          | Х       | X                 |                  | Х           |          |
| MIKE RYLANDER                                     |                  |        |                       |   |        |                   |             | ,755.             | 194,429.                |          | Х       | X                 |                  | Х           | <u> </u> |
| JASON A. ETHE                                     |                  |        |                       | RE                                      |        |                   |             | ,140.             | 162,536.                |          | Х       | X                 |                  | Х           | <u> </u> |
| J. GRACE DUNB                                     |                  |        |                       | RE                                      |        |                   |             | ,903.             | 59,023.                 |          | Х       |                   | Х                | Χ           | <u> </u> |
| GALEN CHARLTO                                     |                  |        |                       | RE                                      |        |                   |             | ,112.             | 83,218.                 |          | Х       | X                 |                  | Χ           | <u> </u> |
| STEVEN CALLEN                                     |                  |        |                       | RE                                      |        |                   |             | <u>,945.</u>      | 28,606.                 |          | X       | X                 |                  | X           | <u> </u> |
| WILLIAM B LAJ                                     | EUCHILD          | OF     | SHARE                 | RE                                      | X      |                   | 65          | ,844.             | 62,901.                 |          | Х       |                   | Х                | Х           | <u> </u> |
|   |                  |        |                       |   |        |                   |             |                   |                         |          |         |                   |                  |             | ─        |
|   |                  |        |                       |   |        |                   |             |                   | <u> </u>                |          |         |                   |                  |             |          |
| Total<br>Part III   Grants or                     | Assistance       | Don    | ofiting la            |   |        |                   |             | 🕨 \$              | 698,636.                |          |         |                   |                  |             |          |
|   |                  |        | -                     |   |        |                   |             |                   |                         |          |         |                   |                  |             |          |
|   | the organization |        |                       |   |        |                   |             |                   |                         |          |         |                   |                  |             |          |
| (a) Name of interest                              | ted person       |        | b) Relation           |   |        |                   |             | mount of sistance | (d) Type<br>assistan    |          |         | • • •             | Purpo<br>Issista |             | f        |
|   |                  |        | interested<br>the org |   |        | u                 | a33         | sistance          | a5515ta11               | 50       |         | c                 | 1331318          | ince        |          |
|   |                  |        |                       | ,                                       |        |                   |             |                   |                         |          |         |                   |                  |             |          |
|   |                  |        |                       |   |        |                   |             |                   |                         |          | +       |                   |                  |             |          |
|   |                  | _      |                       |   |        |                   |             |                   |                         |          |         |                   |                  |             |          |
|   |                  |        |                       |   |        |                   |             |                   |                         |          | -+      |                   |                  |             |          |
|   |                  |        |                       |   |        |                   |             |                   |                         |          | +       |                   |                  |             |          |
|   |                  |        |                       |   |        |                   |             |                   |                         |          | +       |                   |                  |             |          |
|   |                  |        |                       |   |        |                   |             |                   |                         |          | +       |                   |                  |             |          |
|   |                  |        |                       |   |        |                   |             |                   |                         |          | -+      |                   |                  |             |          |
|   |                  | -      |                       |   |        |                   |             |                   |                         |          |         |                   |                  |             |          |
|   |                  |        |                       |   |        |                   |             |                   |                         |          | +       |                   |                  |             |          |
|   | duction Act No   | tion - | aa tha los            | +++++++++++++++++++++++++++++++++++++++ | lione  | or Fer            | m 000 ar    | 000 E7            | 0-h                     | dula I   | (Га-    |                   | or 00            | 0 57        | 0047     |
| LHA For Paperwork Re                              | uucuon ACT NO    | uce, s | see me ins            | su uCl                                  |        | UI FOR            | 111 990 OL  | 330-EZ.           | Sche                    | -uuie l  | - (FO   | m 990             | 01.99            | <b>U-EZ</b> | j 2017   |

