# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

A I	or the	e 2022 calendar year, or tax year beginning	UL I, ZUZZ and	i enaing	<u>JUN 30,</u>	<u> 4043</u>					
<b>B</b> (	Check if pplicable	C Name of organization			D Employe	r identifica	tion number				
	Addres chang Name	e OUTRIGHT ACTION INTERNA	ATIONAL, CORP.				•				
	chang	e Doing business as		1	94	<u> 313995</u> 2	<u>2</u>				
	Initial return Final return	Number and street (or P.O. box if mail is not del 216 EAST 45TH STREET		Room/suit		E Telephone number (212)430-6054					
	termin		7IP or foreign postal code		G Gross recei		27,264,718.				
Amended NEW YORK NY 10017											
	return Applic		TA CIODIN								
Application   F Name and address of principal officer: MARIA SJODIN   for subordinates?											
		SAME AS C ABOVE			H(b) Are all su						
<u> </u>	ax-exe	empt status: X 501(c)(3) 501(c) (	(insert no.) 4947(a)(1)	or 52	7 If "No,'	attach a lis	t. See instructions				
	<b>Nebsit</b>		NAL.ORG		H(c) Group						
KF	orm of	organization: X Corporation Trust As	sociation Other	L Yea	r of formation:	L991 <b>м</b> s	State of legal domicile: <b>NY</b>				
	art I	Summary									
	1	Briefly describe the organization's mission or most	significant activities: RESE	ARCH.	DEFEND.	AND A	ADVANCE				
Se		HUMAN RIGHTS FOR LGBTIQ PE									
Activities & Governance	l		ntinued its operations or dispos			te net accet	·c				
ē	I —	Number of voting members of the governing body (	•				22				
é	1		, , , , , , , , , , , , , , , , , , , ,				22				
<u>«</u>		Number of independent voting members of the gov									
es		Total number of individuals employed in calendar y					26				
₹		Total number of volunteers (estimate if necessary)					385				
듗	7 a	Total unrelated business revenue from Part VIII, col	umn (C), line 12			7a	0.				
_	b	Net unrelated business taxable income from Form 9	990-T, Part I, line 11			7b	0.				
					Prior Yea	ar	Current Year				
_	8	Contributions and grants (Part VIII, line 1h)			15,533	223.	12,978,921.				
Ĕ	1			,	0.	7,682.					
Revenue	l	· , , , , , , , , , , , , , , , , , , ,			1	989.	528,047.				
, Be		Investment income (Part VIII, column (A), lines 3, 4,				802.					
_	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,					13,317.				
		Total revenue - add lines 8 through 11 (must equal			15,537						
	13	Grants and similar amounts paid (Part IX, column (A	A), lines 1-3)		4,459		3,719,967.				
	14	Benefits paid to or for members (Part IX, column (A	), line 4)								
ý	15	Salaries, other compensation, employee benefits (F		2,926	869.	4,810,340.					
Se	16a		Professional fundraising fees (Part IX, column (A), line 11e)								
Expenses	Ь	Total fundraising expenses (Part IX, column (D), line	25) 1,703,9	02.							
X	17	Other expenses (Part IX, column (A), lines 11a-11d,			2,252	621.	4.901.617.				
		Total expenses. Add lines 13-17 (must equal Part IX			9,638		55. 3,719,967. 0. 0. 69. 4,810,340. 0. 0. 21. 4,901,617. 45. 13,431,924. 69. 96,043. Year End of Year				
	1				5,898						
	19	Revenue less expenses. Subtract line 18 from line	12		Seginning of Curi						
SOS											
Sset	20	Total assets (Part X, line 16)			25,586						
Net Assets or	21	Total liabilities (Part X, line 26)			1,347		2,578,697.				
يَّكِّ	22	Net assets or fund balances. Subtract line 21 from	line 20		24,238	991.	25,348,844.				
Pa	art II	Signature Block									
Und	er pena	lities of perjury, I declare that I have examined this return,	including accompanying schedule	es and staten	nents, and to the	best of my kr	nowledge and belief, it is				
true	, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of w	hich prepare	er has any knowle	edge.					
	2	Signature of officer Mais Sol.			<b>X</b> 5	/14/2024					
Sig	n 🔻	Signature of officer			Date						
Here MARIA SJODIN, EXECUTIVE DIR.											
Hei	<del>-</del>	Type or print name and title									
			5		Date	Chaok	PTIN				
		Print/Type preparer's name	Preparer's signature			Check if					
Paid		MIKE SCHALL	Inout sal		05/13/24		P02024184				
Prep	arer	Firm's name SAX LLP			Firm	's EIN 81	-2950760				
Use Only   Firm's address 1040 AVENUE OF THE AMERICAS											
		NEW YORK, NY 10018	3		Pho	ne no. (21	2) 268-2804				
Ma	the IF	RS discuss this return with the preparer shown above	/e? See instructions				X Yes No				
	01 12-1			ons.			Form <b>990</b> (2022)				

Check if Schedule O contains a response or note to any line in this Part III    Briefly describe the organization's mission:   SEE SCHEDULE O	Par	t III Statement of Program Service Accomplishments
2 Did the organization undertake any significant program services during the year which were not listed on the prior form 900 or 900 E2?    Tweel (Secretary to the secretary of the secretary to the secretary of the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(5) and 501(6)/10 granizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4 (case: 1) (seconds: 10,314,604. reducing grate of 3,719,967.) (Receases 1)  WE FILL RESEARCH GAPS, PROVIDE TRAININGS TO COMMUNITY MEMBERS AND ALLIES TO DEVELOP THEIR EXPERTISE. AND CONVENE KEY STRAFHOLDERS TO EXCHANGE INFORMATION ON BEST PRACTICES RELATED TO ENDING VIOLENCE BASED ON SEXUAL ORLENGATION ON BEST PRACTICES RELATED TO ENDING VIOLENCE BASED ON SEXUAL ORLENGATION ON BEST PRACTICES RELATED TO ENDING VIOLENCE BASED ON SEXUAL ORLENGATION ON BEST PRACTICES RELATED TO ENDING VIOLENCE BASED ON SEXUAL ORLENGATION ON BEST PRACTICES RELATED TO ENDING VIOLENCE BASED ON SEXUAL ORLENGATION ON BEST PRACTICES RELATED TO ENDING VIOLENCE BASED ON SEXUAL ORLENGATION ON BEST PRACTICES RELATED TO ENDING VIOLENCE BASED ON SEXUAL ORLENGATION ON BEST PRACTICES RELATED TO ENDING VIOLENCE BASED ON SEXUAL ORLENGATION OF SEXUAL ORLEN		Check if Schedule O contains a response or note to any line in this Part III
2 Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 980-627  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, as measured by expenses.  Section 5016(3) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for seach program service accomplishments for each of its three largest program services, as measured by expenses.  Section 5016(3) and 5016(4) organizations program service score)  4a (took )   General 10,314,604. including service 3,719,967. ) (new-us 6)  WE FILL RESEARCH GAPS, PROVIDE TRAININGS TO COMMUNITY MEMBERS AND ALLIES TO DEVELOP THEIR EXPERTISE, AND CONVENE KEY STAKEHOLDERS TO EXCHANGE INFORMATION ON BEST PRACTICES RELATED TO ENDING VIOLENCE BASED ON SEXUAL ORIENTATION, GRADER IDENTITY OR GENDER EXPRESSION, OR SEX CHARACCTERISTICS. WE VIGILANTLY MONITOR AND DOCUMENT THE DISCRIMINATORY AND LITE-THREAFFERING CONDITIONS LOST PROBLEM FOR THE DISCRIMINATORY AND LITE-THREAFFERING CONDITIONS LOST PROBLEM FOR SPUR ACTION TO STOP HUMAN RIGHTS VIOLATIONS WHEN THEY OCCUR.  4b (Cook )   General 4   Including yeres of \$\frac{1}{2}\$   Including yeres of	1	Briefly describe the organization's mission:
prior Form 980 or 980 E27    Yes   X   No   11 *Yes*, describe these new services on Schedule O.		SEE SCHEDULE O
prior Form 980 or 980 E27    Yes   X   No   11 *Yes*, describe these new services on Schedule O.		
prior Form 980 or 980 E27    Yes   X   No   11 *Yes*, describe these new services on Schedule O.		
prior Form 980 or 980 E27    Yes   X   No   11 *Yes*, describe these new services on Schedule O.		
If "Yes," describe these new services on Schedule O.   The organization cease conducting, or make significant changes in how it conducts, any program services?	2	Did the organization undertake any significant program services during the year which were not listed on the
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4e Total program service expenses 10,314,604.	40	
	40	
	<del>10</del>	

