			EXTENDED TO MA Return of Organization E	Y 15, 2	2024 From I	ncome Tax	I	OMB No. 1545-0047
For	_ Q	90	Under section 501(c), 527, or 4947(a)(1) of the Inte	-				2022
1 011			Do not enter social security numbers o		•		ns)	
		of the Treasury enue Service	Go to www.irs.gov/Form990 for instr		-			Open to Public Inspection
			r year, or tax year beginning $ { m JUL}1,202$	2.2 and	ending	JUN 30, 2023		
	Check if applicat	C Name or	organization			D Employer identif	icatio	n number
	Addr chan	ge GETT	ING OUT AND STAYING OUT, IN	rC.				
	Name	ge Doing b	siness as			06-17113	70	
	Initial returr Final returr	n Number	and street (or P.O. box if mail is not delivered to street add EAST 124TH STREET	dress)	Room/suite	E Telephone number (212) 83		5020
	termi ated	in .	wn, state or province, country, and ZIP or foreign pos	stal code	•	G Gross receipts \$		6,901,575.
	Amer returr	n INEW	YORK, NY 10035			H(a) Is this a group r	eturn	
	Appli tion		d address of principal officer: MICHELLE PRY	CE-SCR	EEN	for subordinates	s?	Yes X No
	pend	SAME	AS C ABOVE			H(b) Are all subordinates i	include	d? Yes No
		kempt status:		4947(a)(1)	or 527			See instructions
	Vebs		OSONYC.ORG			H(c) Group exemption		
	⁻ orm o art l	of organization:	Corporation Trust Association C	Other	L Year	of formation: 2003	M Sta	te of legal domicile: NY
Fa		Summary						
ė	1	Briefly describ	the organization's mission or most significant activit	ies: <u>SEE</u>	SCHEDU			
Governance								
ern	2	Check this bo	0				sets.	22
Š	3		ng members of the governing body (Part VI, line 1a)					<u>23</u> 23
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4		ependent voting members of the governing body (Par					75
ies	5		f individuals employed in calendar year 2022 (Part V,					50
Activities &	6	Total number	f volunteers (estimate if necessary)					0.
Ac	/ a		business revenue from Part VIII, column (C), line 12					0.
		net unrelated	pusiness taxable income from Form 990-T, Part I, line			Prior Year		Current Year
	8	Contributions	and grants (Part VIII, line 1h)			6,356,872.		6,476,323.
Iue	9					106,483.		63,454.
Revenue	10	•	e revenue (Part VIII, line 2g)			0.		0.
Be	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11			15,107.		192,233.
	12		add lines 8 through 11 (must equal Part VIII, column			6,478,462.		6,732,010.
	13		ilar amounts paid (Part IX, column (A), lines 1-3)			209,186.		171,314.
			o or for members (Part IX, column (A), line 4)			0.		0.
	40	Salaries, othe	compensation, employee benefits (Part IX, column (A	A). lines 5-10)		3,784,044.		4,990,513.
see	16a		ndraising fees (Part IX, column (A), line 11e)			65,930.		0.
Expenses	b		ig expenses (Part IX, column (D), line 25)	604,7	02.			
ы	17		s (Part IX, column (A), lines 11a-11d, 11f-24e)			2,563,409.		1,784,892.
	18		. Add lines 13-17 (must equal Part IX, column (A), line			6,622,569.		6,946,719.
	19		xpenses. Subtract line 18 from line 12			-144,107.		-214,709.
or	3		-			ginning of Current Year		End of Year
Assets - Balanc	20	Total assets (F	art X, line 16)			3,171,691.		8,087,906.
ASS	21	Total liabilities	(Part X, line 26)			1,139,112.		6,270,036.
Inet	22	<u>Net assets or</u>	und balances. Subtract line 21 from line 20			2,032,579.		1,817,870.
Pa	art II							
Und	er pen	alties of perjury,	declare that I have examined this return, including accompa	nying schedule	s and statem	ents, and to the best of m	y knov	vledge and belief, it is
true			Declaration of preparer (other than officer) is based on all in	nformation of w	hich preparer			
	<	$\checkmark$				<b>*</b>		

Sign	Signature of officer		<b></b>	Date		
-	MICHELLE PRYCE-SCREEN , PI Type or print name and title	RESIDENT & CEO				
Paid	Print/Type preparer's name MIKE SCHALL	Preparer's signature	Date 05/02/	/24 Self-employed	PTIN P02024184	4
Preparer	Firm's name SAX LLP			Firm's EIN 81-	2950760	
Use Only	Firm's address 1040 AVENUE OF THE NEW YORK, NY 1001	-		Phone no.212-	268-2804	
May the IF	RS discuss this return with the preparer shown abo				X Yes	No

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2022)

# Public Disclosure Copy

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Form	990	(2022)

Part IV Checklist of Required Schedules

GETTING OUT AND STAYING OUT, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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	Х	
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		<u>X</u>
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		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	40		v
	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u>X</u>
16		16		х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17	х	
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		- 23	
10		18	х	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10	43	
13		19		х
202	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
232003	12-13-22		990	(2022)

232003 12-13-22

4

Form 990 (	2022)	GETTING			
Part IV	Checklis	t of Required Sch	edules	(contin	ued)

GETTING OUT AND STAYING OUT, INC.

			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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in 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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	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			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		77	1
Par	Note: All Form 990 filers are required to complete Schedule O           ttv         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	Ĺ
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 15			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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232004 12-13-22

Form 990 (2022)

Form	990 (2022) GETTING OUT AND STAYING OUT, INC. 06-1711	370	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 75			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	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		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
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		16		x
	Is the organization an educational institution subject to the section 4968 excise tax on het investment income?			<u> </u>
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.	17		

232005 12-13-22

Form **990** (2022)

13160510 795584 46094.00 Public Discrossing of Getting out and Staying of 46094.01

Form	aan	(2022)
FUIII	990	(2022)

GETTING OUT AND STAYING OUT, INC.

06-1711370 Page 6

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

ection A Governing Body and Management	
Check if Schedule O contains a response or note to any line in this Part VI	

<b>1a</b> Enter the num If there are mate body delegated	rning Body and Management				
If there are mate body delegated				Yes	No
If there are mate body delegated	per of voting members of the governing body at the end of the tax year	a   23	3		
body delegated	rial differences in voting rights among members of the governing body, or if the governing				
<b>b</b> Enter the num	road authority to an executive committee or similar committee, explain on Schedule O.				
	per of voting members included on line 1a, above, who are independent	ь 23	3		
2 Did any office	director, trustee, or key employee have a family relationship or a business relationship wi	th any other			
	, trustee, or key employee?		2		х
3 Did the organi	ation delegate control over management duties customarily performed by or under the dir				
of officers, dire	ctors, trustees, or key employees to a management company or other person?		3		х
4 Did the organi	ation make any significant changes to its governing documents since the prior Form 990	was filed?	4		Х
5 Did the organi	ation become aware during the year of a significant diversion of the organization's assets?	?	5		X
6 Did the organi	ation have members or stockholders?		6		X
7a Did the organi	ation have members, stockholders, or other persons who had the power to elect or appoi	nt one or			
more member	of the governing body?		7a		X
<b>b</b> Are any gover	ance decisions of the organization reserved to (or subject to approval by) members, stock				
persons other	than the governing body?		7b		X
8 Did the organiza	ion contemporaneously document the meetings held or written actions undertaken during the year by	the following:			
a The governing	body?		8a	Х	
<b>b</b> Each committe	e with authority to act on behalf of the governing body?		8b	Х	
9 Is there any of	icer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reacher	d at the			
organization's	mailing address? If "Yes, " provide the names and addresses on Schedule O		9		Х
Section B. Polic	ies (This Section B requests information about policies not required by the Internal Reven	ue Code.)			
				Yes	No
<b>10a</b> Did the organi	ation have local chapters, branches, or affiliates?		10a		X
<b>b</b> If "Yes," did th	e organization have written policies and procedures governing the activities of such chapt	ers, affiliates,			
			10b		
	zation provided a complete copy of this Form 990 to all members of its governing body be	fore filing the form?	11a	X	
	hedule O the process, if any, used by the organization to review this Form 990.				
	ation have a written conflict of interest policy? If "No," go to line 13		12a	-	
	rectors, or trustees, and key employees required to disclose annually interests that could give rise to c		12b	X	
<b>c</b> Did the organi	ation regularly and consistently monitor and enforce compliance with the policy? If "Yes,	" describe		37	
on Schedule (	how this was done		12c	-	
	ation have a written whistleblower policy?		13	Х	
-	ation have a written document retention and destruction policy?				37
14 Did the organi			14		X
<ul><li>14 Did the organi</li><li>15 Did the procession</li></ul>	s for determining compensation of the following persons include a review and approval by		14		X
<ul><li>14 Did the organi</li><li>15 Did the proces</li><li>persons, comp</li></ul>	arability data, and contemporaneous substantiation of the deliberation and decision?	independent		v	X
<ul><li>14 Did the organi</li><li>15 Did the proces</li><li>persons, comp</li><li>a The organizati</li></ul>	arability data, and contemporaneous substantiation of the deliberation and decision? on's CEO, Executive Director, or top management official	independent	15a		X
<ul><li>14 Did the organi</li><li>15 Did the process</li><li>persons, comp</li><li>a The organizati</li><li>b Other officers</li></ul>	arability data, and contemporaneous substantiation of the deliberation and decision? on's CEO, Executive Director, or top management official or key employees of the organization	independent			X
<ul> <li>14 Did the organi</li> <li>15 Did the process persons, comp</li> <li>a The organizati</li> <li>b Other officers If "Yes" to line</li> </ul>	arability data, and contemporaneous substantiation of the deliberation and decision? on's CEO, Executive Director, or top management official or key employees of the organization 15a or 15b, describe the process on Schedule O. See instructions.	independent	15a		X
<ul> <li>14 Did the organi</li> <li>15 Did the process persons, comp</li> <li>a The organizati</li> <li>b Other officerss If "Yes" to line</li> <li>16a Did the organi</li> </ul>	arability data, and contemporaneous substantiation of the deliberation and decision? on's CEO, Executive Director, or top management official or key employees of the organization 15a or 15b, describe the process on Schedule O. See instructions. ration invest in, contribute assets to, or participate in a joint venture or similar arrangement	independent	15a 15b		
<ul> <li>14 Did the organi</li> <li>15 Did the process persons, comp</li> <li>a The organizati</li> <li>b Other officers</li> <li>If "Yes" to line</li> <li>16a Did the organi</li> <li>taxable entity</li> </ul>	arability data, and contemporaneous substantiation of the deliberation and decision? on's CEO, Executive Director, or top management official or key employees of the organization 15a or 15b, describe the process on Schedule O. See instructions. ration invest in, contribute assets to, or participate in a joint venture or similar arrangement during the year?	independent	15a		X
<ul> <li>14 Did the organi</li> <li>15 Did the process persons, comp</li> <li>a The organizati</li> <li>b Other officers If "Yes" to line</li> <li>16a Did the organi taxable entity</li> <li>b If "Yes," did the</li> </ul>	arability data, and contemporaneous substantiation of the deliberation and decision? on's CEO, Executive Director, or top management official or key employees of the organization 15a or 15b, describe the process on Schedule O. See instructions. ation invest in, contribute assets to, or participate in a joint venture or similar arrangement during the year? e organization follow a written policy or procedure requiring the organization to evaluate it:	independent	15a 15b		
<ul> <li>14 Did the organi</li> <li>15 Did the process persons, complete a The organization</li> <li>b Other officers If "Yes" to line</li> <li>16a Did the organistic taxable entity</li> <li>b If "Yes," did the in joint venture</li> </ul>	arability data, and contemporaneous substantiation of the deliberation and decision? on's CEO, Executive Director, or top management official or key employees of the organization 15a or 15b, describe the process on Schedule O. See instructions. tation invest in, contribute assets to, or participate in a joint venture or similar arrangement during the year? e organization follow a written policy or procedure requiring the organization to evaluate it arrangements under applicable federal tax law, and take steps to safeguard the organization	independent t with a s participation ion's	15a 15b 16a		
<ul> <li>14 Did the organi</li> <li>15 Did the process persons, compliant</li> <li>a The organizati</li> <li>b Other officers If "Yes" to line</li> <li>16a Did the organi taxable entity</li> <li>b If "Yes," did the in joint venture exempt status</li> </ul>	arability data, and contemporaneous substantiation of the deliberation and decision? on's CEO, Executive Director, or top management official or key employees of the organization 15a or 15b, describe the process on Schedule O. See instructions. ation invest in, contribute assets to, or participate in a joint venture or similar arrangement during the year? e organization follow a written policy or procedure requiring the organization to evaluate it arrangements under applicable federal tax law, and take steps to safeguard the organizati with respect to such arrangements?	independent t with a s participation ion's	15a 15b		
<ul> <li>14 Did the organi</li> <li>15 Did the process persons, compliant</li> <li>a The organizati</li> <li>b Other officers If "Yes" to line</li> <li>16a Did the organist taxable entity</li> <li>b If "Yes," did the in joint venture exempt status</li> <li>Section C. Disc</li> </ul>	arability data, and contemporaneous substantiation of the deliberation and decision? on's CEO, Executive Director, or top management official or key employees of the organization 15a or 15b, describe the process on Schedule O. See instructions. tation invest in, contribute assets to, or participate in a joint venture or similar arrangement during the year? e organization follow a written policy or procedure requiring the organization to evaluate its arrangements under applicable federal tax law, and take steps to safeguard the organization with respect to such arrangements? OSURE	independent t with a s participation ion's	15a 15b 16a		
<ul> <li>14 Did the organi</li> <li>15 Did the process persons, compa</li> <li>a The organizati</li> <li>b Other officers</li> <li>If "Yes" to line</li> <li>16a Did the organi taxable entity</li> <li>b If "Yes," did the in joint venture exempt status</li> <li>Section C. Disconsection</li> <li>17 List the states</li> </ul>	arability data, and contemporaneous substantiation of the deliberation and decision? on's CEO, Executive Director, or top management official or key employees of the organization 15a or 15b, describe the process on Schedule O. See instructions. tation invest in, contribute assets to, or participate in a joint venture or similar arrangement during the year? e organization follow a written policy or procedure requiring the organization to evaluate it: arrangements under applicable federal tax law, and take steps to safeguard the organizat with respect to such arrangements? OSURE with which a copy of this Form 990 is required to be filed <u>NY</u>	independent	15a 15b 16a 16b	X	X
<ul> <li>14 Did the organi</li> <li>15 Did the process persons, compliant</li> <li>a The organizati</li> <li>b Other officers If "Yes" to line</li> <li>16a Did the organi taxable entity</li> <li>b If "Yes," did the in joint venture</li> <li>exempt status</li> <li>Section C. Discont</li> <li>18 Section 6104</li> </ul>	arability data, and contemporaneous substantiation of the deliberation and decision? on's CEO, Executive Director, or top management official or key employees of the organization 15a or 15b, describe the process on Schedule O. See instructions. ation invest in, contribute assets to, or participate in a joint venture or similar arrangement during the year? e organization follow a written policy or procedure requiring the organization to evaluate it: arrangements under applicable federal tax law, and take steps to safeguard the organization with respect to such arrangements? Osure with which a copy of this Form 990 is required to be filed <u>NY</u> equires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 9	independent	15a 15b 16a 16b	X	X
<ul> <li>14 Did the organi</li> <li>15 Did the process persons, complete a The organization b Other officers If "Yes" to line</li> <li>16a Did the organitation taxable entity</li> <li>b If "Yes," did the in joint venture exempt status</li> <li>Section C. Discont 17 List the states</li> <li>18 Section 6104</li> </ul>	arability data, and contemporaneous substantiation of the deliberation and decision? on's CEO, Executive Director, or top management official or key employees of the organization 15a or 15b, describe the process on Schedule O. See instructions. tation invest in, contribute assets to, or participate in a joint venture or similar arrangement during the year? e organization follow a written policy or procedure requiring the organization to evaluate it arrangements under applicable federal tax law, and take steps to safeguard the organizat with respect to such arrangements? OSURE with which a copy of this Form 990 is required to be filed <u>NY</u> equires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 9 action. Indicate how you made these available. Check all that apply.	independent t with a s participation ion's 90-T (section 501(c)(3	15a 15b 16a 16b	X	X