SEE PART V FOR CONTINUATIONS

732131 10-18-17

#### Schedule L (Form 990 or 990-EZ) 2017 EQUINOX OPEN LIBRARY INITIATIVE INC. 20-4877798 Page 2 Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sha<br>organiz<br>rever | aring of<br>zation's<br>nues? |
|-------------------------------|---|---------------------------|--------------------------------|-----------------------------|-------------------------------|
|                               |   |                           |                                | Yes                         | No                            |
| MIKE RYLANDER                 | PRESIDENT   | 321,054.                  | INTERESTED                     |                             | X                             |
| HILLARY PINTER                | STOCKHOLDER   | 65,844.                   | INTERESTED                     |                             | X                             |
| SHAE TETTERTON                | EMPLOYEE  | 47,129.                   | INTERESTED                     |                             | X                             |
| JASON A. ETHERIDGE            | DIRECTOR  | 170,140.                  | INTERESTED                     |                             | X                             |
| J. GRACE DUNBAR               | DIRECTOR  | 153,806.                  | INTERESTED                     |                             | X                             |
| GALEN CHARLTON                | EMPLOYEE  | 87,112.                   | INTERESTED                     |                             | X                             |
| STEVEN CALLENDER              | EMPLOYEE  | 29,945.                   | INTERESTED                     |                             | X                             |
| WILLIAM B LAJEUNESSE, JR.     | CHILD OF EMPLOYEE   | 65,844.                   | INTERESTED                     |                             | X                             |
|                               |   |                           |                                |                             |                               |
|                               |   |                           |                                |                             |                               |

#### Part V Supplemental Information

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: HILLARY PINTER

(B) RELATIONSHIP WITH ORGANIZATION: FORMER STOCKHOLDER

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

(A) NAME OF PERSON: SHAE TETTERTON

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

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

#### (B) RELATIONSHIP WITH ORGANIZATION: PRESIDENT

(C) PURPOSE OF LOAN: SHARE REPURCHASE

#### (A) NAME OF PERSON: JASON A. ETHERIDGE

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

#### (A) NAME OF PERSON: J. GRACE DUNBAR

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

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

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

732132 10-18-17

Schedule L (Form 990 or 990-EZ) 2017

13061113 794202 60-06435.000

26 2017.05000 EQUINOX OPEN LIBRARY INIT 60-06431 Schedule L (Form 990 or 990-EZ) EQUINOX OPEN LIBRARY INITIATIVE INC. 20-4877798 Page 2 Part V Supplemental Information

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

#### (A) NAME OF PERSON: STEVEN CALLENDER

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

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

(B) RELATIONSHIP WITH ORGANIZATION: CHILD OF EMPLOYEE

(C) PURPOSE OF LOAN: SHARE REPURCHASE

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MIKE RYLANDER

(D) DESCRIPTION OF TRANSACTION: INTERESTED PERSON, MR. RYLANDER, SOLD

HIS 1,321 SHARES OF THE CORPORATION BACK TO THE ENTITY FOR FAIR MARKET

VALUE AND DONATED 566 SHARES. BOTH THE SALE AND STOCK DONATION OCCURED

<u>ON 1/1/17.</u>

(A) NAME OF PERSON: HILLARY PINTER

(D) DESCRIPTION OF TRANSACTION: INTERESTED PERSON, MISS PINTER, SOLD 387 SHARES OF THE CORPORATION BACK TO THE ENTITY FOR FAIR MARKET VALUE. THE SALE OCCURED ON 1/1/17.

(A) NAME OF PERSON: SHAE TETTERTON

(D) DESCRIPTION OF TRANSACTION: INTERESTED PERSON, MR. TETTERTON, SOLD

277 SHARES OF THE CORPORATION BACK TO THE ENTITY FOR FAIR MARKET VALUE.

THE SALE OCCURED ON 1/1/17.

(A) NAME OF PERSON: JASON A. ETHERIDGE

(D) DESCRIPTION OF TRANSACTION: INTERESTED PERSON, MR. ETHERIDGE, SOLD

 HIS 1,000 SHARES OF THE CORPORATION BACK TO THE ENTITY FOR FAIR MARKET

 732461 04-01-17
 Schedule L (Form 990 or 990-EZ)

 27
 27

 13061113 794202 60-06435.000
 2017.05000 EQUINOX OPEN LIBRARY INIT 60-06431

Schedule L (Form 990 or 990-EZ) EQUINOX OPEN LIBRARY INITIATIVE INC. 20-4877798 Page 2
Part V Supplemental Information

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

VALUE 1,000 SHARES. THE SALE OCCURED ON 1/1/17.