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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			
	similar amounts as defined in Rev. Proc. 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	<u> </u>		
•	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,	Ť		
•	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? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		
0	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			₩.
	If "Yes," complete Schedule D, Part IV	9_		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		77	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13		X
		14a	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 <del>1</del> a	-7	
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		446	Х	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	-22	<del></del>
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	4-	v	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			₩.
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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

Page 4

	, the state of the		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
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		<u> X</u>
	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		<del></del>
	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	05-		X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	25h		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
_,	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			77
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	25.		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(2) organizations. Did the organization make any transfers to an exempt non charitable related organization?	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<del></del>
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	_ <u></u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	1
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form 990 (2022) OUTRIGHT ACTION INTERNATIONAL, CORP.

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

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 26								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	If "Yes," enter the name of the foreign country SOUTH AFRICA								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders 11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
40-	amounts due or received from them.)  Continue (0.07(-)/d) man avantable trusted to the avantable filter form (0.00) in line of form (0.01).	40-							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a							
а	Note: See the instructions for additional information the organization must report on Schedule O.	ısa							
h	Enter the amount of reserves the organization is required to maintain by the states in which the								
b	organization is licensed to issue qualified health plans								
_	Enter the amount of reserves on hand 13c								
	Did the constitution with a second of the least to be a second of the least to the	14a		х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<del></del>					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		x					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

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

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 22										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 22										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
_	officer, director, trustee, or key employee?										
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		X							
·	of officers, directors, trustees, or key employees to a management company or other person?	3		х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5											
6	Did the organization have members or stockholders?	<u>5</u>		X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
, .	more members of the governing body?	7a		х							
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7 4									
b	persons other than the governing body?	7b		x							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		-25							
	The governing body?	8a	х								
a	Each committee with authority to act on behalf of the governing body?	8b	X								
b		OD	21								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		21							
	(This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No							
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa									
b		10b									
112	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	TTG									
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	IZU									
·	,	12c	х								
13	on Schedule O how this was done Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14	X								
		14	21								
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
_	The organization's CEO, Executive Director, or top management official	15a	Х								
	Other officers or key employees of the organization	15b	X								
J	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130									
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
.00	Associate and the charles of the constant	16a		х							
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iou									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure	100									
17	List the states with which a copy of this Form 990 is required to be filed NY, CA										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	onlv)	availal	ole							
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial								
	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										
	MICHELLE BLANKENSHIP - 212-430-6054										
	216 EAST 45TH STREET, NEW YORK, NY 10017										

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

   List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)  Name and title	(B) Average		(C) Position (do not check more than or			(D) Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated		
	hours per	box,	box, unless		son is	s both	an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer po		Highest compensated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) MARIA SJODIN	40.00	4								
EXECUTIVE DIR.				Х				212,350.	0.	20,937.
(2) ELISE COLOMER-CHEADLE	40.00	-								
DIR. CORP. ENGAGE.	<b></b>					Х		165,353.	0.	18,587.
(3) NEELA GHOSHAL	40.00	-				,,		144 216	,	17 525
DIRECTOR OF LAW AND POLICY	40.00					Х		144,316.	0.	17,535.
(4) KATHERINE HULTQUIST DIR LEADER. GIVING	40.00	1				x		120 000	0.	17 272
(5) JOSEPH FEDERER	40.00					Δ		139,090.	0.	17,273.
JOURNALIST	40.00	1				x		128,850.	0.	16,762.
(6) KEVIN WANZOR	40.00					22		120,030.	•	10,702.
HEAD OF OPERATIONS	10.00	1				x		109,781.	0.	15,808.
(7) JENNIFER C. PIZER	2.00							20377021		23,000
CO-CHAIR		Х		х				0.	0.	0.
(8) AALAP SHAH	2.00									
CO-CHAIR		Х		Х				0.	0.	0.
(9) LOUISE CHERNIN	2.00									
SECRETARY		Х		Х				0.	0.	0.
(10) ELLIOT VAUGHN	2.00									
TREASURER		Х		Х				0.	0.	0.
(11) MICHEAL IGHODARO	2.00									
MEMBER		Х						0.	0.	0.
(12) SUZANNE ROTONDO	2.00	1								_
MEMBER		Х						0.	0.	0.
(13) GIGI CHAO	2.00									
MEMBER		Х						0.	0.	0.
(14) HOSH IBRAHIM	2.00								•	•
MEMBER	0.00	Х						0.	0.	0.
(15) CAMILLE MASSEY	2.00	٠,							0	0
MEMBER	2 00	Х						0.	0.	0.
(16) MARTIN DUNN MEMBER	2.00	Х						0.	0.	0
(17) CYNTHIA ALISON FORTLAGE	2.00	Λ						U •	0.	0.
MEMBER	4.00	х						0.	0.	0.
*************	<u> </u>	Δ	<u> </u>					<u> </u>	U •	- OOO (2222)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)			_ (0				(D)	(E)	(F)		
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations		
(18) RUSSELL ROYBAL	2.00											
MEMBER		Х						0.	0.	0.		
(19) ROXANNA CARRILLO MEMBER	2.00	х						0.	0.	0.		
(20) SUKI SANDHU	2.00	_						0.	0.	<u> </u>		
MEMBER	2.00	Х						0.	0.	0.		
(21) JEFF NATTER	2.00							9.1				
MEMBER		Х						0.	0.	0.		
(22) JEFF HOLLAND MEMBER	2.00	Х						0.	0.	0.		
(23) SELAM KEBROM	2.00											
MEMBER		Х						0.	0.	0.		
(24) LANAYA IRVIN	2.00								•			
MEMBER (25) JOHN HEILMAN	2 00	Х				_		0.	0.	0.		
(25) JOHN HEILMAN MEMBER	2.00	Х						0.	0.	0.		
(26) FABRICE HOUDART	2.00							0.	0.	<u> </u>		
MEMBER	2.00	х						0.	0.	0.		
1b Subtotal	1						·	899,740.	0.	106,902.		
c Total from continuation sheets to Part VI							-	0.	0.	0.		
d Total (add lines 1b and 1c)								899,740.	0.	106,902.		