20	State the name, address, and telephone number of the person who possesses the organization's books and records
	statements available to the public during the tax year.
13	Describe on Schedule of whether (and it so, now) the organization made its governing documents, connect of interest policy, and infance

7 13160510 795584 46094.00 Public Discrossing GETTING OUT AND STAYING 0 46094.01

20	State the	e name, ao	iaress, and t	elephone numa	per of the perso	on who posses	sses the	organization	1 S DOOI	ks and reco
	TULA	DANII	SL - (2	212) 831	-5020					
	201A	EAST	124TH	STREET,	GROUND	FLOOR,	NEW	YORK,	NY	10035

01A	EAST	124TH	STREET,	GROUND	FLOOR,	NEW	YORK,	NY	10035	
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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.

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 al of the organization of current key employees, if any, dee the instructions for deminitor of key employees.

• 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.

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

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

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

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

Name and huld         Average hours per week (ist ary hours per related organization per statistics (c) activity and the per statistics (c) activity activity (ist ary hours for related organization (c) activity (c) a	(A)	(B)		(C)					(D)	(E)	(F)
hours per veck week (its any bours for related organizations below set ine)         Desc. unbest person is both an ine week (its any bours for related organizations below set ine)         Compensation the organizations ine)         Compensation the organizations (W-2/1099-NISC/ 1099-NEC)         Compensation the organizations (W-2/1099-NISC/ 1099-NEC)         anount of the organizations (W-2/1099-NISC/ 1099-NEC)           (1) VIKKI LYNN FRYOR         40.00         x         240,000.         0.         16,565.           (2) MICHELLE FRYCE-SCREEN         40.00         x         122,378.         101,341.           (3) TULA DANIEL         40.00         x         105,705.         0.         5,264.           (6) SCHMAN FUSEY ADINE         40.00         x         x         101,442.         0.         0.           (7) TIA WACHTEL         1.00         x         x         0.         0.         0.           (10) MARDAL FORDISON - HOBSON         1.00         x         x         0.         0.         0.	Name and title	Average	(do	Position				ne	Reportable	Reportable	Estimated
Week (list ary hours for related organizations line)         Imom related organizations (W2/1098-MISC)         Imom result for uppensations (W2/1098-MISC)         Ompensation from the organizations (W2/1098-MISC)         Ompensation organizations (W2/1098-MISC)         Ompensation from the organizations           (1) VIKXI LYIN PRYOR         40.00         x         240,000.         0.         16,565.           (2) MICHELLE PRYCE-SCREEN         40.00         x         156,640.         0.         14,151.           (3) TULA DANIEL         40.00         x         127,731.         0.         12,378.           (4) OMA JACKSON         40.00         x         1157,304.         0.         10,341.           (5) ABBI ROBINSON-ROBSON         40.00         x         101,442.         0.         0.           (6) SCHUMA-PUSEY JOINE         40.00         x         x         0.         0.         0.           (3) WENDY DOSALAVAGE         1.00         x         x         0.         0.         0.           (3) WENDY DOSALAVAGE         1.00         x         x         0.         0.         0.           (3) WENDY DOSALAVAGE         1.00         x         x         0.         0.         0.           (11) BRIAN MURELL         1.000         x         x <td></td> <td>hours per</td> <td>box</td> <td colspan="2">box, unless person is both an</td> <td>compensation</td> <td>compensation</td> <td>amount of</td>		hours per	box	box, unless person is both an		compensation	compensation	amount of			
(1)         VIKKI LYNN PRYOR         40.00         x         240.000         0.         16,565.           PRES. 4 CBO         40.00         x         156,640.         0.         14,151.           (2)         MICHELLE PRYCE-SCREEN         40.00         x         156,640.         0.         14,151.           (3)         TULA DANIEL         40.00         x         127,731.         0.         12,378.           (4)         OMA JACKSON         40.00         x         115,304.         0.         10,341.           (5)         ABI ROBINSON HOBSON         40.00         x         101,442.         0.         0.           (6)         SCHUMAN-PUSEY ADINE         40.00         x         101,442.         0.         0.           (7)         KIMBERLY TILL         1.00         x         x         0.         0.         0.           (8)         WENDY BOSALAVAGE         1.00         x         x         0.         0.         0.           (9)         TRA WACHTEL         1.00         x         x         0.         0.         0.           (10)         NATHAN BRUKER         1.00         x         0.         0.         0.           (11		week					from related	other			
(1)         VIKKI LYNN PRYOR         40.00         x         240.000         0.         16,565.           PRES. 4 CBO         40.00         x         156,640.         0.         14,151.           (2)         MICHELLE PRYCE-SCREEN         40.00         x         156,640.         0.         14,151.           (3)         TULA DANIEL         40.00         x         127,731.         0.         12,378.           (4)         OMA JACKSON         40.00         x         115,304.         0.         10,341.           (5)         ABI ROBINSON HOBSON         40.00         x         101,442.         0.         0.           (6)         SCHUMAN-PUSEY ADINE         40.00         x         101,442.         0.         0.           (7)         KIMBERLY TILL         1.00         x         x         0.         0.         0.           (8)         WENDY BOSALAVAGE         1.00         x         x         0.         0.         0.           (9)         TRA WACHTEL         1.00         x         x         0.         0.         0.           (10)         NATHAN BRUKER         1.00         x         0.         0.         0.           (11			rector							U U	
(1)         VIKKI LYNN PRYOR         40.00         x         240.000         0.         16,565.           PRES. 4 CBO         40.00         x         156,640.         0.         14,151.           (2)         MICHELLE PRYCE-SCREEN         40.00         x         156,640.         0.         14,151.           (3)         TULA DANIEL         40.00         x         127,731.         0.         12,378.           (4)         OMA JACKSON         40.00         x         115,304.         0.         10,341.           (5)         ABI ROBINSON HOBSON         40.00         x         101,442.         0.         0.           (6)         SCHUMAN-PUSEY ADINE         40.00         x         101,442.         0.         0.           (7)         KIMBERLY TILL         1.00         x         x         0.         0.         0.           (8)         WENDY BOSALAVAGE         1.00         x         x         0.         0.         0.           (9)         TRA WACHTEL         1.00         x         x         0.         0.         0.           (10)         NATHAN BRUKER         1.00         x         0.         0.         0.           (11			or di	ee			ated		, and a second s	•	
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(1)         VIKKI LYNN PRYOR         40.00         x         240.000         0.         16,565.           PRES. 4 CBO         40.00         x         156,640.         0.         14,151.           (2)         MICHELLE PRYCE-SCREEN         40.00         x         156,640.         0.         14,151.           (3)         TULA DANIEL         40.00         x         127,731.         0.         12,378.           (4)         OMA JACKSON         40.00         x         115,304.         0.         10,341.           (5)         ABI ROBINSON HOBSON         40.00         x         101,442.         0.         0.           (6)         SCHUMAN-PUSEY ADINE         40.00         x         101,442.         0.         0.           (7)         KIMBERLY TILL         1.00         x         x         0.         0.         0.           (8)         WENDY BOSALAVAGE         1.00         x         x         0.         0.         0.           (9)         TRA WACHTEL         1.00         x         x         0.         0.         0.           (10)         NATHAN BRUKER         1.00         x         0.         0.         0.           (11			ual tr	tional		n ploye	t com	~	1099-NEC)		
(1) VIKRI LYNN PRYOR     40.00     x     240,000.     0.     16,565.       PRES. & CEO     (2) MICHELLE PRYCE-SCREEN     40.00     x     156,640.     0.     14,151.       (3) TULA DANIEL     40.00     x     127,731.     0.     12,378.       (4) OMAR JACKSON     40.00     x     115,304.     0.     10,341.       (5) ABER ROBINSON-HOBSON     40.00     x     101,442.     0.     0.       (6) SCHUMAN-PUSEY ADINE     40.00     x     101,442.     0.     0.       (7) KIMBERLY TILL     1.00     x     x     0.     0.     0.       (8) WENDY BOSALAVAGE     1.00     x     0.     0.     0.     0.       (9) IRA WACHTEL     1.00     x     0.     0.     0.     0.       (10) NATHAN BRUKER     1.00     x     0.     0.     0.       (11) REIAN MURRELL     1.00     x     0.     0.     0.       DIRECTOR     x     0.     0.     0.     0.       (13) DARIUS HINES     1.00     x     0.     0.     0.       DIRECTOR     x     0.     0.     0.     0.       (14) EDITH WEINER     1.00     0.     0.     0.     0.			ndivid	nstituf	Officer	(ey en	Highes	ormei			organizations
(2)         MICHELLE FRYCE-SCREEN         40.00         X         156,640.         0.         14,151.           CA         X         127,731.         0.         12,378.         0.         10,341.           (3)         TOLA DANIEL         40.00         X         115,304.         0.         10,341.           (4)         OKAR JACKSON         40.00         X         105,705.         0.         5,264.           (5)         ABDI ROBINSON-HOBSON         40.00         X         101,442.         0.         0.           (6)         SCHUMAN-PUSEY ADINE         40.00         X         101,442.         0.         0.           (7)         KIMBERLY TIL         1.00         X         X         0.         0.         0.           (9)         TAR WACHTEL         1.00         X         X         0.         0.         0.           (10)         NATRAN BRUKER         1.00         X         X         0.         0.         0.           (11)         BLAN MURREL         1.000         X         X         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0. <td>(1) VIKKI LYNN PRYOR</td> <td>40.00</td> <td>_</td> <td>_</td> <td>0</td> <td>-</td> <td></td> <td>4</td> <td></td> <td></td> <td></td>	(1) VIKKI LYNN PRYOR	40.00	_	_	0	-		4			
EXECUTIVE DIR & CPO         X         156,640.         0.         14,151.           (3) TULA DANIEL         40.00         X         127,731.         0.         12,378.           (4) OMAR JACKSON         40.00         X         115,304.         0.         10,341.           (5) ABBI ROBINSON-HOBSON         40.00         X         105,705.         0.         5,264.           (6) SCHUMAN-PUSEY ADINE         40.00         X         101,442.         0.         0.           CAPO         X         X         0.         0.         0.         0.           GARD CHAIR         1.00         X         X         0.         0.         0.           BOARD CHAIR         1.00         X         X         0.         0.         0.           BOARD CHAIR         1.00         X         X         0.         0.         0.           SCCERTARY         X         X         0.         0.         0.         0.         0.           (10) NATHAN BRUKER         1.00         X         X         0.         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.	PRES. & CEO				х				240,000.	Ο.	16,565.
(3) TULA DANTEL       40.00       x       127,731.       0.       12,378.         (4) OWAR JACKSON       40.00       x       115,304.       0.       10,341.         (5) ABBI ROBINSON-HOBSON       40.00       x       115,705.       0.       5,264.         (6) SCHUMAN-PUSEY ADINE       40.00       x       101,442.       0.       0.         (7) KIMBERLY TILL       1.00       x       0.       0.       0.         (7) KIMBERLY TILL       1.00       x       0.       0.       0.         (8) WENDY BOSALAVAGE       1.00       x       x       0.       0.       0.         (9) TAR WACHTEL       1.00       x       x       0.       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.       0.       0.         (11) BRIAN MURREL       1.000       X       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0	(2) MICHELLE PRYCE-SCREEN	40.00									