#### (A) NAME OF PERSON: J. GRACE DUNBAR

(D) DESCRIPTION OF TRANSACTION: INTERESTED PERSON, MISS DUNBAR, SOLD HER

452 SHARES OF THE CORPORATION BACK TO THE ENTITY FOR FAIR MARKET VALUE

AND DONATED 452 SHARES. BOTH THE SALE AND STOCK DONATION OCCURED ON

1/1/17.

(A) NAME OF PERSON: GALEN CHARLTON

(D) DESCRIPTION OF TRANSACTION: INTERESTED PERSON, MR. CHARLTON, SOLD

HIS 512 SHARES OF THE CORPORATION BACK TO THE ENTITY FOR FAIR MARKET

VALUE. THE SALE OCCURED ON 1/1/17.

(A) NAME OF PERSON: STEVEN CALLENDER

(D) DESCRIPTION OF TRANSACTION: INTERESTED PERSON, MR. CALLENDER, SOLD

HIS 176 SHARES OF THE CORPORATION BACK TO THE ENTITY FOR FAIR MARKET

VALUE. THE SALE OCCURED ON 1/1/17.

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

(D) DESCRIPTION OF TRANSACTION: INTERESTED PERSON, MR. LAJEUNESSE, JR.,

SOLD AND/OR DONATED 387 SHARES OF THE CORPORATION BACK TO THE ENTITY FOR

FAIR MARKET VALUE AND DONATED 566 SHARES. THE TRANSCATION OCCURED ON

1/1/17.

732461 04-01-17

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

13061113 794202 60-06435.000

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



EQUINOX OPEN LIBRARY INITIATIVE INC.

20-4877798

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EDUCATIONAL PURPOSES, INCLUDING, WITHOUT LIMITATION - TO OPERATE A COMPUTER NETWORK TO FACILITATE THE EXCHANGE OF BIBLIOGRAPHIC INFORMATION AMONG THE LIBRARIES OF MEMBERS, WHICH SHALL INCLUDE, BUT INSTITUTIONS OF HIGHER EDUCATION & FEDERAL, STATE & NOT BE LIMITED TO, LOCAL GOVERNMENTS ALL OF WHICH ARE TAX-EXEMPT \_ TO PROVIDE COST-EFFECTIVE ACQUISITION & DELIVERY OF LIBRARY MATERIALS, AND OTHER EDUCATIONAL PRODUCTS AND SERVICES TO MEMBERS, WHICH ENHANCE THEIR ABILITIES TO SERVE THE NEEDS OF STUDENTS, CITIZENS AND THE GENERAL - TO SUPPORT MEMBERS IN THEIR EFFORTS TO ENGAGE IN THE BEST PRACTICES IN THE FIELD OF LIBRARY SCIENCE, WITH THE AIM OF ADVANCING EDUCATION - TO SOLICIT & RECEIVE GIFTS, CONTRIBUTIONS, BEQUESTS DEVISES & GRANTS OF PROPERTY, WHETHER REAL OR PERSONAL, WHETHER OUTRIGHT OR IN TRUST, FROM INDIVIDUALS, FOUNDATIONS, PARTNERSHIPS, ORGANIZATIONS & CORPORATIONS ASSOCIATIONS,

PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FORM 990, SHALL INCLUDE, BUT NOT BE LIMITED TO, INSTITUTIONS OF HIGHER EDUCATION FEDERAL, STATE & LOCAL GOVERNMENTS, ALL OF WHICH ARE TAX-EXEMPT то PROVIDE COST-EFFECTIVE ACQUISITION & DELIVERY OF LIBRARY MATERIALS, AND OTHER EDUCATIONAL PRODUCTS AND SERVICES TO MEMBERS, WHICH ENHANCE THEIR ABILITIES TO SERVE THE NEEDS OF STUDENTS, CITIZENS AND THE GENERAL PUBLIC - TO SUPPORT MEMBERS IN THEIR EFFORTS TO ENGAGE IN THE BEST PRACTICES IN THE FIELD OF LIBRARY SCIENCE, WITH THE AIM OF ADVANCING EDUCATION - TO SOLICIT & RECEIVE GIFTS, CONTRIBUTIONS, BEQUESTS, DEVISES & GRANTS OF PROPERTY, WHETHER REAL OR PERSONAL WHETHER Schedule O (Form 990 or 990-EZ) (2017) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732211 09-07-17