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

			Yes	No
3	Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		X

### **Section B. Independent Contractors**

\$100,000 of compensation from the organization

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

the enganization. Heport compensation for the calonidar year chaining with or with		
(A)	(B)	(C)
Name and business address	Description of services	Compensation
N.CHENG LLP		
40 WALL STREET, NEW YORK, NY 10005	ACCOUNTING SERVICES	411,257.
REMARKABLY R, LEVEL 3, 207 REGENT ST.,	CONSULTING SERVICES	
LONDON, UNITED KINGDOM W1B 3HH	- MEDIA/COMMUNICATIO	218,065.
EMPIRE ENTERTAINMENT, INC., 100 CROSBY		
STREET, SUITE 601, NEW YORK, NY 10012	PRODUCTION SERVICES	214,110.
ANNE BISHOP	PROGRAMMING SERVICES	
1107 30TH AVENUE, SEATTLE, WA 98122-5019	- RESEARCH	103,830.

SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

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6

Form 990 OUTRIGHT	ACTION	IN	ΙΤΕ	RN	ΙΑΤ	'IO	NA	L, CORP.	94-313	9952
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	ligh	est (	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	ı		Reportable	Reportable	Estimated
	hours				all that apply)			compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	irecto				empl		organization	(W-2/1099-MISC)	from the
	hours for related	ord	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	rustee	l trus		99/	n pen				organizations
	below	dualt	utiona	_	oldm	stco	<u></u>			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) KATHY TEO	2.00									
MEMBER		х						0.	0.	0.
(28) PEDRO PINA	2.00							•		•
MEMBER		х						0.	0.	0.
								•		•
		1								
			_			_				
			$\vdash$							
			<u> </u>	_		<u> </u>				
		<u> </u>		<u> </u>			]			
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

		Check if Schedule O contains a response	nse o	or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
SS	1 :	a Federated campaigns1a						
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b						
S S		Fundraising events 1c		421,534.				
fts,		d Related organizations 1d		111,001.				
ij gi		I I		3,184,871.				
ons,		Government grants (contributions)		3,104,071.				
utic	1	All other contributions, gifts, grants, and		0 372 516				
ĕ		similar amounts not included above 1f	•	9,372,516.				
ont		Moncash contributions included in lines 1a-1f			12 070 021			
O g		1 Total. Add lines 1a-1f		B	12,978,921.			
				Business Code	7.600	T 600		
ce	2 8	FEES FOR SERVICES		900099	7,682.	7,682.		
Program Service Revenue	ı	·						
S	•							
ran Sev	(	d						_
.0g	•	e						
<u>-</u>	1	All other program service revenue						
		Total. Add lines 2a-2f			7,682.			
	3	Investment income (including dividends, i	ntere	st, and				
		other similar amounts)			528,294.			528,294.
	4	Income from investment of tax-exempt bo						
	5	Royalties						
		(i) Rea	I	(ii) Personal				
	6 8	a Gross rents 6a						
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
		Net rental income or (loss)						
		a Gross amount from sales of (i) Securi		(ii) Other				
		assets other than inventory <b>7a</b> 13,462,	044.					
		Less: cost or other basis						
ō		and sales expenses <b>7b</b> 13,462,	291.					
enn			247.					
ě		d Net gain or (loss)			-247.			-247.
her Revenue		a Gross income from fundraising events (not	······					
	0 .	including \$ 421,534. of						
Ò		contributions reported on line 1c). See						
		•	8a	274,460.				
		Part IV, line 18	8b	274,460.				
		Less: direct expenses		2,1,100.	0.			
		<ul> <li>Net income or (loss) from fundraising ever</li> <li>Gross income from gaming activities. See</li> </ul>			J.			
	9 (							
		Part IV, line 19	9a					
		Less: direct expenses	9b					
		Net income or (loss) from gaming activitie	s					
	10 8	Gross sales of inventory, less returns						
	_	and allowances	10a					
		Less: cost of goods sold	10b					
$\rightarrow$	•	Net income or (loss) from sales of invento	Net income or (loss) from sales of inventory					
က္				Business Code				
e e	11 :	OTHER INCOME		900099	13,317.			13,317.
Miscellaneous Revenue	ı	·						
cell Sev	(							
Ais	(	d All other revenue						
		Total. Add lines 11a-11d			13,317.			
	12	Total revenue. See instructions			13,527,967.	7,682.	0.	541,364.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).						
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  Check if Schedule O contains a response or note to any line in this Part IX						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to domestic organizations		'	3 1		
	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	3,719,967.	3,719,967.			
4	Benefits paid to or for members					
5	Compensation of current officers, directors,					
	trustees, and key employees	257,348.	128,674.	51,470.	77,204.	
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	3,744,603.	2,676,658.	330,138.	737,807.	
8	Pension plan accruals and contributions (include					
	section 401(k) and 403(b) employer contributions)	136,161.	98,015.	12,908.	25,238. 83,208.	
9	Other employee benefits	448,905.		42,555.	83,208.	
10	Payroll taxes	223,323.	160,758.	21,170.	41,395.	
11	Fees for services (nonemployees):					
а	Management					
b	Legal	100 101		100 101		
С	Accounting	489,624.		489,624.		
d	Lobbying					
е	Professional fundraising services. See Part IV, line 17					
f	Investment management fees					
g	Other. (If line 11g amount exceeds 10% of line 25,	1 405 010	1 000 505	120 010	140 611	
	column (A), amount, list line 11g expenses on Sch O.)	1,485,218.		132,012.	149,611. 993.	
12	Advertising and promotion	24,828.		21,849.	6 100	
13	Office expenses	29,994.		2,860.	6,109.	
14	Information technology	11,164.	7,825.	1,065.	2,274.	
15	Royalties	232,145.	161,569.	23,794.	16 700	
16	Occupancy	1,363,977.		23,194.	46,782.	
17	Travel	1,303,977.	1,234,990.		108,981.	
18	Payments of travel or entertainment expenses					
40	for any federal, state, or local public officials	348,030.	248,783.	50,083.	49,164.	
19	Conferences, conventions, and meetings	340,030.	440,703.	50,003.	43,104.	
20	Interest					
21	Payments to affiliates  Depreciation, depletion, and amortization	6,414.	4,496.	612.	1,306.	
22 23		16,529.	11,556.	1,618.	3,355.	
23 24	Other expenses. Itemize expenses not covered	10,525.	11,550.	±,0±0•	3,333.	
24	above. (List miscellaneous expenses on line 24e. If					
	line 24e amount exceeds 10% of line 25, column (A),					
а	amount, list line 24e expenses on Schedule 0.) OTHER EXPENSES	322,118.	131,030.	91,233.	99,855.	
a b	EVENT EXPENSE	198,137.	131,030	71,255	198,137.	
C	DUES, SUBSCRIPTIONS, LI	185,267.	44,844.	99,552.	40,871.	
d	EQUIPMENT RENTAL & PURC	97,176.	60,449.	32,385.	4,342.	
	All other expenses	90,996.	55,236.	8,490.	27,270.	
25	Total functional expenses. Add lines 1 through 24e	13,431,924.	10,314,604.	1,413,418.	1,703,902.	
26	Joint costs. Complete this line only if the organization			_,,	_,,	
_0	reported in column (B) joint costs from a combined					
	educational campaign and fundraising solicitation.					
	Check here if following SOP 98-2 (ASC 958-720)					

Form 990 (2022)