VP FINANCE         X         127,731.         0.         12,378.           (4) OMAR JACKSON         40.00         X         115,304.         0.         10,341.           (5) ABBI ROBINSON-HOBSON         40.00         X         105,705.         0.         5,264.           (6) SCHUMAN-PUSEY ADINE         40.00         X         101,442.         0.         0.           (7) KIMBERLY TILL         1.00         X         X         0.         0.         0.           (8) WENDY BOSALAVAGE         1.00         X         X         0.         0.         0.           (9) IRA WACHTEL         1.00         X         X         0.         0.         0.           (10) NATHAN BRUKER         1.00         X         X         0.         0.         0.           (11) BRIAM MURRELL         1.00         X         X         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.	EXECUTIVE DIR & CPO						Х		156,640.	0.	14,151.
(4) OMAR JACKSON       40.00       x       115,304.       0.       10,341.         (5) ABBI ROBINSON-HOBSON       40.00       x       105,705.       0.       5,264.         (6) SCHUMAN-PUSEY ADINE       40.00       x       101,442.       0.       0.         (7) KIMBERLY TILL       1.00       x       x       0.       0.       0.         (8) WENDY BOSALAVAGE       1.00       x       x       0.       0.       0.         (9) IRA WACHTEL       1.00       x       x       0.       0.       0.         (9) IRA WACHTEL       1.00       x       x       0.       0.       0.         (10) NATHAN BRUKER       1.00       x       x       0.       0.       0.         (11) BRIAN MURRELL       1.00       x       x       0.       0.       0.         (12) CHARLES KUSHNER       1.00       x       0.       0.       0.       0.         (13) DARIUS HINES       1.00       x       0.       0.       0.       0.       0.         URECTOR       1.00       x       0.       0.       0.       0.       0.       0.         (14) EDITH WEINER       1.00		40.00									
CAO         X         115,304.         0.         10,341.           (5) ABEI ROBINSON-HOBSON         40.00         X         105,705.         0.         5,264.           (6) SCHUMAN-PUSEY ADINE         40.00         X         101,442.         0.         0.           CDO         X         101,442.         0.         0.         0.         0.           CDO         X         101,442.         0.         0.         0.         0.           COD         X         101,442.         0.         0.         0.         0.           CECCHAIR         X         X         0.         0.         0.         0.           (9) IRA WACHTEL         1.00         X         X         0.         0.         0.           (10) NATHAN BRUKER         1.00         X         X         0.         0.         0.           (11) BRIAN MURRELL         1.00         X         X         0.         0.         0.           (12) CHARLES KUSHNER         1.00         X         0.         0.         0.         0.           (13) DARIUS HINES         1.00         X         0.         0.         0.         0.           (14) EDITH WEINER </td <td>VP FINANCE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td>127,731.</td> <td>0.</td> <td>12,378.</td>	VP FINANCE						X		127,731.	0.	12,378.
(5) ABBI ROBINSON-HOBSON       40.00       x       105,705.       0.       5,264.         (6) SCHUMAN-PUSEY ADINE       40.00       x       101,442.       0.       0.         (7) KIMBERLY TILL       1.00       x       x       0.       0.       0.         (7) KIMBERLY TILL       1.00       x       x       x       0.       0.       0.         (8) WENDY BOSALAVAGE       1.00       x       x       0.       0.       0.       0.         (9) TRA WACHTEL       1.00       x       x       0.       0.       0.       0.         SECRETARY       x       x       0.       0.       0.       0.       0.       0.         VICE-CHAIR       1.00       x       x       0.       0.       0.       0.         SECRETARY       x       x       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	(4) OMAR JACKSON	40.00									
CAFO         X         105,705.         0.         5,264.           (6) SCHUMAN-PUSEY ADINE         40.00         X         101,442.         0.         0.           CDO         X         101,442.         0.         0.         0.         0.           (7) KIMBERLY TILL         1.00         X         X         0.         0.         0.           (8) WENDY BOSALAVAGE         1.00         X         X         0.         0.         0.           (9) TRA WACHTEL         1.00         X         X         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.           (10) NATHAN BRUKER         1.00         X         X         0.         0.         0.           TREASURER         1.00         X         X         0.         0.         0.           (11) BRIAN MURRELL         1.00         X         0.         0.         0.         0.           (12) CHARLES KUSHNER         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.							X		115,304.	0.	10,341.
(6)       SCHUMAN-PUSEY ADINE       40.00       X       101,442.       0.       0.         (7)       KIMBERLY TILL       1.00       X       X       0.       0.       0.         (7)       KIMBERLY TILL       1.00       X       X       0.       0.       0.         (8)       WENLY BOSALAVAGE       1.00       X       X       0.       0.       0.         (9)       IRA WACHTEL       1.00       X       X       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.       0.         (10)       NATHAN BRUKER       1.00       X       X       0.       0.       0.         TREASURER       1.00       X       X       0.       0.       0.       0.         (11)       BRIAN MURRELL       1.00       X       0.       0.       0.       0.         (12)       CHARLES       1.00       X       0.       0.       0.       0.         (13)       DARIUS HINES       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.		40.00									
CDO         X         101,442.         0.         0.           (7) KIMBERLY TILL         1.00         X         X         0.         0.         0.           BOARD CHAIR         X         X         X         0.         0.         0.         0.           (8) WENDY BOSALAVAGE         1.00         X         X         0.         0.         0.         0.           (9) IRA WACHTEL         1.00         X         X         0.         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.         0.           (10) NATHAN BRUKER         1.00         X         X         0.         0.         0.         0.           (11) BRIAN MURRELL         1.00         X         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.								Х	105,705.	0.	5,264.
(7) KIMBERLY TILL       1.00       X       X       X       0.       0.       0.         BOARD CHAIR       X       X       X       0.       0.       0.       0.         (8) WENDY BOSALAVAGE       1.00       X       X       0.       0.       0.       0.         VICE-CHAIR       1.00       X       X       0.       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.       0.         (10) NATHAN BRUKER       1.00       X       X       0.       0.       0.       0.         (11) BRIAN MURREL       1.00       X       X       0.       0.       0.       0.         (11) BRIAN MURRELL       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.		40.00									
BOARD CHAIR         X         X         X         0         0.         0.           (8) WENDY BOSALAVAGE         1.00         X         X         X         0.         0.         0.           (9) TRA WACHTEL         1.00         X         X         X         0.         0.         0.           SECRETARY         X         X         X         0.         0.         0.         0.           (10) NATHAN BRUKER         1.00         X         X         0.         0.         0.         0.           TREASURER         1.00         X         X         0.         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.           (11) BRIAN MURRELL         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (13) DARIUS HINES         1.00         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.         0. <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td>101,442.</td> <td>0.</td> <td>0.</td>							X		101,442.	0.	0.
(8)         WENDY BOSALAVAGE         1.00         X         X         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.		1.00									-
VICE-CHAIR         X         X         X         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0. <th< td=""><td></td><td></td><td>Х</td><td></td><td>Х</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>			Х		Х				0.	0.	0.
(9) IRA WACHTEL       1.00       X       X       0.       0.       0.         SECRETARY       X       X       X       0.       0.       0.       0.         (10) NATHAN BRUKER       1.00       X       X       X       0.       0.       0.         TREASURER       X       X       X       0.       0.       0.       0.         (11) BRIAN MURRELL       1.00       X       X       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. <td></td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td>		1.00									-
SECRETARY         X         X         X         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.			Х		Х				0.	0.	0.
(10) NATHAN BRUKER       1.00       X       X       X       0.       0.       0.         TREASURER       1.00       X       X       0.       0.       0.       0.         (11) BRIAN MURRELL       1.00       X       X       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.         (12) CHARLES KUSHNER       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.		1.00									-
TREASURER         X         X         X         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.			Х		Х				0.	0.	0.
(11) BRIAN MURRELL       1.00       X       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.       0.         (12) CHARLES KUSHNER       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (13) DARIUS HINES       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (14) EDITH WEINER       1.00       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. <t< td=""><td></td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td></t<>		1.00									-
DIRECTOR         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0. <t< td=""><td></td><td></td><td>Х</td><td></td><td>Х</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х		Х				0.	0.	0.
(12) CHARLES KUSHNER       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (13) DARIUS HINES       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (14) EDITH WEINER       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (15) JACOB WEINIG       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (16) JEREMY MILLER       1.00       X       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.       0.		1.00									-
DIRECTOR       X       0.       0.       0.       0.         (13) DARIUS HINES       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (14) EDITH WEINER       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (15) JACOB WEINIG       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (16) JEREMY MILLER       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (17) KATHARINE KEENAN       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.			Х						0.	0.	0.
(13) DARIUS HINES       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (14) EDITH WEINER       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (15) JACOB WEINIG       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (16) JEREMY MILLER       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (17) KATHARINE KEENAN       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.		1.00									-
DIRECTOR       X       0.       0.       0.       0.         (14) EDITH WEINER       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (15) JACOB WEINIG       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (16) JEREMY MILLER       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (17) KATHARINE KEENAN       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.			Х						0.	0.	0.
(14) EDITH WEINER       1.00       X       0.       0.       0.         DIRECTOR       1.00       X       0.       0.       0.       0.         (15) JACOB WEINIG       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (16) JEREMY MILLER       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (17) KATHARINE KEENAN       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.		1.00									-
DIRECTORX0.0.0.(15) JACOB WEINIG1.00X0.0.0.DIRECTORX0.0.0.0.(16) JEREMY MILLER1.00X0.0.0.DIRECTORX0.0.0.0.(17) KATHARINE KEENAN1.00X0.0.0.DIRECTORX0.0.0.0.			Х						0.	0.	0.
(15) JACOB WEINIG       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.		1.00									
DIRECTOR         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(16) JEREMY MILLER       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (17) KATHARINE KEENAN       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.		1.00									_
DIRECTORX0.0.0.(17) KATHARINE KEENAN1.00X0.0.0.DIRECTORX0.0.0.0.			Х						0.	0.	0.
(17) KATHARINE KEENAN         1.00         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.<		1.00							_		
DIRECTOR X 0. 0. 0.			Х						0.	0.	0.
		1.00									-
	DIRECTOR		Х						0.	0.	0 •

232007 12-13-22

8

Form 990 (2022)