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| OUTRIGHT OR IN TRUST, FROM INDIVIDUALS, FOUNDATIONS, PARTNERSHIPS,          |
|---|
| ASSOCIATIONS, ORGANIZATIONS & CORPORATIONS                                  |
|   |
|   |
| FORM 990, PART VI, SECTION A, LINE 6:                                       |
| THE ORGANIZATION IS MANAGED BY A GOVERNING BODY KNOWN AS THE "BOARD OF      |
| TRUSTEES" OR THE  |
| "BOARD", COMPOSED OF ONE TO FIVE PERSONS ELECTED FOR A TERM BEGINNING ON    |
| JANUARY I OF THE YEAR FOLLOWING ELECTION (EXCEPT FOR THE INITIAL TRUSTEES,  |
| WHOSE TERM BEGINS UPON ELECTION) AND ENDING WHEN THE TRUSTEE RESIGNS,       |
| VACATES THE OFFICE, OR I.S REMOVED, OR WHEN THEIR RESPECTIVE SUCCESSORS ARE |
| ELECTED AND INSTALLED. EACH TRUSTEE IS ELECTED BY THE BOARD.                |
|   |
| FORM 990, PART VI, SECTION A, LINE 7A:                                      |
| UNDER BYLAWS SECTION 2.3(B):  |
| THE BOARD OR THE NOMINATIONS COMMITTEE WILL COMPILE                         |
| NOMINATIONS FOR EACH POSITION ON THE BOARD, AND MAY MAKE                    |
| NOMINATIONS IN ITS OWN RIGHT. NOMINATIONS MAY BE MADE BY ANY TRUSTEE        |
| OR BY THE NOMINATIONS COMMITTEE. NO NOMINATION WILL BE PLACED ON THE        |
| ANNUAL ELECTION BALLOT UNLESS: (I) THE NOMINEE IS EIGHTEEN YEARS OF AGE.    |
| AS REQUIRED BY THE CODE, AND (II) THE NOMINEE HAS AFFIRMATIVELY             |
| CONSENTED TO THE NOMINAT ION OR HAS ELECTED TO AT LEAST ONE NOMINAT ION     |
| IF PROPOSED FOR MORE THAN ONE OFFICE.                                       |
|   |

EQUINOX OPEN LIBRARY INITIATIVE INC.

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

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

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TO FILING VIA E-MAIL COPY TO MEMBERS.

| FORM | 990, | PART | VI, | SECTION | в, | LINE | 12C: |
|------|------|------|-----|---------|----|------|------|
|      |      |      |     |         |    |      |      |

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Schedule O (Form 990 or 990-EZ) (2017)

Page 2

Employer identification number

20-4877798

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

| Schedule O (Form 990 or 990-EZ) (2017)                        | Page <b>2</b>                             |
|---|---|
| Name of the organization EQUINOX OPEN LIBRARY INITIATIVE INC. | Employer identification number 20-4877798 |
| TO ENSURE THAT THE ORGANIZATION OPERATES IN A MANNER CONSI    | STENT WITH                                |
| CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT    | COULD JEOPARDIZE                          |
| ITS TAX-EXEMPT STATUS, PERIODIC REVIEWS WILL BE CONDUCTED.    | WHEN CONDUCTING                           |
| THE PERIODIC REVIEWS, THE ORGANIZATION MAY, BUT NEED NOT,     | USE OUTSIDE                               |
| ADVISORS. IF OUTSIDE EXPERTS ARE USED, THEIR USE WILL NOT     | RELIEVE THE                               |
| GOVERNING BOARD OF ITS RESPONSIBILITY FOR ENSURING THAT PE    | RIODIC REVIEWS                            |
| ARE CONDUCTED.  |   |
| FORM 990, PART VI, SECTION B, LINE 15:                        |   |
| THERE IS A COMPENSATION COMMITTEE, COMPRISED OF TRUSTEES      | AND THE EXECUTIVE                         |
| DIRECTOR, THAT REVIEWS SALARIES; EXCLUDING THAT PERSON OF     | WHICH THE                                 |
| COMPENSATION IS BEING DECIDED. SALARIES ARE SET DURING A M    | EETING OF THE                             |
| TRUSTEES AND THE MATERIALIZATION OF THE COMPENSATION COMMI    | TTEES DECISION IS                         |
| INCLUDED IN THE MEETING MINUTES.                              |   |
|   |   |
| FORM 990, PART VI, SECTION C, LINE 19:                        |   |
| AVATLABLE UPON REQUEST.                                       |   |