Form 990 (2022)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any l	ine in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			20,252,274.	1	808,522.
	2	Savings and temporary cash investments			1,059,576.	2	20,979,456.
	3	Pledges and grants receivable, net			3,236,921.	3	3,704,587.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial cor	ntributor, or 35%			
		controlled entity or family member of any of t	hese person	ıs		5	
	6	Loans and other receivables from other disqu	alified perso	ons (as defined			
		under section 4958(f)(1)), and persons describ	oed in sectio	on 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net			41,116.	7	49,424.
Assets	8	Inventories for sale or use				8	
As	9	B			873,633.	9	963,527.
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	204,085.			
	b	Less: accumulated depreciation		153,129.	54,671.	10c	50,956.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, Iir		12			
	13	Investments - program-related. See Part IV, lii	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			68,333.	15	1,371,069.
	16	Total assets. Add lines 1 through 15 (must e			25,586,524.	16	27,927,541.
	17	Accounts payable and accrued expenses			389,862.	17	803,885.
	18	Grants payable				18	340,958.
	19	Deferred revenue			935,833.	19	81,390.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV of	Schedule D		21	
S	22	Loans and other payables to any current or for	ormer officer	r, director,			
≝		trustee, key employee, creator or founder, su	bstantial cor	ntributor, or 35%			
Liabilities		controlled entity or family member of any of t	hese person	ıs		22	
	23	Secured mortgages and notes payable to uni	related third	parties		23	
	24	Unsecured notes and loans payable to unrela	ted third pa	rties		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24). (	Complete Part X	24 222		4 050 464
		of Schedule D			21,838.		1,352,464.
	26	Total liabilities. Add lines 17 through 25			1,347,533.	26	2,578,697.
(0		Organizations that follow FASB ASC 958, or	heck here	X			
č		and complete lines 27, 28, 32, and 33.			10 674 652		20 402 110
<u>a</u>	27	Net assets without donor restrictions			18,674,653.		20,492,110.
Net Assets or Fund Balances	28	Net assets with donor restrictions			5,564,338.	28	4,856,734.
Ē		Organizations that do not follow FASB ASC	C 958, chec	k here			
F		and complete lines 29 through 33.					
ţs c	29	Capital stock or trust principal, or current fun				29	
SSe	30	Paid-in or capital surplus, or land, building, or				30	
ΪÀ	31	Retained earnings, endowment, accumulated			24 220 001	31	25 240 044
Š	32	Total net assets or fund balances			24,238,991.	32	25,348,844.
	33	Total liabilities and net assets/fund balances			25,586,524.	33	27,927,541.

Form **990** (2022)

	1990 (2022) OUTKIGHT ACTION INTERNATIONAL, CORT.	ノェ	J T J J .	7 2	Pa	ge 🟴
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,52</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	13	,431		
3	Revenue less expenses. Subtract line 2 from line 1	3				43.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24	, 238	3,9	91.
5	Net unrealized gains (losses) on investments	5	1	,013	3,8	<u> 10.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	25	<u>,348</u>	3,8	<u>44.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u> </u>
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.	- 1			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis		- 1			
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis		- 1			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C	).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	1

Form **990** (2022)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**ZUZZ**Open to Public

Inspection

Name of the organization

Employer identification number

OUTPICHT ACTION INTERNATIONAL CORP

9.4 - 3.1.3.9.9.5.2

				N INTERNATIO				4-3133332
Pa	art I	Reason for Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.	
The	orgar	nization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of ch	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)(	I)(A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3		A hospital or a cooperative				(b)(1)(A)(i	ii).	
4	$\Box$	A medical research organiz	ation operated in cor	njunction with a hospital	described	in section	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:	•					•
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental unit describe	ed in
_		section 170(b)(1)(A)(iv). (C		,	•	, 0		
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	_					oublic described in
•		section 170(b)(1)(A)(vi). (C	-	intial part of its support in	om a gove	riiiionai	unit of from the general p	Jablic acsorbed in
8		A community trust describe	•	(1)(A)(vi) (Complete Par	+ 11 \			
9	H	•				nd in conju	inction with a land grant	collogo
9	ш	An agricultural research org				-	-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	e Or
40		university:	II	than 00 1 /00/ of its accord				
10		An organization that norma						
		activities related to its exen		•				-
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the organization a	mer June 30, 1975.
		See section 509(a)(2). (Con	•				20( )(4)	
11		An organization organized a	•	*	•			
12		An organization organized a	=	•	-		•	
		more publicly supported or						check the box on
		lines 12a through 12d that					, ,	
á	ı		· · · · · · · · · · · · · · · · · · ·	•	•	-		
		the supported organization			majority o	of the direc	ctors or trustees of the su	ipporting
		organization. You must o						
k	) <u> </u>		•					-
		control or management o			ame perso	ns that co	ntrol or manage the supp	ported
		organization(s). You mus						
(	;						• •	ed with,
	. —	its supported organization		·				
(	i						• • • • • •	
		that is not functionally int	-		•			/eness
		requirement (see instructi	•					
•	•	Check this box if the orga					Type I, Type II, Type III	
		functionally integrated, or		nally integrated supporti	ng organiz	ation.		
		er the number of supported o						
		vide the following information (i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization	(11) 2.11	(described on lines 1-10	in your governi		support (see instructions)	support (see instructions)
				above (see instructions))	Yes	No		
_								
					-			
					-			

(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.)

Sed	ction A. Public Support			,			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	` ,	, ,	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	3731774.	5677366.	19360328.	15533223.	12978921.	57281612.
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	2524554	5.0000.00	1006000	4.550000	1005001	55001610
	Total. Add lines 1 through 3	3731774.	5677366.	19360328.	15533223.	12978921.	57281612.
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)						1996900.
6	Public support. Subtract line 5 from line 4.						55284712.
	etion B. Total Support						55204712.
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	3731774.	5677366.	19360328.	15533223.	12978921.	57281612.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	-3,015.	-7,341.	1,521.	1,836.	1541857.	1534858.
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	25,580.	16,905.	3,222.	1,802.	20,999.	68,508.
	assets (Explain in Part VI.)	23,300.	10,903.	3,222.	1,002.		58884978.
	<b>Total support.</b> Add lines 7 through 10	eta (eca inetructio	.no)			12	D0004770.
	Gross receipts from related activities, First 5 years. If the Form 990 is for the			fourth or fifth tax y			
13	organization, check this box and stor						
Sed	ction C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		14	93.89 %
15	Public support percentage from 2021	Schedule A, Part I	II, line 14			15	96.38 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2021. If the o	•				•	
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts			·		_	
h	meets the facts-and-circumstances te 10% -facts-and-circumstances test	-	· · ·	* **	-	 17a, and line 15 is	
	more, and if the organization meets the	ū				•	.0,001
	organization meets the facts-and-circu						
18	<b>Private foundation.</b> If the organization		-				s

Schedule A (Form 990) 2022

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

quality under the tests listed be Section A. Public Support	low, please comp	piete Part II.)				_
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and	(4) 2010	(8) 2010	(0) 2020	(4) 2021	(6) 2022	(i) rotar
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
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						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received					+	<del> </del>
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		<u> </u>	1	_		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included on line 10b,						
whether or not the business is						
regularly carried on					+	
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	organization's f	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizat	ion,
check this box and stop here						
Section C. Computation of Public	: Support Pe	rcentage				
15 Public support percentage for 2022 (lir	ne 8, column (f), c	divided by line 13, o	column (f))		15	%
16 Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
Section D. Computation of Invest	ment Income	e Percentage				
17 Investment income percentage for 202	<b>22</b> (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	.021 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2022. If the					33 1/3%, and line	17 is not
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2021. If the	-	-		• •		and
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization						
Lo i rivate roundation. Il the organization	aid fiot dileck a	50A OIT III IC 14, 19	u, or 130, OHECK U	110 DON ALIU SEE III	J., UOLIOI 13	

# Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Yes	No
_		
1		
2		
_		
За		
3b		
3c		
4-		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
OF		
9b		
9c		
10a		
10b		L