13160510 795584 46094.00 Public Di2022-05090 GETTING OUT AND STAYING 0 46094.01

Form 990 (2022) GETTING C	OUT AND	SI	'AY	IN	G	OU	т,	INC.	06-1711	370 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)	· · · · · · · · · · · · · · · · · · ·
(A)	(B)			_ (ເ				(D)	(E)	(F)
Name and title	Average	(do		Posi		<b>)</b> than o	ne	Reportable	Reportable	Estimated
	hours per week		box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of
			5				,	_ from the	from related organizations	other compensation
	hours for	direct				Ð		organization	(W-2/1099-MISC/	from the
	related	ee or	istee			insate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	ompe		1099-NEC)		and related
	below	In dividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Offi	Key	Hig emi	For			
(18) MATTHEW BLOOM	1.00	v						0.	0	0
DIRECTOR (19) PAUL NETTER	1.00	Х						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(20) RAKIM BROOKKS	1.00									
DIRECTOR		x						0.	0.	0.
(21) REGINALD ANDRE	1.00									
DIRECTOR		х						0.	0.	0.
(22) RICHARD BLOCK	1.00									
DIRECTOR		Х						0.	Ο.	0.
(23) ROBERT HARWOOD-MATTHEWS	1.00									
DIRECTOR		Х						0.	0.	0.
(24) SARAH WOLF	1.00									
DIRECTOR		х						0.	0.	0.
(25) SIMONE HICKS	1.00								0	
DIRECTOR		Х						0.	0.	0.
1b Subtotal								846,822.	0.	58,699.
c Total from continuation sheets to Part VI								0.0	0.	0.
d Total (add lines 1b and 1c)								846,822.	0.	58,699.
2 Total number of individuals (including but n										
compensation from the organization						,			·	6
										Yes No
<b>3</b> Did the organization list any <b>former</b> officer,	director, truste	ee, k	key e	mpl	oyee	e, or	hig	hest compensated emp	loyee on	
line 1a? If "Yes," complete Schedule J for s	uch individual									3 X
4 For any individual listed on line 1a, is the su										
and related organizations greater than \$150										4 X
5 Did any person listed on line 1a receive or a								•		5 X
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	plete Schedule	e J fo	or sl	ich r	perso	on .				5 X
1 Complete this table for your five highest con	mnensated ind	lene	nder	nt co	ontra	actor	s th	nat received more than 9	100 000 of compense	ation from
the organization. Report compensation for t	•	•							· ·	
(A)				3				(B)		(C)
Name and business								Description of s	ervices (	Compensation
GETO & DE MILLY INC, 276			NU	Е,				LOBBYING AND		
SUITE 806, NEW YORK, NY 1	0001-45	09						COMMUNICATIO	N	120,000.
							_			
							_			
2 Total number of independent contractors (ir	ncludina but na	ot lin	niter	to t	thos	se list	ted	above) who received m	ore than	
\$100,000 of compensation from the organiz	•	_			1			,		
¥										Form 990 (2022)

Pa	rt VIII	Statement of Reve	enue					
		Check if Schedule O cor	ntains a response o	or note to any line				
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
Service Contributions, Gifts, Grants une and Other Similar Amounts	b c d f f	Membership dues Fundraising events Related organizations Government grants (contribu All other contributions, gifts, gra similar amounts not included ab Noncash contributions included in line <b>Total.</b> Add lines 1a-1f	1c           1d           1e         4,           ants, and           pove         1f         1,           es 1a-1f         1g         \$	240,077. 279,699. 956,547. Business Code 900099	6,476,323. 63,454.	63,454.		sections 512 - 514
Program Service Revenue	d e f	All other program service rev						
	a .	Total. Add lines 2a-2f			63,454.			
	3 4 5	Investment income (including	g dividends, intere ax-exempt bond p	st, and roceeds				
	6a b c	Less: rental expenses 6 Rental income or (loss) 6	(i) Real Sa Sb Sc	(ii) Personal				
		Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(ii) Other				
r Revenue	d	Gain or (loss)	/b /c					
Other	b	contributions reported on lin Part IV, line 18 Less: direct expenses	077. of he 1c). See 8a 8b	169,565. 169,565.	0			
	9 a	Net income or (loss) from fur Gross income from gaming a Part IV, line 19	activities. See 9a		0.			
	с 10 а	Less: direct expenses Net income or (loss) from ga Gross sales of inventory, les and allowances Less: cost of goods sold	ming activities s returns <b>10a</b>					
sno		Net income or (loss) from sa OTHER INCOME	les of inventory	Business Code 900099	192,233.			192,233.
Miscellaneous Revenue	b c d	All other revenue						
Σ	e	Total. Add lines 11a-11d		L	192,233.			
	12	Total revenue. See instructions			6,732,010.	63,454.	0.	
23200	9 12-13-	-22						Form <b>990</b> (2022

GETTING OUT AND STAYING OUT, INC.

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Form 990 (2022)

#### GETTING OUT AND STAYING OUT, INC. Form 990 (2022) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 171,314. 171,314. 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, 180,241. 257,487. 25,748. 51,498. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,876,937. 3,010,463. 541,320. 325,154. Other salaries and wages 7 8 Pension plan accruals and contributions (include 45,414. 392,233. 278,041. 68,778. section 401(k) and 403(b) employer contributions) 59,427. 10,975. 75,429. 5,027. Other employee benefits 9 388,427. 324,650. 38,413. 25,364. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 22,245. 22,245. b Legal С Accounting 144,500. 144,500. Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 508,219. 354,567. 116,482. 37,170. column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 191,780. 103,183. 69,483. 19,114. Office expenses 13

92,167.

579,452.

8,873.

71,156.

447,354.

49,924.

37,624.

68,301.

5,156,245.

12,655.

79,563.

8,873.

8,879.

6,692.

9,083.

6,893.

1,185,772.

15,190.

Conferences, conventions, and meetings 20 Interest Payments to affiliates 21 64,666. Depreciation, depletion, and amortization 22 48,734. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 90,765. EQUIPMENT AND MAINTAINE а BAD DEBT 15,190. h SPECIAL EVENT EXPENSE 11,408. С OTHER EXPENSE 6,893. d е All other expenses 6,946,719. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Information technology

Royalties

Occupancy

Travel

Payments of travel or entertainment expenses for any federal, state, or local public officials ...

14

15

16

17

18

19

Check here

232010 12-13-22

Form 990 (2022)

8,356.

52,535.

5,863.

4,418.

13,381.

11,408.

604,702.

11

					1 000 107		0 100 242
	3	Pledges and grants receivable, net			1,928,127.	3	2,128,343.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or	former of	ficer, director,			
		trustee, key employee, creator or founder, substa	antial con	tributor, or 35%			
		controlled entity or family member of any of thes	e persons	s		5	
	6	Loans and other receivables from other disqualif	ied persor	ns (as defined			
		under section 4958(f)(1)), and persons described	in sectior	n 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥s	9	Prepaid expenses and deferred charges	7,318.	9	55,235.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	<u>459,129.</u> 183,019.			
	b	Less: accumulated depreciation		183,019.	315,216.	10c	276,110.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			323,902.	15	5,058,291.
	16	Total assets. Add lines 1 through 15 (must equa			3,171,691.	16	8,087,906.
	17	Accounts payable and accrued expenses			273,782.	17	360,375.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F			21		
ŝ	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa	tributor, or 35%				
abi		controlled entity or family member of any of thes	e persons	3		22	
	23	Secured mortgages and notes payable to unrela	ted third p	parties		23	
	24	Unsecured notes and loans payable to unrelated	I third part	ties	601,274.	24	750,000.
	25	Other liabilities (including federal income tax, pay	yables to i	related third			
		parties, and other liabilities not included on lines	17-24). C	omplete Part X			
		of Schedule D			264,056.	25	5,159,661. 6,270,036.
	26	Total liabilities. Add lines 17 through 25			1,139,112.	26	6,270,036.
		Organizations that follow FASB ASC 958, che	ck here	X			
ces		and complete lines 27, 28, 32, and 33.					
Balances	27	Net assets without donor restrictions			1,021,960.	27	803,419.
Ba	28	Net assets with donor restrictions			1,010,619.	28	1,014,451.
pur		Organizations that do not follow FASB ASC 9	58, check	here			
Ē		and complete lines 29 through 33.					
Net Assets or Fund	29	Capital stock or trust principal, or current funds			29		
se	30	Paid-in or capital surplus, or land, building, or eq			30		
ţĂ	31	Retained earnings, endowment, accumulated inc	come, or c	other funds	0 000 550	31	1 015 050
8 Ne	32				2,032,579.	32	1,817,870.
	33	Total liabilities and net assets/fund balances			3,171,691.	33	8,087,906.
							Form <b>990</b> (2022)

12

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

Cash - non-interest-bearing

Savings and temporary cash investments

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**(B)** End of year

564,625.

5,302.

**(A)** Beginning of year

345,565.

251,563.

1

2

1

2

Form	990 (2022) GETTING OUT AND STAYING OUT, INC.	06-	<u>17113'</u>	70	Pag	_{ge} 12			
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1		73 <u>2</u>					
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,9	946	,71	19.			
3	B Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,0	)32	, 57	79.			
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	1,8	<u>317</u>	, 87	70.			
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>				X			
			_	١	/es	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	О.							
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								
b	Were the organization's financial statements audited by an independent accountant?			2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,							
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.								
3a	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	red audi	t						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		(0000)			

Form **990** (2022)

232012 12-13-22 13 13160510 795584 46094.00 Public Discrossing Cetting out and staying 0 46094.01

SCHEDULE A	l
(Form 990)	

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

Department of the Treasury Internal Revenue Service

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
2022
Open to Public

Inspection

Name of the	organization
-------------	--------------

Nan		ine organization				~			
De				D STAYING OUT					6-1711370
	rt I	Reason for Public (					see instructions	S.	
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	on 170(b)(1	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).(	Attach Schedule E (Form	ו 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	)(b)(1)(A)(ii	ii).		
4		A medical research organization	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-g							
		university:		. , , ,				Ū	
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	gross receipts from
		activities related to its exem							
		income and unrelated busir							-
		See section 509(a)(2). (Cor		(					,
11		An organization organized a		velv to test for public sat	fetv. See	section 50	)9(a)(4).		
12	$\square$	An organization organized a	-	•	•			rv out the	ourposes of one or
		more publicly supported or	-	•	-			•	
		lines 12a through 12d that							
а		<b>Type I.</b> A supporting orga	• •			-		-	nivina
a			-		• • •	-			
		the supported organization			majonty c				pporting
L		organization. You must o	-		ion with it		d arganization		ina
b		<b>Type II.</b> A supporting org	-				-		-
		control or management o			ame perso	ns that co	ntroi or manag	je tne supp	orted
_	_	organization(s). You mus	-		• • • • • • • • •				-1 <b>1</b> - 1
С		☐ Type III functionally inte		•••				y integrate	a with,
	_	its supported organization		-					
d		Type III non-functionally						-	
		that is not functionally int	<b>v</b>	<b>e</b> ,	•		-	an attentiv	eness
	_	requirement (see instructi	-						
е		Check this box if the orga					Type I, Type I	I, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated supportir	ng organiz	ation.			
f		er the number of supported o	•						
g		vide the following information			(iv) is the ora:	anization listed			
	(	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount of support (see in	-	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Tota	al								
-		Paperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 or	990-EZ.	232021 12-	09-22	Sche	dule A (Form 990) 2022

Schedule A (For	rm 990) 2022	GETTING	OUT	AND	STAYING	OUT,	INC
Part II Su	upport Schedule fo	r Organizati	ons D	escrib	ed in Sectio	ns 170(l	b <b>)(1)(</b>

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

<u>Se</u>	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	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	2276075.	4330322.	5813251.	6356872.	6476323.	25252843.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	2276075.	4330322.	5813251.	6356872.	6476323.	25252843.	
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)						804,058.	
6	Public support. Subtract line 5 from line 4.						24448785.	
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 4	2276075.	4330322.	5813251.	6356872.		25252843.	
8	Gross income from interest,							
U	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
9	Net income from unrelated business							
9								
	activities, whether or not the							
40	business is regularly carried on Other income. Do not include gain							
10	or loss from the sale of capital							
	•			55,531.	15,107.	192 233	262,871.	
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10			55,551.	13,107.	192,233.	25515714.	
	Gross receipts from related activities,					12	287,581.	
12	•		,				207,501.	
13	First 5 years. If the Form 990 is for the	-		-				
Se	organization, check this box and stor ction C. Computation of Publi						·····	
				aluman (f))		44	95.82 %	
	Public support percentage for 2022 (I					14 15	<u>95.82 %</u> 96.81 %	
15	Public support percentage from 2021							
102	33 1/3% support test - 2022. If the other here. The organization qualifies						V	
	stop here. The organization qualifies		-		line 15 in 00 1/00/			
Ľ	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
47.								
1/8	10% -facts-and-circumstances test							
	and if the organization meets the fact			-		-		
	meets the facts-and-circumstances te	-			-	7		
k	10% -facts-and-circumstances test	-					IU% Or	
	more, and if the organization meets the							
	organization meets the facts-and-circl		•		• •			
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 160, 17a, or <b>1</b> 7b	, check this box a		6	

nedule A (Form 990) 2

232022 12-09-22

	(Complete only if you checked			organization tailed	to quality under Pa	art II. If the organi	zation fails to
Se	qualify under the tests listed b ction A. Public Support	elow, please comp	Diete Part II.)				
Cale	ndar 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 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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
See	ction B. Total Support	1	1	1	1	1	
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						I
14	First 5 years. If the Form 990 is for th	0					·
6-		o Support Dor					
	ction C. Computation of Publi						
	Public support percentage for 2022 (I					15	%
<u>16</u>	Public support percentage from 2021 ction D. Computation of Invest					16	%
	•			(f)		47	
	Investment income percentage for 20					17	<u>%</u>
18	Investment income percentage from			an line 14 and line		18	%
198	a 33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar						
r	33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 12-09-22		507 011 1110 14, 19				A (Form 990) 2022
2020						Controlation (	

06-1711370 Page 3

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 Schedule A (Form 990) 2022
 GETTING OUT AND STAYING OUT, INC.