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

-998,905.

TRANSFER IN OF PRIOR S CORP NET FUND ASSETS

732212 09-07-17

#### 2017 DEPRECIATION AND AMORTIZATION REPORT

| FORM 99      | ORM 990 PAGE 10 990                          |                  |        |      |                  |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|--------------|--|------------------|--------|------|------------------|-------------|-----------------------------|------------------|------------------------|----------------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| Asset<br>No. | Description                                  | Date<br>Acquired | Method | Life | C<br>o<br>n<br>v | Line<br>No. | Unadjusted<br>Cost Or Basis | Bus<br>%<br>Excl | Section 179<br>Expense | *<br>Reduction In<br>Basis | Basis For<br>Depreciation | Beginning<br>Accumulated<br>Depreciation | Current<br>Sec 179<br>Expense | Current Year<br>Deduction | Ending<br>Accumulated<br>Depreciation |
|              | FURNITURE & FIXTURES                         |                  |        |      |                  |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
| 1            | STANDING DESK                                | 07/27/17         | SL     | 7.00 |                  | 16          | 954.                        |                  |                        |                            | 954.                      |  |                               | 57.                       | 57.                                   |
|              | * 990 PAGE 10 TOTAL<br>FURNITURE & FIXTURES  |                  |        |      |                  |             | 954.                        |                  |                        |                            | 954.                      | 0.                                       |                               | 57.                       | 57.                                   |
|              | MACHINERY & EQUIPMENT                        |                  |        |      |                  |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
| 2            | LAPTOP                                       | 12/27/17         | SL     | 5.00 |                  | 16          | 959.                        |                  |                        |                            | 959.                      |  |                               | ٥.                        |                                       |
| 3            | EXPANDING MEDIA WALL GRAPHIC                 | 01/18/17         | SL     | 7.00 |                  | 16          | 1,067.                      |                  |                        |                            | 1,067.                    |  |                               | 140.                      | 140.                                  |
|              | * 990 PAGE 10 TOTAL<br>MACHINERY & EQUIPMENT |                  |        |      |                  |             | 2,026.                      |                  |                        |                            | 2,026.                    | ٥.                                       |                               | 140.                      | 140.                                  |
|              | * GRAND TOTAL 990 PAGE 10<br>DEPR            |                  |        |      |                  |             | 2,980.                      |                  |                        |                            | 2,980.                    | ٥.                                       |                               | 197.                      | 197.                                  |
|              |  |                  |        |      |                  |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              | CURRENT YEAR ACTIVITY                        |                  |        |      |                  |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              | BEGINNING BALANCE                            |                  |        |      |                  |             | ٥.                          |                  |                        | ٥.                         | 0.                        | ٥.                                       |                               |                           | 0.                                    |
|              | ACQUISITIONS                                 |                  |        |      |                  |             | 2,980.                      |                  |                        | 0.                         | 2,980.                    | ٥.                                       |                               |                           | 197.                                  |
|              | DISPOSITIONS                                 |                  |        |      |                  |             | ٥.                          |                  |                        | 0.                         | 0.                        | 0.                                       |                               |                           | ٥.                                    |
|              | ENDING BALANCE                               |                  |        |      |                  |             | 2,980.                      |                  |                        | 0.                         | 2,980.                    | 0.                                       |                               |                           | 197.                                  |
|              | ENDING ACCUM DEPR                            |                  |        |      |                  |             |                             |                  |                        |                            |                           | 197.                                     |                               |                           |                                       |
|              | ENDING BOOK VALUE                            |                  |        |      |                  |             |                             |                  |                        |                            |                           | 2,783.                                   |                               |                           |                                       |
|              |  |                  |        |      |                  |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              |  |                  |        |      |                  |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(Rev. January 2017)