3b

		( offin soul cole )			igc <b>o</b>
Pai	t IV	Supporting Organizations (continued)		1	
	11 41-			Yes	No
11		ne organization accepted a gift or contribution from any of the following persons?			
а	•	son who directly or indirectly controls, either alone or together with persons described on lines 11b and	44.		
		elow, the governing body of a supported organization?	11a		
		ily member of a person described on line 11a above?	11b		
С		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44.		
Sec	<u>αεταιι</u> tion B	in Part VI.  3. Type I Supporting Organizations	11c		
		y type i capperang enganizatione		Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or		162	NO
•		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	_	ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported	•		
_		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion C	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization'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			
	organi	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the org	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signific	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
200	suppo	rted organizations played in this regard.  Type III Functionally Integrated Supporting Organizations	3		
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
c		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	′ .	NI-
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		· · · · · · · · · · · · · · · · · · ·			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	2a		
b		nese activities constituted substantially all of its activities.  e activities described on line 2a, above, constitute activities that, but for the organization's involvement,	<u>-u</u>		
5		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
		i i o o i i o provido dotado II i en e e e e			

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	g			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations mu						
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
_3	Other gross income (see instructions)	3					
_4	Add lines 1 through 3.	4					
_5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	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 Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see			

Schedule A (Form 990) 2022

instructions).

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

7 Excess distributions carryover to 2023. Add lines 3j

Schedule A (Form 990) 2022

# Schedule B

(Form 990)

# **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for the latest information.

Employer identification number

C	OUTRIGHT ACTION INTERNATIONAL, CORP.	94-3139952					
Organization type (check	cone):						
Filers of:	Section:						
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Speci	al Rule. See instructions.					
General Rule							
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to iny one contributor. Complete Parts I and II. See instructions for determining a contrib						
Special Rules							
sections 509(a)( contributor, duri	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
contributor, duri	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contributio is checked, ente purpose. Don't c	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
answer "No" on Part IV, li	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule ine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 99	* **					

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

Schedule B (Form 990) (2022)

Name of organization Employer identification number

## OUTRIGHT ACTION INTERNATIONAL, CORP.

94-3139952

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 454,600.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 1,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 820,475.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 1,871,675.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 728,160.	Person X Payroll

Name of organization Employer identification number OUTRIGHT ACTION INTERNATIONAL, CORP. 94-3139952

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$1,000,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

## OUTRIGHT ACTION INTERNATIONAL, CORP.

94-3139952

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

Name of organization

OUTRIGHT ACTION INTERNATIONAL, CORP. 94-3139952 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047

Inspection

**Employer identification number** 

Name of the organization

OUTRIGHT ACTION INTERNATIONAL, 94-3139952 CORP.

Pa	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		milar Funds or <i>F</i>	Accounts. Complete if the
	organization driewered 155 on 10111 556, 1 drivi, inte	(a) Donor advised	I funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held	d in donor advised fu	nds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			•
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes	" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organizatio			
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of a his	storically important land area
	Protection of natural habitat		Preservation of a ce	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribu	tion in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
				A
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired at	fter July 25,2006, and no	t on a	
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			nization during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	d enforcing conserva	tion easements during the year
	<del></del>			
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enfo	orcing conservation e	easements during the year
•			of a action 170/b)/4)/	D)/:)
8	Does each conservation easement reported on line 2(d) above	•		
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation			
9	balance sheet, and include, if applicable, the text of the footnotest		•	
	organization's accounting for conservation easements.	· ·	manciai statements i	rial describes trie
Pai	t III Organizations Maintaining Collections of	Art. Historical Trea	sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form		,	
	If the organization elected, as permitted under FASB ASC 958		nue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for public	•		
	service, provide in Part XIII the text of the footnote to its finance			and or public
b	If the organization elected, as permitted under FASB ASC 958			ce sheet works of
	art, historical treasures, or other similar assets held for public	•		
	provide the following amounts relating to these items:	,,		,
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(m) A			<b>^</b>
2	If the organization received or held works of art, historical trea			· · · · · · · · · · · · · · · · · · ·
_	the following amounts required to be reported under FASB AS			, F
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2022

# Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.									
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value					
1a Land									
<b>b</b> Buildings									
c Leasehold improvements		10,918.	10,918.	0.					
d Equipment		193,167.	142,211.	50,956.					
e Other									
Total. Add lines 1a through 1e. (Column (d) must equa	50,956.								

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 OUTRIGHT AC Part VII Investments - Other Securities.	CTION INTERNATI	CONAL, CORP. 94-	-3139952 Page
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.		410 5 000 5 17 5	
Complete if the organization answered "Yes"		1d. See Form 990, Part X, line 15.	(la) Da alcuelus
	) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	15 \		
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	(L) D
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			1 250 464
(2) OPERATING LEASE LIABILITY			1,352,464
(3)			
(4)		1	

(5) (6) (7) (8) (9) 1,352,464. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2022

Part XI	Recond	ciliation	of Reven	ue pei	r Audited	l Financia	al State	ements	With Reve	nue per Returr

Par	Reconciliation of Revenue per Audited Financial Stater	<u> </u>	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		Τ.	14 541 777
1			1	14,541,777.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments		4	
b	Donated services and use of facilities	l I	4	
С	Recoveries of prior year grants		4	
d	Other (Describe in Part XIII.)		-	1 012 010
е	Add lines 2a through 2d		2e	1,013,810.
3	Subtract line 2e from line 1		3	13,527,967.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		4	
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	13,527,967.
Pai	rt XII Reconciliation of Expenses per Audited Financial State	•	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		1	10.101.001
1	Total expenses and losses per audited financial statements		1	13,431,924.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a	4	
b	Prior year adjustments	2b	4	
С	Other losses	2c	4	
d	Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	13,431,924.
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	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)		5	13,431,924.
Pai	rt XIII Supplemental Information.			
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	art 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 a	additional information.		
PAF	RT V, LINE 4:			
THE	E BOARD-DESIGNATED NET ASSETS INCLUDE RES	OURCES THAT HAVE B	EEN	
DES	SIGNATED BY THE BOARD OF DIRECTORS TO FUN	CTION AS A RESERVE	FO	R
OPE	ERATING CONTINGENCES. ANY PORTION OF THES	E FUNDS MAY BE EXP	END	ED UPON
API	PROVAL OF THE BOARD OF DIRECTORS. INVESTM	ENT INCOME SUPPORT	'S T	HE CURRENT
OPE	FRATIONS OF OUTRIGHT. TOTAL BALANCE AT JU	NE 30, 2023 WAS \$3	,99	5,736
		•	-	•
ADI	DITIONALLY, THE BOARD ESTABLISHED THE VIS	ION FUND, WHICH IS	IN	TENDED TO
	, , , , , , , , , , , , , , , , , , , ,	,		-
FUI	ND SPECIAL OPPORTUNITIES, INVESTMENTS IN	INFRASTRUCTURE AND	ON	E-TIME
INI	ITIATIVES. TOTAL BALANCE AT JUNE 30, 202	3 WAS \$13,797,418		
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

THE PERMANENT ENDOWMENT FUNDS, IN THE AMOUNT OF \$18,354 WERE GRANTED TO

Schedule D (Form 990) 2022 OUTRIGHT ACTION INTERNATIONAL, CORP. 94-3139952 Page 5
Part XIII Supplemental Information (continued)
OUTRIGHT DURING ITS FORMATIVE YEARS TO SUSTAIN THE FUTURE OF THE
ORGANIZATION.
PART X, LINE 2:
OUTRIGHT DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN
TAX POSITIONS. TAX FILING FOR THE PERIOD ENDING JUNE 30, 2020 AND LATER
ARE SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES.