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

1

Yes No

# 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a 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.)

17

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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2022

# Schedule A (Form 990) 2022 GETTING OUT AND STAYING OUT, INC. Part IV Supporting Organizations (continued)

1

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization?	J	
b	A family member of a person described on line 11a above? 11	,	
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 110	;	
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.		
Sec	tion C. Type II Supporting Organizations		
		Yes	No

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

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

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

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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).
•		(000 110 1 00 1010)

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

С		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental er	tity (see instruction <u>s).</u>
---	--	---------------------------------------------------	-------------------------	---------------------------------	----------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

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

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18

3b | | Schedule A (Form 990) 2022

2a

2b

3a

No

Yes

	edule A (Form 990) 2022 GETTING OUT AND STAYING			06-1711370 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	1
Sec	tion 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		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
	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		
Sec	tion 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-functiona	Illy integrate	ed Type III supporting orga	anization (see

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Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022

**1** Amounts paid to supported organizations to accomplish exempt purposes

Section D - Distributions

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2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

GETTING OUT AND STAYING OUT, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

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Schedule A (Form 990) 2022

1

**Current Year** 

Part VI	Form 990) 2022 Supplemental Inform Part IV, Section A, lines 1	GETTING mation. Provi	de the exp	lanation	s required by	Part II, line	e 10; Part II, lin	e 17a or 1	06-171137 7b; Part III, line 12 nd 2: Part IV, Sec	2;
	line 1; Part IV, Section D, Section D, lines 5, 6, and	lines 2 and 3; Pa	art IV, Sec	tion E, lir	nes 1c, 2a, 2b	, 3a, and 3	3b; Part V, line	1; Part V,	Section B, line 1e	; Part V,
	(See instructions.)									
32028 12-09-2	2								Schedule A (For	·m 990)

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

# ** PUBLIC DISCLOSURE COPY **

# Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Name of the organization		Employer identification number
(	SETTING OUT AND STAYING OUT, INC.	06-1711370
Organization type (check	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 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	
, 0	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 Special Rul	e. See instructions.
General Rule		
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ny one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special Rules		
sections 509(a)(	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support t 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and ng the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the amount on (i) F	d that received from any one

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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.

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 General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

# Public Disclosure Copy

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Schedule B (Form 990) (2022)

Name of organization

Part I

(a)

No.

112

GETTING OUT AND STAYING OUT, INC.

1 Х Person Payroll 150,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 Х Person Payroll 250,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 Person Х Payroll Noncash 313,500. \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Х Person Payroll 150,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Х Person Payroll 250,000. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 Х Person Payroll 2,647,220. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022) 2

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Employer identification number

(d)

Type of contribution

06-1711370

(c)

**Total contributions** 

			3				
11270503	795584	^{46094.00} Public	Discrosure	TINGOUT	AND	STAYING	0

Schedule	B	(Form	990)	(2022)
Conectile	0		550)	(2022)

Name of organization

GETTING OUT AND STAYING OUT, INC. L

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>250,000.</u>	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		\$196,920.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>477,795.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$300,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$200,000.	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
<u>12</u> 223452 11-15-		\$99,903.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

46094.01

Employer identification number

06-1711370

Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional 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. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

# Name of organization

GETTING OUT AND STAYING OUT,

INC.

Schedule B (Form 990) (2022)

Employer identification number

Page 3

06-1711370

11270503 795584 46094.00 Public Discrosule etting out and staying 0 46094.01

4

me of organi			Employer identification number
com	OUT AND STAYING OUT, I clusively religious, charitable, etc., contributions m any one contributor. Complete columns (a) the upleting Part III, enter the total of exclusively religious, char e duplicate copies of Part III if additional spa	to organizations described in sec rough (e) and the following line entry itable, etc., contributions of \$1,000 or le	06-1711370 tion 501(c)(7), (8), or (10) that total more than \$1,000 for the ye /. For organizations ss for the year. (Enter this info. once.) \$
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift 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
	Transferee's name, address, and	(e) Transfer of gift ZIP + 4	Relationship of transferor to transferee
I) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP + 4	Relationship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP + 4	Relationship of transferor to transferee
.54 11-15-22			Schedule B (Form 990) (

11270503 795584 46094.00 Public Discretion of the staying of 46094.01

(Form 1990) Dependent of the Transmission Dependent of the Transm	SCHEDULE C	Po	litical Campaign a	and Lobbyin	g Activities		OMB No. 1545-0047
Deserved of proceedings  Complete if the organization is described below. A tach to Form 990 rEz.  Deserved were were an example of the organization is described below. The organization answered "Ves," on Form 990, Part IV, line 3, or Form 990, Part IV, line 4, or Form 990, Part IV, line 5, or Part 91, Discondulated Part IB. Do not complete Part IB. Social of 501(c)(3) organizations that have NIC field Form 5786 (lection under section 501(c)) complete Part IB. Do not complete Part IB. Name of organization answered "Yes," on Form 990, Part IV, line 5, (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 50 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 50 (Proxy Tax) (See separate instructions) or for field Part IB. Name of organizations (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 50 (Proxy Tax) (See separate instructions) or for field Part IB.  Part IAE Complete If the organization is exempt under section 501(c) or is a section 527 organization.  Part IAE Complete If the organization is exempt under section 4055 \$ 2 Enter the amount of any excise tax incurred by the organization runder section 501(c), except section 501(c)(3).  Enter the amount of any excise tax incurred by the organization runder section 501(c), except section 501(c)(3).  Enter the amount of any excise tax incurred by the organization runder section 501(c), except section 501(c)(3).  Enter the amount of any excise tax inc	(Form 990)	For Org	anizations Exempt From Incom	e Tax Under section {	501(c) and section 5	27	2022
Constraints and the statest information.      Impaction      If the organization convexed "Ves," on Form 390, Part IV, line 3, or Form 390-EZ, Part V, line 46 (Political Campaign Activities), then      Section 501 (c)(3) organizations. Complete Part I A and B. Do not complete Part I A.      Section 501 (c) (other thm section 501 (c)(3) organizations: Complete Part I A.      Section 501 (c) (other thm section 501 (c)(3) organizations: Complete Part I A.      Section 501 (c)(3) organizations that have 160 form 5786 (election under section 501 (b)(1): Complete Part I B.      Section 501 (c)(3) organizations that have 160 form 5786 (election under section 501 (b)(1): Complete Part I B.      Section 501 (c)(4), Sign organizations that have 160 form 5786 (election under section 501 (b)(1): Complete Part I B.      Section 501 (c)(4), Sign organizations that have 160 form 5786 (election under section 501 (c)) or not complete Part I B.      Section 501 (c)(4), Sign organization: Complete Part I II.      Name of organization      Provide a description of the organization is exempt under section 501 (c) or is a section 527 organization.      Provide a description of the organization is exempt under section 501 (c)(3).      I Enter the amount of any excise tax incurred by programization managers and twis is in Part IV.      Potitical campaign activities in Deart IV.      Provide a description of the organization is exempt under section 501 (c)(3).      I Enter the amount of any excise tax incurred by granization manager and twise in Part IV.      Potitical campaign activities in Deart IV.      Potitical campaign activities and indicet polit							Open to Public
		Go	o to www.irs.gov/Form990 for ir	nstructions and the la	test information.		
	<ul> <li>Section 501(c)(3) org</li> <li>Section 501(c) (other</li> <li>Section 527 organization</li> </ul>	ganizations: Com r than section 50 ations: Complete	plete Parts I-A and B. Do not con 11(c)(3)) organizations: Complete I Part I-A only.	nplete Part I-C. Parts I-A and C below.	Do not complete Par	t I-B.	
Tax) (See separate instructions), then       Employer identification number         Name of organization       GETTING OUT AND STAYING OUT, INC.       Employer identification number         0.6 - 1711.370       GETTING OUT AND STAYING OUT, INC.       Employer identification number         1       Provide a description of the organization is exempt under section 501(c) or is a section 527 organization.         1       Provide a description of the organization is exempt under section 501(c)(3).         Part I-B       Complete if the organization under section 4955         2       Filter the amount of any excise tax incurred by reganization under section 4955         3       I Enter the amount of any excise tax incurred by reganization under section 501(c)(a).         1       Enter the amount of any excise tax incurred by reganization managers under section 501(c), except section 501(c)(3).         1       Enter the amount of any excise tax incurred by the organization for section 527 exempt function activities       \$         2       Exter the amount of the flip organization is exempt under section 501(c), except section 501(c)(3).       I Enter the amount of the flip organization is exempt under section 527 exempt function activities       \$         2       Exter the amount of the flip organization is exempt under section 527 political organizations to which the flip organization is the section 527 political organization is funds. Contributed to other organization for section 527 political organization for political corganization isted, enter the amou	<ul> <li>Section 501(c)(3) org</li> </ul>	ganizations that h	nave filed Form 5768 (election une	der section 501(h)): Co	omplete Part II-A. Do r	not com	plete Part II-B.
Name of organization         Employer identification number 06-1711370           Part I-A         Complete if the organization is exempt under section 501(c) or is a section 527 organization.           1         Provide a description of the organization's direct and indirect political campaign activities in Part IV.         \$           2         Political campaign activity expenditures         \$	Tax) (See separate inst	ructions), then		/ Tax) (See separate i	nstructions) or Form	ז 990-E	Z, Part V, line 35c (Proxy
GETTING OUT AND STAYING OUT, INC.       06-1711370         Part I-A       Complete if the organization is exempt under section 501(c) or is a section 527 organization.         1       Provide a description of the organization's direct and indirect political campaign activities in Part IV.       \$         2       Political campaign activity expenditures       \$         3       Volunteer hours for political campaign activities       \$         Part I-B       Complete if the organization is exempt under section 501(c)(3).       \$         1       Enter the amount of any excise tax incurred by the organization under section 4955       \$         2       Enter the amount of any excise tax incurred by the organization managers under section 4955       \$         3       If the organization incurred a section 4955 tax, did file Form 4720 for this year?       Ves       No         4       Was a correction made?       Ves       No       Yes       No         10       If the organization's funds contributed to other organizations for section 527 exempt function activities       \$		, or (o) organizat				Emplo	over identification number
Part I-A       Complete if the organization is exempt under section 501(c) or is a section 527 organization.         1       Provide a description of the organization's direct and indirect political campaign activities in Part IV.       2         2       Political campaign activity expenditures       \$	C C	GETTING	OUT AND STAYING	OUT, INC.		•	
Political campaign activity expenditures     S     Volunteer hours for political campaign activities     Part I-B     Complete if the organization is exempt under section 4955     S     Terter the amount of any excise tax incurred by organization managers under section 4955     S     Terter the amount of any excise tax incurred by organization managers under section 4955     S     Terter the amount of any excise tax incurred by organization managers under section 4955     S     Terter the amount of any excise tax incurred by organization managers under section 4955     S     Terter the amount of any excise tax incurred by organization managers under section 501(c), except section 501(c)(3).     Terter the amount directly expended by the filing organization for section 527 exempt function activities     Enter the amount of the filing organization is tords contributed to other organization for section 527     exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,      line 17b     Total exempt function expenditures. Add lines 1 and 2. Enter there and on Form 1120-POL,      line 17b     Total exempt function expenditures and on the filing organization sto which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization, such as a separate segregated fund or a      political action committee (PAC). If additional space is needed, provide information in Part IV.     (e) Name     (b) Address     (c) EIN     (d) Amount paid from     filing organization.      If none, enter 0.     (e) Name     (b) Address     (c) EIN     (d) Amount paid from     filing organization.      If none, enter 0.     (e) Name     (b) Address     (c) EIN     (d) Amount paid from     filing organization.      If none, enter 0.     (e) Amount of political     contributions received that one political action committee (PAC). If additional space is needed, provide information in Part IV.     (e) Amount paid from     filing organization.     If none, enter 0.	Part I-A Comple				or is a section 52	27 org	
3 Volunteer hours for political campaign activities   Part I-B Complete if the organization is exempt under section 501(c)(3).   1 Enter the amount of any excise tax incurred by the organization managers under section 4955 \$   2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$   3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes   No bif Yes,* describe in Part IV.   Part I-B Complete if the organization is exempt under section 501(c), except section 501(c)(3).   1 Enter the amount directly expended by the filing organization for section 527 exempt function activities   2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities   3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b   4 Did the filing organization life Form 1120-POL for this year?   5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from made payments. For each organization listed, enter the amount political organization's funds. Also enter the amount of political organization's funds. If none, enter-0.   (a) Name (b) Address   (c) EIN (c) Amount paid from filing organization is exempted und or a political organization is not directly provide information in Part IV.		-					
Part I-B       Complete if the organization is exempt under section 501(c)(3).         1       Enter the amount of any excise tax incurred by organization managers under section 4955       \$	10	<b>,</b> 1					
1       Enter the amount of any excise tax incurred by organization managers under section 4955       \$         2       Enter the amount of any excise tax incurred by organization managers under section 4955       \$         3       If the organization incurred a section 4955 tax, did it file Form 4720 for this year?       \$         4       Was a correction made?       >       Yes       No         bit "Yes," describe in Part IV.       Part I-C       Complete if the organization is exempt under section 501(c), except section 501(c)(3).       I         1       Enter the amount directly expended by the filing organization for section 527 exempt function activities       \$	3 Volunteer nours for	political campai	gn activities				
2 Enter the amount of any excise tax incurred by organization managers under section 4955   3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes No But Awas a correction made? Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). I Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter there and on Form 1120-POL, line 170. 4 Did the filing organization listed, enter the amount pair function activities and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the the amount pair function activities approximation listed, enter the teamount pair function activities approximation listed, enter the amount pair form the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization is funds. Also enter the amount of political contributions received and promptly and directly delivered to a separate political organization. Such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (e) Andress (c) EIN (d) Amount of political (e) Amount of political comparization. If none, enter -0. If none, enter -0. (in one, enter -0. (b) Address (c) EIN (c) EIN (d) Amount of political comparization. If none, enter -0. (f) none, enter -0. (f) none, enter -0. (g) Address (c) EIN (d) Amount of political comparization. If none, enter -0. (	Part I-B Comple	ete if the org	anization is exempt unde	r section 501(c)(3	3).		
2 Enter the amount of any excise tax incurred by organization managers under section 4955   3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes No But Awas a correction made? Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). I Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter there and on Form 1120-POL, line 170. 4 Did the filing organization listed, enter the amount pair function activities and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the the amount pair function activities approximation listed, enter the teamount pair function activities approximation listed, enter the amount pair form the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization is funds. Also enter the amount of political contributions received and promptly and directly delivered to a separate political organization. Such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (e) Andress (c) EIN (d) Amount of political (e) Amount of political comparization. If none, enter -0. If none, enter -0. (in one, enter -0. (b) Address (c) EIN (c) EIN (d) Amount of political comparization. If none, enter -0. (f) none, enter -0. (f) none, enter -0. (g) Address (c) EIN (d) Amount of political comparization. If none, enter -0. (	1 Enter the amount o	of any excise tax	incurred by the organization unde	er section 4955	-	\$	
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?       Yes       No         4a Was a correction made?       Yes       No         bif 'Yes;'' describe in Part IV.       Part I-C       Complete if the organization is exempt under section 501(c), except section 501(c)(3).         1 Enter the amount directly expended by the filing organization for section 527 exempt function activities       \$         2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities       \$         3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.       \$         4 Did the filing organization listed, enter the amount paid from the filing organization's touck. Also enter the amount of political contributed to a separate political organization's studes. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization's funds. If none, enter -0.       (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0.         (a) Name       (b) Address       (c) EIN       (d) Amount paid from filing organization. If none, enter -0.         (a) Name       (b) Address       (c) EIN       (d) Amount paid from political contributions received and promptly and dincetu do a political contribution received and promptly and direct		•	, ,				
bif "Yes," describe in Part IV.         Part LC       Complete if the organization is exempt under section 501(c), except section 501(c)(3).         1       Enter the amount directly expended by the filing organization for section 527 exempt function activities       \$							
b If "Yes," describe in Part IV.         Part I-C       Complete if the organization is exempt under section 501(c), except section 501(c)(3).         1       Enter the amount directly expended by the filing organization for section 527 exempt function activities							
Enter the amount directly expended by the filing organization for section 527 exempt function activities     Enter the amount of the filing organization's funds contributed to other organizations for section 527     exempt function activities     Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,     line 17b     Did the filing organization file Form 1120-POL for this year?     Did the filing organization listed, enter the amount paid from the filing organizations to which the filing organization     made payments. For each organization listed, enter the amount paid from the filing organization. Section 527 political organizations, such as a separate segregated fund or a     political action committee (PAC). If additional space is needed, provide information in Part IV.     (a) Name     (b) Address     (c) EIN     (d) Amount paid from     filing organization.     If none, enter -0.     If none, enter -0.		n Part IV.					
Enter the amount of the filing organization's funds contributed to other organizations for section 527     exempt function activities     Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b     Tot     Did the filing organization file Form 1120-POL for this year?     Did the filing organization listed, enter the amount paid from the filing organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.     (a) Name     (b) Address     (c) EIN     (d) Amount paid from     filing organization.     If none, enter -0.     If none, enter -0.	Part I-C Comple	ete if the org	anization is exempt unde	er section 501(c),	except section &	501(c)	(3).
exempt function activities       \$						\$	
Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b     S				-			
line 17b       \$						\$	
4       Did the filing organization file Form 1120-POL for this year?	•			,		•	
5       Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.       (d) Amount paid from filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization. Such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.       (d) Amount paid from filing organization's funds. If none, enter -0.       (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0.         (a) Name       (b) Address       (c) EIN       (d) Amount paid from filing organization. If none, enter -0.         (a) Name       (b) Address       (c) EIN       (d) Amount paid from filing organization. If none, enter -0.         (c) EIN       (d) Amount paid from filing organization       (e) Amount of political organization. If none, enter -0.         (e) Amount of political organization       (f) Amount paid from filing organization       (f) Amount of political organization. If none, enter -0.         (f) Amount of political organization       (f) Amount paid from filing organization       (f) Amount paid from filing organization							
made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.         (a) Name       (b) Address       (c) EIN       (d) Amount paid from filing organization's funds. If none, enter -0.       (e) Amount of political organization. If none, enter -0.         (a) Name       (b) Address       (c) EIN       (d) Amount paid from filing organization's funds. If none, enter -0.       (e) Amount of a separate political organization. If none, enter -0.         (a) Name       (b) Address       (c) EIN       (d) Amount paid from filing organization.       (e) Amount of political organization.         (a) Name       (b) Address       (c) EIN       (d) Amount paid from filing organization in Part IV.       (e) Amount of political organization.         (a) Name       (b) Address       (c) EIN       (d) Amount paid from filing organization in Part IV.       (e) Amount of political organization.         (a) Name       (b) Address       (c) EIN       (d) Amount paid from filing organization.       (f) Amount paid from filing organization. <td></td> <td></td> <td>,</td> <td></td> <td></td> <td></td> <td></td>			,				
political action committee (PAC). If additional space is needed, provide information in Part IV.       (d) Amount paid from filing organization's funds. If none, enter -0.       (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0.         Image: Second	made payments. Fo	or each organiza	tion listed, enter the amount paid	from the filing organiz	ation's funds. Also er	nter the	amount of political
filing organization's funds. If none, enter -0.       contributions received and promptly and directly delivered to a separate political organization. If none, enter -0.         image: separate sepa							
	( <b>a)</b> Name	9	<b>(b)</b> Address	(c) EIN	filing organizatio	on's	contributions received and promptly and directly delivered to a separate political organization.