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

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

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

**Electronic filing** (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

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

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

|  |  |   |  | Enter filer's identifying number |   |                  |  |  |  |  |
|--|--|---|--|----------------------------------|---|------------------|--|--|--|--|
| Type or<br>print   | Name of exempt organization or other filer, see instruct   | Employe                                     | nployer identification number (EIN) or   |                                  |   |                  |  |  |  |  |
| •  | EQUINOX OPEN LIBRARY INITIAT   |   | 20-4877798<br>locial security number (SSN)   |                                  |   |                  |  |  |  |  |
| File by the<br>due date for<br>filing your<br>return. See                                  | Number, street, and room or suite no. If a P.O. box, see P.O. BOX 69   | Social se                                   |  |                                  |   |                  |  |  |  |  |
| instructions   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br>NORCROSS, GA 30091 |   |  |                                  |   |                  |  |  |  |  |
| Enter the  | Return Code for the return that this application is for (file  | a separat                                   | e application for each return)   |                                  |   |                  |  |  |  |  |
| Applicat   | ion  | Return                                      | Application  |                                  |   | Return           |  |  |  |  |
| ls For   |  | Code  | Is For   |                                  | Code  |                  |  |  |  |  |
| Form 99  | 0 or Form 990-EZ   | 01  | Form 990-T (corporation)   |                                  | 07  |                  |  |  |  |  |
| Form 99  | D-BL   | 02  | Form 1041-A  |                                  | 08  |                  |  |  |  |  |
| Form 472   | 20 (individual)  | 03  | Form 4720 (other than individual)  |                                  | 09  |                  |  |  |  |  |
| Form 99  | D-PF   | 04  | Form 5227  |                                  |   | 10               |  |  |  |  |
| Form 99  | D-T (sec. 401(a) or 408(a) trust)  | 05  | Form 6069  | 11                               |   |                  |  |  |  |  |
| Form 99  | D-T (trust other than above)   | 06  | Form 8870  |                                  |   |                  |  |  |  |  |
| <ul> <li>If this</li> <li>box</li> <li>1</li> <li>1 reformed for</li> <li>1</li> </ul>     |  | and atta<br>and atta<br>NOVEN<br>rganizatio | mption Number (GEN) In<br>ch a list with the names and EINs of<br>IBER 15, 2018 , to file<br>n's return for:<br>d ending | this is fo<br>all memb           | r the whole gr<br>ers the extens<br>npt organizatio | ion is for.      |  |  |  |  |
|  | Change in accounting period  |   |  |                                  | 1   |                  |  |  |  |  |
|  |  |   |  |                                  |   |                  |  |  |  |  |
|  | nonrefundable credits. See instructions. 3a \$   |   |  |                                  |   |                  |  |  |  |  |
|  | his application is for Forms 990-PF, 990-T, 4720, or 6069,   |   |  | 0.                               |   |                  |  |  |  |  |
| estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ |  |   |  |                                  |   |                  |  |  |  |  |
|  | lance due. Subtract line 3b from line 3a. Include your pay   |   | · · ·  |                                  |   | 0                |  |  |  |  |
|  | using EFTPS (Electronic Federal Tax Payment System). Se  |   |  | 30                               | \$  | 0.               |  |  |  |  |
| Caution:<br>instruction  | If you are going to make an electronic funds withdrawal (ons.  | direct deb                                  | it) with this Form 8868, see Form 84   | 53-EO ar                         | id Form 8879-                                       | EO for payment   |  |  |  |  |
| LHA I  | For Privacy Act and Paperwork Reduction Act Notice, s  | ee instru                                   | ctions.  |                                  | Form <b>8</b> 8                                     | 68 (Rev. 1-2017) |  |  |  |  |

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045

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