# SCHEDULE F (Form 990)

# Statement of Activities Outside the United States

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

**Employer identification number** 

OUTRIGHT ACTION	INTERNA	TIONAL. (	CORP.		94-313995	52
Part I General Infor	mation on A	ctivities Out	side the United States. Comple	te if the organ	ization answered "	Yes" on
Form 990, Part I\						
<del>-</del>	ŭ		ds to substantiate the amount of its granthe selection criteria used to award the			Yes No
2 For grantmakers. Description United States.	ribe in Part V the	e organization's p	procedures for monitoring the use of its	grants and ot	her assistance outs	side the
3 Activities per Region. (TI	(b) Number of offices in the region	(c) Number of employees,	an be duplicated if additional space is not (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If acting is a produce describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
		J				2 600
ALGERIA			PROTECTING LGBT			3,600.
ANTIGUA			PROTECTING LGBT			12,809.
ARGENTINA			PROTECTING LGBT			13,520.
AUSTRALIA			PROTECTING LGBT			60,571.
BANGLADESH			PROTECTING LGBT			150,000.
BELGIUM			PROTECTING LGBT			7,000.
BENIN			PROTECTING LGBT			7,000.
BOGOTA			PROTECTING LGBT			7,000.
b Total from continuation sheets to Part I	0	0				261,500. 3,326,376.
c Totals (add lines 3a						

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

Schedule F (Form 990) 2022

3,587,876.

and 3b)

Schedule F (Form 990)	OUTRIGHT	ACTION	INTERNATIONAL, CORP.	94-313	9952 Page 1
Part I Continuation (a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(Schedule F (Form 990), Part I, line 3)  (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
				.,, ,	
BOLIVIA			PROTECTING LGBT		13,050.
BOTSWANA			PROTECTING LGBT		160.
BRAZIL			PROTECTING LGBT		6,160.
BURUNDI			COVID-19 RELIEF		9,613.
CANADA			PROTECTING LGBT		25,000.
CANADA			UKRAINE EMERGENCY RELIEF		24,000.
CHILE			PROTECTING LGBT		26,545.
COLOMBIA			PROTECTING LGBT		176,000.
DEMOCRATIC REPUBLIC OF CONGO			PROTECTING LGBT		7,000.
ECHADOD			PROTECTING LGBT		
ECUADOR			EXOLECTING EGD!		15,000.
Totals					

Schedule F (Form 990) OUTRIGHT ACTION INTERNATIONAL, CORP. 94-3139952 Page 1						
			(Schedule F (Form 990), Part I, line 3)			
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region	
EGYPT			PROTECTING LGBT		34,728.	
ESTONIA			PROTECTING LGBT		20,000.	
ESTONIA			UKRAINE EMERGENCY RELIEF		55,000.	
ESWATINI			PROTECTING LGBT		14,307.	
FIJI			PROTECTING LGBT		2,500.	
FRANCE			PROTECTING LGBT		10,943.	
GEORGIA			UKRAINE EMERGENCY RELIEF		40,000.	
CEDMANY			DROMEGMING I GRO		9 240	
GERMANY			PROTECTING LGBT		9,240.	
GHANA			PROTECTING LGBT		11,800.	
					-2,333.	
GUATEMALA			PROTECTING LGBT		15,000.	
Totals						

Schedule F (Form 990)	OUTRIGHT	ACTION	INTERNATIONAL, CORP.	94-313	9952 Page 1
Part I Continuation	n of Activities	s per Region	(Schedule F (Form 990), Part I, line 3)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
HAITI			PROTECTING LGBT		32,775.
INDIA			PROTECTING LGBT		21,533.
INDONESIA			PROTECTING LGBT		148,317.
TUDONIDIA			PROTECTING EGDI		140,317.
IRELAND			PROTECTING LGBT		7,000.
KENYA			PROTECTING LGBT		302,810.
I AMX/I A			DROMEGMING I GDM		11 225
LATVIA			PROTECTING LGBT		11,325.
LEBANON			PROTECTING LGBT		25,780.
LIBERIA			PROTECTING LGBT		7,000.
LITHUANIA			PROTECTING LGBT		63,531.
MALAYSIA			PROTECTING LGBT		15,000.
Totals					

Schedule F (Form 990) OUTRIGHT ACTION INTERNATIONAL, CORP. 94-3139952 Page 1						
			(Schedule F (Form 990), Part I, line 3)			
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region	
MEXICO			PROTECTING LGBT		177,500.	
NEPAL			PROTECTING LGBT		7,498.	
NETHERLANDS			PROTECTING LGBT		23,650.	
NIGERIA			PROTECTING LGBT		105,494.	
HIGENIA			ROTECTING EGDT		103,454.	
PAKISTAN			PROTECTING LGBT		20,000.	
PALAU			PROTECTING LGBT		10,000.	
PANAMA			PROTECTING LGBT		6,000.	
PAPUA NEW GUINEA			PROTECTING LGBT		10,000.	
PERU			PROTECTING LGBT		6,650.	
PHILIPPINES			PROTECTING LGBT		25,346.	
Totala						
Totals	<u> </u>	I				

Schedule F (Form 990)	OUTRIGHT	ACTION	INTERNATIONAL, CORP.	94-313	9952 Page 1
	1		(Schedule F (Form 990), Part I, line 3)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
POLAND			UKRAINE EMERGENCY RELIEF		177,490.
ROMANIA			UKRAINE EMERGENCY RELIEF		35,000.
RWANDA			PROTECTING LGBT		7,000.
SAINT LUCIA			PROTECTING LGBT		3,600.
SAMOA			PROTECTING LGBT		40,000.
SOUTH AFRICA			PROTECTING LGBT		40,801.
ST. LUCIA			PROTECTING LGBT		19,907.
SUDAN			PROTECTING LGBT		12,152.
TIMOR-LESTE			PROTECTING LGBT		5,000.
TRINIDAD AND TOBAGO			PROTECTING LGBT		19,786.
Tatala					
Totals	l	l			

Schedule F (Form 990)	OUIKIGHI	ACTION .	INTERNATIONAL, CORP.	94-31399:	DZ Page
	1		Schedule F (Form 990), Part I, line 3)		1
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to	<ul><li>(e) If activity listed in (d) is a program service, describe specific type</li></ul>	(f) Total expenditures for region
		region	recipients located in the region)	of service(s) in region	
PURKEY			PROTECTING LGBT		12 000
TURKEI			PROTECTING LGBT		13,000
JGANDA			PROTECTING LGBT		64,422
UKRAINE			PROTECTING LGBT		20,000
ALL THE			I ROTHETTING HODT		20,000
JKRAINE			UKRAINE EMERGENCY RELIEF		1,287,753
UNITED KINGDOM			PROTECTING LGBT		12,210
					,
/ANUATU			PROTECTING LGBT		10,000
ZAMBIA			PROTECTING LGBT		15,000
Гotals	. ▶				3,326,376

Part II

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		ALGERIA	PROTECTING LGBT	3,600.	EFT	0.		FMV
		ANTIGUA	PROTECTING LGBT	12,809.	EFT	0.		FMV
		ARGENTINA	PROTECTING LGBT	13,520.	EFT	0.		FMV
		AUSTRALIA	PROTECTING LGBT	60,571.	EFT	0.		FMV
		BANGLADESH	PROTECTING LGBT	150,000.	EFT	0.		FMV
		BELGIUM	PROTECTING LGBT	7,000.	EFT	0.		FMV
		BENIN	PROTECTING LGBT	7,000.	EFT	0.		FMV
		BOGOTA	PROTECTING LGBT	7,000.	EFT	0.		FMV