LHA 232041 11-08-22 27 13160510 795584 46094.00 Public Discrossing of CETTING OUT AND STAYING O 46094.01

Schedule C (Form 990) 2022 Part II-A Complete if the org	GETTIN	G OUT	AND STAYING	GOUT, INC.		711370 Page 2
section 501(h)).	anization	is exem	ipt under section		a Forni 5700 (ele	ction under
	tion belonas	to an affil	iated group (and list in	Part IV each affiliated	aroup member's name	e. address. EIN.
expenses, and shar	-				9. o ap 11. o 1. o 1. a 1. o	,,
			d "limited control" pro	visions apply.		
Limi	ts on Lobby	• •			(a) Filing organization's	(b) Affiliated group totals
(The term "expend	ditures" mea	ans amou	nts paid or incurred.)		totals	
1a Total lobbying expenditures to influ	uence public	opinion (g	rassroots lobbying)			
<b>b</b> Total lobbying expenditures to influ	uence a legis	lative bod	y (direct lobbying)		144,500.	
c Total lobbying expenditures (add li	nes 1a and 1	lb)			144,500.	
d Other exempt purpose expenditure	es				5,156,245.	
e Total exempt purpose expenditure	s (add lines '	1c and 1d)			5,300,745.	
f Lobbying nontaxable amount. Ente	er the amour	nt from the	following table in both	n columns.	415,037.	
If the amount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable amo	ount is:		
Not over \$500,000		20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.			s over \$1,500,000.			
Over \$17,000,000 \$1,000,000.						
g Grassroots nontaxable amount (en	iter 25% of lii	ne 1f)			103,759.	
<b>h</b> Subtract line 1g from line 1a. If zero	o or less, en	ter -0-			0.	
i Subtract line 1f from line 1c. If zero					0.	
j If there is an amount other than zer	ro on either I	ine 1h or l	ine 1i, did the organiza	tion file Form 4720	-	
reporting section 4911 tax for this	year?	<u></u>				Yes No
			raging Period Under			
(Some organizations the			)1(h) election do not h ate instructions for lin		of the five columns be	low.
		•				
	LODDY	ing Exper	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 20	)19	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	<b>(e)</b> Total
2a Lobbying nontaxable amount	314	,759.	334,194.	380,229.	415,037.	1,444,219.
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>						2,166,329.
c Total lobbying expenditures	77	,514.	75,589.	137,000.	144,500.	434,603.
d Grassroots nontaxable amount	78	,690.	83,549.	95,057.	103,759.	361,055.
e Grassroots ceiling amount (150% of line 2d, column (e))						541,583.
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2022

232042 11-08-22

28 13160510 795584 46094.00 Public Discrossing Cetting out and staying 0 46094.01

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(t	<b>)</b>
of the	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3	1	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a		
	Carryover from last year				
	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?		. 4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (See	

29

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

232043 11-08-22

50	HEDULE D	Supplementa	al Financial	St	atements		OMB No. 1545-0047
	m 990)	Complete if the orga Part IV, line 6, 7, 8, 9, 10	nization answered ' , 11a, 11b, 11c, 11d	'Yes'	" on Form 990,		2022
	Department of the Treasury         Attach to Form 990.           Internal Revenue Service         Go to www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection	
							ployer identification number
							06-1711370
Pa	rt I 🛛 Organiz	ations Maintaining Donor Advise				cour	Its. Complete if the
	organizatio	on answered "Yes" on Form 990, Part IV, lin	e 6.				
			(a) Donor ac	lvised	d funds	( <b>b)</b> Fur	nds and other accounts
1	Total number at e	nd of year					
2	Aggregate value of	of contributions to (during year)					
3	Aggregate value of	of grants from (during year)					
4		at end of year					
5	-	on inform all donors and donor advisors in v	-				
-		on's property, subject to the organization's					Yes No
6		on inform all grantees, donors, and donor a					
	• •	poses and not for the benefit of the donor o	-		• •	Ũ	Yes No
Pa		vate benefit? vation Easements. Complete if the org					
1		servation easements held by the organization					·
•		n of land for public use (for example, recrea	· · · ·	<u> </u>	Preservation of a histo	orically	important land area
		of natural habitat			Preservation of a certi	-	•
	Preservatio	n of open space					
2	Complete lines 2a	a through 2d if the organization held a qualif	fied conservation cor	ntribu	ition in the form of a co	nserva	tion easement on the last
	day of the tax yea	ır.					Held at the End of the Tax Year
а	Total number of c	onservation easements				2a	
b	•					2b	
С		rvation easements on a certified historic stru				2c	
d Number of conservation easements included in (c) acquired after July 25,2006, and not on a							
•		listed in the National Register				2d	de unite en alle en alterna
3		rvation easements modified, transferred, rel	eased, extinguisned,	or te	erminated by the organi	zation	during the tax
4	year	where property subject to conservation eas	sement is located				
5		ation have a written policy regarding the per		pecti	on handling of		
Ŭ	0	forcement of the conservation easements it	<b>3</b> ,	•			Yes No
6	,	er hours devoted to monitoring, inspecting,					
			C C		C C		<b>U</b> <i>1</i>
7	Amount of expension	ses incurred in monitoring, inspecting, hanc	lling of violations, and	d enf	orcing conservation ea	semen	ts during the year
8	Does each conse	rvation easement reported on line 2(d) abov	e satisfy the requirer	nents	s of section 170(h)(4)(B)	(i)	
	and section 170(h						
9		be how the organization reports conservation			•		
		d include, if applicable, the text of the footr	note to the organizati	on's i	financial statements the	at desc	cribes the
Pa		counting for conservation easements. ations Maintaining Collections of	Art. Historical	Trea	sures. or Other S	imila	r Assets.
		if the organization answered "Yes" on Form					
1a		elected, as permitted under FASB ASC 95		reve	nue statement and bala	ance sl	heet works
	-	easures, or other similar assets held for put					
		Part XIII the text of the footnote to its finar					
b		elected, as permitted under FASB ASC 95				e sheet	works of
	art, historical trea	sures, or other similar assets held for public	exhibition, educatio	n, or	research in furtherance	e of pul	blic service,
		ing amounts relating to these items:					
	(i) Revenue inclu	uded on Form 990, Part VIII, line 1					\$
	.,						\$
2		received or held works of art, historical tre				orovide	9
	-	unts required to be reported under FASB A	-				۴
а	Revenue included	I on Form 990, Part VIII, line 1					\$

b	Assets included in	Form 990	, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22 30 13160510 795584 46094.00 Public Discrossing of Getting out and Staying of 46094.01

Schedule D (Form 990) 2022

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		OUT AND S'					0	6-17	11370	) Pa	age <b>2</b>
Par	t III Organizations Maintaining C								(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, checl	k any of the f	ollowing that	make sigr	nificant us	se of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌	Loan or exc	hange progra	ım					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ney further th	e organizatio	n's exemp	t purpose	e in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations of	of art, hi	storical treas	sures, or othe	er similar as	ssets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	n answered "	Yes" on Fe	orm 990,	Part IV,	ine 9, or		
10	Is the organization an agent, trustee, custodi		liany for	contributions	or other ass	ets not inc					
Ia	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XII							····· ∟			
			lowing						Amount		
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
	Ending balance						1f				
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.					•		······			]
Par											
	· · · · · · · · · · · · · · · · · · ·	(a) Current year		Prior year	(c) Two year		I) Three ye	ars back	(e) Four	years	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a)	) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	_%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held ar	d administer	ed for the			_		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on S	Schedule R?					Зb		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	), Part IV	V, line 11a. S	ee Form 990	, Part X, lin	ne 10.				
	Description of property	(a) Cost or c basis (investr		<b>(b)</b> Cost basis	or other	• •	umulated	ł	(d) Bool	value	е
10	Land		nony	54313		depri	Colucion				
	Land										
	Buildings Leasehold improvements			17	3,324.		41,73	1.	1 3 1	.50	93.
					5,805.		<u>1,73</u> 41,28			1,5:	
	Equipment			20	<u> </u>		,20	<del>~  </del>	;	., J.	<u> </u>
	Other		Val		2-1				276	5,1	10
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, COlur	<u>пп (В), line 1(</u>	<u>JC.)</u>				D (Form	-	
							3	Sheune		550)	2022

232052 09-01-22

Schedule D	(Form 990) 2022	GETTING OUT	AND	STAYING	OUT,	INC.	06-1711370 Page <b>3</b>
Part VII	Investments -	Other Securities.					
	-	ganization answered "Yes"	on Form	990, Part IV, line	11b. Se	e Form 990, P	art X, line 12.
(a) Descrip	tion of security or cate	gory (including name of security)	(b)	Book value	(c)	) Method of va	uation: Cost or end-of-year market value
• •							
	held equity interests	s					
(3) Other							
(A)							
(B)					+		
(C)					-		
(D) (E)					+		
(F)							
(G)							
(H)					1		
	b) must equal Form 990	0, Part X, col. (B) line 12.)					
		Program Related.			•		
	Complete if the org	ganization answered "Yes"	on Form	990, Part IV, line	11c. Se	e Form 990, Pa	art X, line 13.
	(a) Description of	f investment	(b)	Book value	(c)	) Method of va	uation: Cost or end-of-year market value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
		0, Part X, col. (B) line 13.)					
Part IX	Other Assets.		_			F 000 B	
	Complete if the org	ganization answered "Yes"			11d. Se	e Form 990, P	
OT		.,	Descript	ion			(b) Book value
	CURITY DEP						229,262.
	ERATING LE						<u>98,300</u> . 4,730,729.
	ERALING DE	ASE RIGHI OF (		ASSET			4,730,729.
<u>(4)</u>							
(5)							
<u>(6)</u> (7)							
(8)							
(9)							
	imn (b) must equal Fo	orm 990, Part X, col. (B) line	15)				5,058,291.
Part X	Other Liabilitie	es.	, 10.)				
	Complete if the org	ganization answered "Yes"	on Form	990, Part IV, line	11e or	11f. See Form 9	990, Part X, line 25.
1.		escription of liability					(b) Book value
	leral income taxes	· · ·					
	NE OF CRED	IT PAYABLE					134,000.
		ASE LIABILITY					5,025,661.
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	mn (b) must equal Fo	orm 990. Part X. col. (B) line	25.)		<u></u>	<u></u>	5,159,661.
	., .	, , , , ,	,				ancial statements that reports the
organiz	ation's liability for un	certain tax positions under	FASB A	SC 740. Check h	ere if the	e text of the foo	otnote has been provided in Part XIII

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

Sche	edule D (Form 990) 2022 GETTING OUT AND STAYING OU	r, inc.		06-2	1711370	Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With R	evenue per Re			0
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	6,762,	010.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	30,000.			
с	Recoveries of prior year grants					
d						
е	Add lines 2a through 2d			2e		000.
3	Subtract line 2e from line 1			3	6,732,	010.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines <b>4a</b> and <b>4b</b>			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,732,	010.
Ра	rt XII Reconciliation of Expenses per Audited Financial Stateme		-xpenses per H	Returr	า.	
Ра	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		· ·			
Pa 1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements		· ·	Returr	n. 6,976,	719.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:					719.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a	· ·			719.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b				719.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c				719.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses in Part XIII.)	2a 2b 2c 2d	30,000.		6,976,	
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	30,000.		<u>6,976,</u> 30,	000.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses in Part XIII.)	2a 2b 2c 2d	30,000.	1	6,976,	000.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	30,000.	1 2e	<u>6,976,</u> 30,	000.
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	30,000.	1 2e	<u>6,976,</u> 30,	000.
1 2 6 6 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a	30,000.	1 2e	<u>6,976,</u> 30,	000.
1 2 6 6 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	30,000.	1 2e 3 4c	<u>6,976,</u> <u>30</u> , <u>6,946</u> ,	<u>000.</u> 719. 0.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	30,000.	1 2e 3	<u>6,976,</u> 30,	<u>000.</u> 719. 0.

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

# PART X, LINE 2:

MANAGEMENT DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY MATERIAL,

UNCERTAIN TAX POSITIONS. TAX FILINGS FOR PERIODS ENDING JUNE 30, 2020 AND

LATER ARE SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES.

232054 09-01-22

Schedule D (Form 990) 2022

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SCHEDULE G	Suppleme	ental Informat	ion Regarding	Fund	Iraisi	ing or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)						Part IV, line 17, 18, o rm 990-EZ, line 6a.	r 19, c	or if the	2022
Department of the Treasury Internal Revenue Service			tach to Form 990						Open to Public Inspection
Name of the organization		to www.irs.gov/F	orm990 for instru	ctions	and th	he latest information		Emplover id	entification number
		OUT AND	STAYING O	UT,	INC	2.		06-1711	
	complete this par		organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17	. Form 990-E	Z filers are not
<ul> <li>c Phone solici</li> <li>d X In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations licitations on have a written o ed in Form 990, P	or oral agreement lart VII) or entity ir	e X Solicita f X Solicita g X Special with any individual connection with p	ition of tion of fundra (incluc rofessi	non-g gover iising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		🗌 Ye	
<b>b</b> If "Yes," list the 10 compensated at le	•		(fundraisers) pursu	lant to	agreer	ments under which ti	ne tun	draiser is to b	e
(i) Name and addres or entity (fund	s of individual		Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (oi fi	Amount paid r retained by) undraiser ed in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
WINGO NYC - 350 SEV				Yes	No				
AVENUE, SUITE 1601	, NEW YORK,	GALA CONSULTA	NT		X	0.		54,000	. 0.
					<u></u>			54,000	
<ol> <li>List all states in white or licensing.</li> </ol>	ich the organizatio	on is registered or	licensed to solicit	contrib	utions	or has been notified	it is e	xempt from r	egistration
NY									
LHA For Paperwork R	eduction Act Not PART IV			990 or	990-E	Ζ.		Schedul	e G (Form 990) 2022
232081 10-27-22									

GETTING OUT AND STAYING OUT, INC.

06-171<u>1370 Page 2</u>

Part I	I   Fur
--------	---------

**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 gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

					evenue man greee receip	to groater than \$0,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
Ð			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	409,642.			409,642.
	2	Less: Contributions	240,077.			240,077.
	3	Gross income (line 1 minus line 2)	169,565.			169,565.
		Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	169,565.			169,565.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			169,565.
	11 rt I	Net income summary. Subtract line 10 from lin	ne 3, column (d)			0.
га	rt I	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
				(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			<b>Yes</b> %	<b>Yes</b> %	<b>Yes</b> %	
	6	Volunteer labor	No	No	Νο	
	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)			
•	End	ter the state(s) in which the organization condu	oto goming optivition:			
		he organization licensed to conduct gaming ac	· · · _	states?		Yes No
		No," explain:				
					-	
		ere any of the organization's gaming licenses re Yes," explain:		rminated during the tax	year?	Yes No
23208	2 10	-27-22			Sche	dule G (Form 990) 2022

Schedule G (Form 990) 2022	GETTING O	UT AND	STAYING	OUT,	INC.	06-1	711370	Page 3
11 Does the organization conduct g							Yes	No
<b>12</b> Is the organization a grantor, ben	eficiary or trustee of	a trust, or a	member of a pa	rtnership o	or other entity f	ormed		
to administer charitable gaming?							Yes	└── No
<ul><li>13 Indicate the percentage of gamin</li><li>a The organization's facility</li></ul>							13a	%
<b>b</b> An outside facility							13b	<u>%</u>
14 Enter the name and address of th							i	
Name								
Address								
<b>15a</b> Does the organization have a cor	itract with a third par	ty from who	m the organizati	on receive	es gaming rever	nue?	Yes	No No
<b>b</b> If "Yes," enter the amount of gam					ar	nd the amount		
of gaming revenue retained by th								
c If "Yes," enter name and address	of the third party:							
Name								
Address								
<b>16</b> Gaming manager information:								
Name								
Gaming manager compensation	\$							
Description of services provided								
Director/officer	Employee		Independent o	contractor				
17 Mandatory distributions:	r atata law ta maka c	baritabla dia	tributions from t	the comin	n procodo to			
a Is the organization required unde retain the state gaming license?	r state law to make c						Yes	No No
<b>b</b> Enter the amount of distributions								
organization's own exempt activi					-			
Part IV Supplemental Infor						ii) and (v); and Pa	rt III, lines 9,	9b, 10b,
15b, 15c, 16, and 17b, a	s applicable. Also pro	ovide any ad	ditional informat	ion. See ir	istructions.			
SCHEDULE G, PART I,	LINE 2B, J	LIST OF	TEN HIC	HEST	PAID FU	NDRAISERS	5:	
	· ·							
(I) NAME OF FUNDRAI	SER: WINGO	NYC						
(I) ADDRESS OF FUND	RAISER:							
350 SEVENTH AVENUE,	SUITE 1601	L. NEW	YORK NY	z 100	01			
		_, _,_,,						
232083 10-27-22			36			Sched	ule G (Form	990) 2022

Schedule G	i (Form 990) Supplemental Info	GETTING O	UT AND	STAYING	OUT,	INC.	06-1711370 Page 4
Part IV	Supplemental Info	rmation (continued	/)				
							<b>•</b> • • • • • •
232084 04-01-:	22						Schedule G (Form 990
				37			

SCHEDULE I		arants and Oth					OMB	No. 1545-004	,7
(Form 990)		vernments, an lete if the organizatio					2	022	)
Department of the Treasury	Comp		Attach to Forn					n to Publi	
Internal Revenue Service		Go to www.irs	.gov/Form990 for	the latest inform	ation.		Ir	spection	
Name of the organization							Employer identifi	ation num	nber
	G OUT AND ST	AYING OUT,	INC.				06-	171137	70
Part I General Information on Gra	ants and Assistance								
<b>1</b> Does the organization maintain rec	cords to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti			-
criteria used to award the grants o							<u>Х</u> ү	es 📃	No
2 Describe in Part IV the organization									
Part II Grants and Other Assistant recipient that received more	_				anization answered "Y	es" on Form 990, Part	t IV, line 21, for any		
·			· · ·		(f) Method of		(1) D	. (	
<b>1 (a)</b> Name and address of organizat or government	tion (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose or assis		

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ....