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a t	ax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	

3	Enter total	number	of oth	er organizatio	ons or entities

Schedule F (Form 990) 2022

Part II Continuatio	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organizatio	n (b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		BOLIVIA	PROTECTING LGBT	13,050.	EFT	0.		FMV
		BOTSWANA	PROTECTING LGBT	160.	EFT	0.		FMV
		BRAZIL	PROTECTING LGBT	6,160.	EFT	0.		FMV
		BURUNDI	COVID-19 RELIEF	9,613.	EFT	0.		FMV
		CANADA	PROTECTING LGBT	25,000.	EFT	0.		FMV
			UKRAINE EMERGENCY					
		CANADA	RELIEF	24,000.	EFT	0.		FMV
		CHILE	PROTECTING LGBT	26,545.	EFT	0.		FMV
		COLOMBIA	PROTECTING LGBT	176,000.	EFT	0.		FMV
		DEMOCRATIC						
		REPUBLIC OF CONGO	PROTECTING LGBT	7,000.	EFT	0.		FMV

# Public Dischosure Copy

Scriedule F (Form 990)			MIDIMIZITIONIE, CO		7 5 5 1			Faye Z
Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		ECUADOR	PROTECTING LGBT	15,000.	EFT	0.		FMV
		EGYPT	PROTECTING LGBT	34,728.	EFT	0.		FMV
		ESTONIA	PROTECTING LGBT	20,000.	EFT	0.		FMV
		ESTONIA	UKRAINE EMERGENCY RELIEF	55,000.	EFT	0.		FMV
		ESWATINI	PROTECTING LGBT	14,307.	EFT	0.		FMV
		FIJI	PROTECTING LGBT	2,500.	EFT	0.		FMV
		FRANCE	PROTECTING LGBT	10,943.	EFT	0.		FMV
		GEORGIA	UKRAINE EMERGENCY RELIEF	40,000.	EFT	0.		FMV
		GERMANY	PROTECTING LGBT	9,240.	EFT	0.		FMV

Part II Continuation of			tions or Entities Outside the		(Schedule F (Form 9	90). Part II. line 1	1)	r ago <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Pagion	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		GHANA	PROTECTING LGBT	11,800.	EFT	0.		FMV
		QUARTE A		15.000				7167
		GUATEMALA	PROTECTING LGBT	15,000.	EFT	0.		FMV
		HAITI	PROTECTING LGBT	32,775.	EFT	0.		FMV
		INDIA	PROTECTING LGBT	21,533.	EFT	0.		FMV
		INDONESIA	PROTECTING LGBT	148,317.	EFT	0.		FMV
		IRELAND	PROTECTING LGBT	7,000.	ਧਾਕਕ	0.		FMV
		TIVERAND	PROTECTING EGET	7,000.	EF 1	0.		I IIV
		KENYA	PROTECTING LGBT	302,810.	EFT	0.		FMV
		LATVIA	PROTECTING LGBT	11,325.	EFT	0.		FMV
		LEBANON	PROTECTING LGBT	25,780.	EFT	0.		FMV

Part II Continuation of			tions or Entities Outside the		(Schedule F (Form 9	90). Part II. line 1	1)	r ago <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Pagion	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		LIBERIA	PROTECTING LGBT	7,000.	EFT	0.		FMV
		T TOWN 2 2 2 2	DDOWNGHING I CDM	62 521	2270			That y
		LITHUANIA	PROTECTING LGBT	63,531.	EFT	0.		FMV
		MALAYSIA	PROTECTING LGBT	15,000.	EFT	0.		FMV
		MEXICO	PROTECTING LGBT	177,500.	EFT	0.		FMV
		NEPAL	PROTECTING LGBT	7,498.	EFT	0.		FMV
		NETHERLANDS	PROTECTING LGBT	23,650.	EFT	0.		FMV
		NIGERIA	PROTECTING LGBT	105,494.	EFT	0.		FMV
		PAKISTAN	PROTECTING LGBT	20,000.	EFT	0.		FMV
		PALAU	PROTECTING LGBT	10,000.	EFT	0.		FMV

Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		PANAMA	PROTECTING LGBT	6,000.	EFT	0.		FMV
		PAPUA NEW GUINEA	PROTECTING LGBT	10,000.	EFT	0.		FMV
		PERU	PROTECTING LGBT	6,650.	EFT	0.		FMV
		PHILIPPINES	PROTECTING LGBT	25,346.	EFT	0.		FMV
			UKRAINE EMERGENCY					
		POLAND	RELIEF	177,490.	EFT	0.		FMV
		ROMANIA	UKRAINE EMERGENCY RELIEF	35,000.	EFT	0.		FMV
				7,000				Togy
		RWANDA	PROTECTING LGBT	7,000.	EFT	0.		FMV
		SAINT LUCIA	PROTECTING LGBT	3,600.	EFT	0.		FMV
				,				
		SAMOA	PROTECTING LGBT	40,000.	EFT	0.		FMV

Part II Continuation of			tions or Entities Outside the		(Schedule F (Form 9	90), Part II, line 1	1)	r ugo <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Pagion	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AFRICA	PROTECTING LGBT	40,801.	EFT	0.		FMV
		ST. LUCIA	PROTECTING LGBT	19,907.	EFT	0.		FMV
		SUDAN	PROTECTING LGBT	12,152.	EFT	0.		FMV
		TIMOR-LESTE	PROTECTING LGBT	5,000.	EFT	0.		FMV
		TRINIDAD AND						
		TOBAGO	PROTECTING LGBT	19,786.	EFT	0.		FMV
		TURKEY	PROTECTING LGBT	13,000.	EFT	0.		FMV
		UGANDA	PROTECTING LGBT	64,422.	EFT	0.		FMV
		UKRAINE	PROTECTING LGBT	20,000.	EFT	0.		FMV
			UKRAINE EMERGENCY					
		UKRAINE	RELIEF	1287753.	EFT	0.		FMV

Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the		(Schedule F (Form 9	90). Part II. line	1)	r ago <b>z</b>
1 (a) Name of organization	(b) IDS code section	(a) Pagion	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		UNITED KINGDOM	PROTECTING LGBT	12,210.	EFT	0.		FMV
		VANUATU	PROTECTING LGBT	10,000.	ਸ਼ਵਾ <b>ਸ</b>	0.		FMV
		VIIIVOIII	riorderine debi	10,000.		••		
		ZAMBIA	PROTECTING LGBT	15,000.	EFT	0.		FMV
		USA	PROTECTING LGBT	132,092.	EFT	0.		FMV

Part III can be duplicated if ac			too. Complete	The organization answered Teo o		11, 1110 10.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
				l .			I

Schedule F (Form 990) 2022

#### Part IV Foreign Forms 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes" the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Yes X No Corporation (see Instructions for Form 926) 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes." the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a Yes X No U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes." the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Yes X No Certain Foreign Corporations (see Instructions for Form 5471) 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Yes X No Fund (see Instructions for Form 8621) 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes." the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Yes X No Foreign Partnerships (see Instructions for Form 8865) 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2022

Yes

## **SCHEDULE G** (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							ntification number
							952
<b>Part I</b> Fundraising Activities. required to complete this par	Complete if the organization answet.	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
T.1.1							
Total     List all states in which the organization or licensing.	n is registered or licensed to solicit o		utions	or has been notified	it is e	exempt from re	I gistration
or noorising.							
						<u></u>	<del></del>