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

Schedule I (Form 990) 2022



Schedule I (Form 990) 2022

06-1711370

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
METROCARDS, EDUCATION & OTHER NEEDS	1110	171,314.	0.	FMV	PAID FOR CLIENTS' EXPENSES

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GOSO PROGRAM STAFF MEET WITH CLIENTS ON A PERIODIC BASIS TO DISCUSS THEIR

NEEDS AND PROGRESS.

METROCARDS ARE GIVEN TO CLIENTS AFTER THEY MEET CERTAIN GOALS OR HAS A GOSO

RELATED NEED; JOB INTERVIEW, COURT DATE, CHILD CARE VISIT, STARTING A NEW

JOB OR INTERNSHIP OR TO ATTEND COLLEGE.

EDUCATION ASSISTANCE IS PROVIDED IN THE FORM OF STIPENDS WHEN THE CLIENT

MEETS CERTAIN MILESTONES.

OTHER ASSISTANCE CONSIST OF PROVIDING; EVERYDAY ATTIRE, PROFESSIONAL

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Schedule I (Form 990) 2022

ATTIF	RE, SI	HELF-STABLE	MEA	ALS A	ND	BASIC	NEEI	)S. 1	HESE	ARE	GIVEN	ON 2	A CASE	BY
ASE	BASI	S DEPENDING	ON	EACH	CI	IENT'	S SPE	CIFI	C NE	ED.				
													Schedu	e I (Form
2291 -01-22							40							

GETTING OUT AND STAYING OUT, INC.

 Schedule I (Form 990)
 GETTI

 Part IV
 Supplemental Information

06-1711370 Page 2

SCHEDULE J (Form 990)		Compensation Information	I	OMB No. 1	545-004	17		
		For certain Officers, Directors, Trustees, Key Employees, and Highest	2022					
Compensated Employees				ZU		•		
Department of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.				Open to	Publ	ic		
	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.			Inspection				
Nan	•				on nui	nber		
		GETTING OUT AND STAYING OUT, INC.	06-1	171137	0			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a	Check the appropri	ate 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 c	harter travel Housing allowance or residence for perso	nal use					
	Travel for com							
		ation and gross-up payments						
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)					
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or						
-		provision of all of the expenses described above? If "No," complete Part III to explain		1b				
2								
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
~	Indicate which, if any, of the following the organization used to establish the compensation of the organization's							
3								
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the CEO/Eventium Director, but eveloping a part III.	SH to					
	·	ation of the CEO/Executive Director, but explain in Part III.						
	Compensation							
	·	compensation consultant     Compensation survey or study       ther organizations     X	ommittoo					
			ommittee					
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 re							
а	-	e payment or change-of-control payment?		4a		x		
b		eive payment from a supplemental nonqualified retirement plan?				x		
c						x		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	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:							
а	The organization?			5a		X		
b	Any related organiz	ation?		5b		X		
		or 5b, describe in Part III.						
6	For persons listed of	n						
	contingent on the r	et earnings of:						
а	The organization?			6a		X		
b	Any related organiz	ation?		6b		X		
		or 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				x		
	not described on lines 5 and 6? If "Yes," describe in Part III							
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ıe			x		
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III							
9		id the organization also follow the rebuttable presumption procedure described in						
		1 53.4958-6(c)?				Ĺ		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n <b>990</b> )	2022		

232111 10-18-22

#### 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) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(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) VIKKI LYNN PRYOR	(i)	240,000.	0.	0.	0.	16,565.	256,565.	0.
PRES. & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHELLE PRYCE-SCREEN	(i)	156,640.	0.	0.	0.	14,151.	170,791.	0.
EXECUTIVE DIR & CPO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ABBI ROBINSON-HOBSON	(i)	105,705.	0.	0.	0.	5,264.	110,969.	0.
CAFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Public Disclosure Copy

#### 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 J (Form 990) 2022

Public Disclosure Copy

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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



GETTING OUT AND STAYING OUT, INC.

06-1711370

GETTING OUT AND STAYING O 46094.01

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

GOSO PARTNERS WITH PEOPLE IMPACTED BY ARREST AND INCARCERATION ON A

JOURNEY OF EDUCATION, EMPLOYMENT AND EMOTIONAL WELLBEING AND

COLLABORATES WITH NYC COMMUNITIES TO SUPPORT A CULTURE OF NONVIOLENCE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SINCE ITS FOUNDING, GOSO HAS SERVED OVER 10,000 YOUNG MEN WHO HAVE BEEN

IMPACTED BY THE JUSTICE SYSTEM, PARTNERING WITH THEM TO FURTHER THEIR

EDUCATION, OBTAIN MEANINGFUL EMPLOYMENT, AND ACHIEVE EMOTIONAL

WELL-BEING. DURING THIS TIME, GOSO PARTICIPANTS HAVE CONSISTENTLY

MAINTAINED A RECIDIVISM RATE UNDER 15%, AS COMPARED TO THE NATIONAL

AVERAGE OF 67% FOR THE SAME DEMOGRAPHIC. SINCE 2013, GOSOWORKS, OUR

EMPLOYMENT DEVELOPMENT PROGRAM, HAS PLACED OVER 600 PARTICIPANTS IN

WAGE-SUBSIDIZED JOBS. APPROXIMATELY 70% OF GOSOWORKS INTERNS ARE HIRED

WITHIN 6 MONTHS OF COMPLETING THEIR INTERNSHIP. IN COLLABORATION WITH

THE NEW YORK CITY DEPARTMENT OF EDUCATION, GOSO HOSTS AN ON-SITE HIGH

SCHOOL EQUIVALENCY PROGRAM FOR OUR PARTICIPANTS. WE ALSO PROVIDE

ON-SITE VOCATIONAL TRAINING TO OUR PARTICIPANTS, INCLUDING OSHA 30-HOUR

CONSTRUCTION AND SECURITY GUARD TRAINING.

13160510 795584 46094.00 Public Disc2205090

SAVE

 STAND AGAINST VIOLENCE EAST HARLEM (SAVE), THE VIOLENCE PREVENTION UNIT

 EMBEDDED WITHIN GETTING OUT AND STAYING OUT (GOSO), IS COMMITTED TO

 PREVENTING GUN VIOLENCE AND BUILDING A CULTURE OF NON-VIOLENCE TO BRING

 PEACE AND ECONOMIC DEVELOPMENT TO EAST HARLEM. SAVE'S WORK IS GUIDED BY

 THE PRINCIPLES OF CURE VIOLENCE, AN EVIDENCE-BASED MODEL THAT SEEKS TO

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

 232211 10-28-22

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Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization GETTING OUT AND STAYING OUT, INC.	Employer identification number 06-1711370
ADDRESS COMMUNITY VIOLENCE THROUGH A PUBLIC HEALTH LENS. OU	JR CATCHMENT
AREA INCLUDES THE NEIGHBORHOODS IMMEDIATELY SURROUNDING TH	E THOMAS
JEFFERSON, JAMES W. JOHNSON, AND ROBERT F. WAGNER NYCHA HOU	JSING
DEVELOPMENTS.	
SINCE 2016, SAVE HAS PERFORMED OVER 400 VIOLENCE INTERRUPT:	IONS. SAVE
WAS ALSO TAPPED BY THE MAYOR'S OFFICE OF CRIMINAL JUSTICE '	TO SERVE AS
SOCIAL DISTANCING DIPLOMATS TO HELP ENFORCE SOCIAL DISTANC	ING IN OUR
COMMUNITY DURING THE COVID-19 PANDEMIC. THIS HELPS TO KEEP	NYC'S BLACK
AND BROWN RESIDENTS SAFE FROM CORONAVIRUS WHILE ALSO AVOID	ING
ENCOUNTERS WITH THE NYPD THAT COULD QUICKLY ESCALATE. OUR	SAVE TEAM
ALSO DISTRIBUTED THOUSANDS OF MEALS AND PACKS OF PERSONAL 1	PROTECTIVE
EQUIPMENT TO GOSO AND SAVE PARTICIPANTS, THEIR FAMILIES, AN	ND EAST
HARLEM RESIDENTS DURING THE PANDEMIC.	
GOSOWORKS	
GOSOWORKS, OUR MOST POPULAR PROGRAM WHERE PARTICIPANTS ARE	PREPARED TO

ACQUIRE EMPLOYMENT AND ARE PLACED IN INTERNSHIPS SUBSIDIZED BY GOSO.

#### REENTRY

GOSO'S RE-ENTRY PROGRAM KEEPS INCARCERATED AND DETAINED YOUNG MEN CONNECTED TO GOSO. THROUGH COURT ADVOCACY, WE HELP YOUNG MEN AVOID INCARCERATION AND LENGTHY SENTENCES, KEEPING FAMILIES AND COMMUNITIES INTACT. DURING A PARTICIPANTS' SENTENCE, WE COMMUNICATE WITH THEM AND THEIR FAMILIES, KEEPING THEM CONNECTED AND EASING THEIR TRANSITION BACK INTO THE COMMUNITY UPON THEIR RELEASE. ONCE BACK HOME, WE PROVIDE MENTAL HEALTH SUPPORTS, EDUCATIONAL RESOURCES, AND EMPLOYMENT TRAINING TO HELP THEM AVOID FURTHER INCARCERATION. THE EFFECTS OF GOSO'S HOLISTIC SERVICES SPEAK FOR THEMSELVES: OUR PARTICIPANTS HAVE SUSTAINED 202212 10-28-22 45 13160510 795584 46094.00 Public Discrete Of GOSO'S AND STAYING O 46094.01

Schedule O (Form 990) 2022 Page 2						
Name of the organization GETTING OUT AND STAYING OUT, INC.	Employer identification number 06-1711370					
RECIDIVISM RATES AT OR BELOW 15%, AN INCREDIBLE ACHIEVEMEN	T CONSIDERING					
THE ANNUAL RATES OF 67% AMONG YOUNG MEN OF A SIMILAR AGE G	ROUP					

NATIONWIDE.

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

LINE 11B EXPLANATION - MANAGEMENT REVIEWS A DRAFT OF THE FORM 990 WITH THE AUDIT/FINANCE COMMITTEE AND PROVIDES EDITS TO THE TAX PREPARER. AFTER THIS PROCESS IS PERFORMED, THE AUDIT/FINANCE COMMITTEE REVIEWS AND APPROVES THE FORM 990 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.

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

EACH YEAR, THE EXECUTIVE COMMITTEE REVIEWS COMPARABLE COMPENSATION BASED ON A RECOGNIZED STUDY AND REVIEWS THE PERFORMANCE OF THE PRESIDENT & CEO AND TOP MANAGEMENT TO DETERMINE IF THE EXISTING COMPENSATION FALLS WITHIN THESE RANGES. AFTER A DELIBERATION OF THIS MATTER, A NEW PROPOSED COMPENSATION AND BENEFIT PACKAGE IS VOTED ON. THE MINUTES OF THE BOARD OF DIRECTORS NOTE THE APPROVAL OF THE PRESIDENT & CEO AND TOP MANAGEMENT'S COMPENSATION FOR THE UPCOMING YEAR.

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

232212 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Jame of the organization	Employer identification number
GETTING OUT AND STAYING OUT, INC.	06-1711370
THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS.	
³²²¹² 10-28-22 50510 795584 46094.00 Public Disc2005090 CETTING	Schedule O (Form 990) 202

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

#### File a separate application for each return.

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

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

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

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

Type or	Name of exempt organization or other filer, see instructions.				Taxpayer identification number (TIN)		
print	GETTING OUT AND STAYING OUT, INC.				06-1711370		
File by the due date for filing your	he e for Number, street, and room or suite no. If a P.O. box, see instructions.						
return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10035							
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			01	
Applicati	on	Return	Application	Return			
ls For		Code	Is For				
Form 990	or Form 990-EZ	01	Form 1041-A	08			
Form 472	0 (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)	07	AST 124TH STREET,				
<ul> <li>If the c</li> <li>If this i</li> <li>box ▶ [</li> <li>1 I rea</li> <li>the</li> <li>▶ [</li> <li>2 If th</li> </ul>	he tax year entered in line 1 is for less than 12 months, ch	Group Exe and atta MAX anization's , an neck reasc	mption Number (GEN) I <u>ch a list with the names and TINs of</u> <u>Z 15, 2024</u> , to file return for: d ending <u>JUN 30, 2023</u> on: Initial return	f this is fo all memb	r the whole g ers the exten npt organizati		
	a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.				\$	0.	
b If th	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
<u>esti</u>	estimated tax payments made. Include any prior year overpayment allowed as a credit.					0.	
c Balance due. Subtract line 3b from line 3a. Include your pa			n this form, if required, by	quired, by			
using EFTPS (Electronic Federal Tax Payment System). See			ns.	3c	\$	0.	
instructio	If you are going to make an electronic funds withdrawal ns. or Privacy Act and Paperwork Reduction Act Notice,			153-TE an		-TE for payment	