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

Schedule G (Form 990) 2022

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			FUNDRAISER			col. <b>(c)</b> )
υ			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	695,994.			695,994.
	2	Less: Contributions	421,534.			421,534.
	3	Gross income (line 1 minus line 2)	274,460.			274,460.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
-	8	Entertainment				
	9	Other direct expenses	274,460.			274,460.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			274,460.
		Net income summary. Subtract line 10 from li				0.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
_		\$15,000 on Form 990-EZ, line 6a.		( ) Doll to be for the st		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
ď	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
_	_					
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac No," explain:				Yes No
10a	We	ere any of the organization's gaming licenses re	voked, suspended. or te	rminated during the tax v	ear?	Yes No
		Yes," explain:				

Sch	edule G (Form 990) 2022	OUTRIGHT	ACTION	INTERNATIONAL,	CORP. 94-	3139952	Page 3
11	Does the organization conduct ga	aming activities with	nonmembers	s?		Yes	No
12							
	to administer charitable gaming?					Yes	☐ No
13	Indicate the percentage of gamin						
	The organization's facility					13a	%
	An outside facility					13b	%
	Enter the name and address of the						
	Name						
	Address						
15a	Does the organization have a cor	ntract with a third pa	arty from whor	m the organization receives g	aming revenue?	Yes	☐ No
ŀ	If "Yes," enter the amount of gan	nina revenue receive	ed by the orga	nization \$	and the amount		
•	of gaming revenue retained by th				and the unloant		
,	If "Yes," enter name and address						
Ì	in 100, onto hamo and address	or the time party.					
	Name						
	Address						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	\$					
	Description of services provided						
	Director/officer	Employee		Independent contractor			
17	Mandatory distributions:						
á	Is the organization required unde	r state law to make	charitable dis	tributions from the gaming pr	oceeds to		
	retain the state gaming license?					Yes	☐ No
k	Enter the amount of distributions						
	organization's own exempt activi	ties during the tax y	ear \$				
Pa				ons required by Part I, line 2b		art III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, a	s applicable. Also pi	rovide any add	ditional information. See instr	uctions.		

Schedule G	(Form 990)	OUTRIGHT	ACTION	INTERNATIONAL,	CORP.	94-3139952	Page 4
Part IV	Supplemental Infor	mation <sub>(continu</sub>	ed)				
-							
-							
-							
<u> </u>			<u> </u>				

# **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

OUTRIGHT ACTION INTERNATIONAL CORP. Employer identification number 94-3139952

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			l
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			l
				l
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
				l
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
		5a		X
b	, , , , , , , , , , , , , , , , , , , ,	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
		6a		X
b	, , ,	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

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

Schedule J (Form 990) 2022

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

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

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

		<b>(B)</b> Breakdown of W	B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARIA SJODIN	(i)	212,350.	0.	0.	10,618.	10,319.	233,287.	0.
EXECUTIVE DIR.	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELISE COLOMER-CHEADLE	(i)	165,353.	0.	0.	8,268.	10,319.	183,940.	0.
DIR. CORP. ENGAGE.	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) NEELA GHOSHAL	(i)	144,316.	0.	0.	7,216.	10,319.	161,851.	0.
DIRECTOR OF LAW AND POLICY	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KATHERINE HULTQUIST	(i)	139,090.	0.	0.	6,954.	10,319.		0.
DIR LEADER. GIVING	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii)							

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

# SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

OUTRIGHT ACTION INTERNATIONAL, CORP.

Employer identification number 94-3139952

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

OUTRIGHT WORKS AT THE INTERNATIONAL, REGIONAL AND NATIONAL LEVELS TO

RESEARCH, DOCUMENT, DEFEND, AND ADVANCE HUMAN RIGHTS FOR LGBTIQ PEOPLE

AROUND THE WORLD. WE PARTNER DIRECTLY WITH HUMAN RIGHTS DEFENDERS,

ALLIES AND ORGANIZATIONS TO PRODUCE RELIABLE DATA ON THE EXPERIENCES OF

LGBTIQ PEOPLE AROUND THE WORLD AND SUPPORT RESEARCH-BASED ADVOCACY AND

CAPACITY-BUILDING FOR LGBTIQ RIGHTS.

WE FILL RESEARCH GAPS, PROVIDE TRAININGS TO COMMUNITY MEMBERS AND

ALLIES TO DEVELOP THEIR EXPERTISE, AND CONVENE KEY STAKEHOLDERS TO

INFORMATION ON BEST PRACTICES RELATED TO ENDING VIOLENCE BASED ON

SEXUAL ORIENTATION, GENDER IDENTITY OR GENDER EXPRESSION, OR SEX

CHARACTERISTICS. WE VIGILANTLY MONITOR AND DOCUMENT THE DISCRIMINATORY

AND LIFE-THREATENING CONDITIONS LGBTIQ PEOPLE FACE IN ORDER TO SPUR

ACTION TO STOP HUMAN RIGHTS VIOLATIONS WHEN THEY OCCUR.

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

LINE 11B EXPLANATION - MANAGEMENT REVIEWED A DRAFT OF THE FORM 990 WITH THE

AUDIT/ FINANCE COMMITTEE AND PROVIDED EDITS TO THE TAX PREPARER. AFTER THIS

PROCESS WAS PERFORMED, THE FORM 990 WAS SENT TO THE FULL BOARD OF DIRECTORS

PRIOR TO BEING FILED WITH THE IRS.

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

THE ORGANIZATION HAS A BOARD APPROVED CONFLICTS OF INTEREST POLICY. EACH

BOARD MEMBER MUST FILL OUT AN ANNUAL DECLARATION STATING THEY HAD NO

CONFLICTS OR IDENTIFYING THE NATURE OF THEIR INTERESTED PARTY TRANSACTIONS.

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

Schedule O (Form 990) 2022

232211 10-28-22

**Employer identification number** Name of the organization OUTRIGHT ACTION INTERNATIONAL, CORP. 94-3139952 FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION OF OUTRIGHT'S CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT AND COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES ARE BASED ON THE REVIEW AND APPROVAL PROCESS OF THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE APPROVES SALARIES BASED ON STANDARD HIRING PRACTICES AND MARKET RATE BENCHMARKING. THE COMPENSATION OF OUTRIGHT'S CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT AND COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES ARE BASED ON THE REVIEW AND APPROVAL PROCESS OF THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE APPROVES SALARIES BASED ON STANDARD HIRING PRACTICES AND MARKET RATE BENCHMARKING. FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. GOVERNING DOCUMENTS ARE NOT DISCLOSED TO THE PUBLIC. FORM 990, PART IX, LINE 11G, OTHER FEES: CONSULTANTS: PROGRAM SERVICE EXPENSES 1,203,595. MANAGEMENT AND GENERAL EXPENSES 132,012. FUNDRAISING EXPENSES 149,611. TOTAL EXPENSES 1,485,218. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,485,218. FORM 990, PART XII, LINE 2C: THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print OUTRIGHT ACTION INTERNATIONAL, CORP. 94-3139952 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 216 EAST 45TH STREET, 17 FL return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. NEW YORK, NY 10017 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Code Is For Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) MICHELLE BLANKENSHIP The books are in the care of ► 216 EAST 45TH STREET - NEW YORK, NY 10017 Telephone No. ► 212-430-6054 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or  $\underline{\hspace{0.5cm}}$  , and ending  $\underline{\hspace{0.5cm}}$  JUN  $\hspace{0.5cm}$  30 ,  $\hspace{0.5cm}$  2023 ► X tax year beginning JUL 1, 2022 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

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

Form 8868 (Rev. 1-2022)

instructions