

Form 990EZ
Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 10-01-2022, and ending 09-30-2023

- B Check if applicable:
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization: OUT LOUD INC
Number and street (or P. O. box, if mail is not delivered to street address) Room/suite: 200 E Liberty St Box 7107
City or town, state or province, country, and ZIP or foreign postal code: Ann Arbor, MI 48107

D Employer identification number: 38-3308062
E Telephone number: (734) 730-2207
F Group Exemption Number

G Accounting Method: Cash Accrued Other (specify)

H Check required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: olconline.org

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

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 74,066

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

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

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Each section contains a list of items with corresponding line numbers and values.

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2022)

Form 990-EZ (2022)

Page 2

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

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

|   | (A) Beginning of year | (B) End of year  |
|---|-----------------------|------------------|
| <b>22</b> Cash, savings, and investments  | 33,809                | <b>22</b> 47,015 |
| <b>23</b> Land and buildings  | 0                     | <b>23</b> 0      |
| <b>24</b> Other assets (describe in Schedule O)                                       | 8,866                 | <b>24</b> 11,389 |
| <b>25</b> Total assets  | 42,675                | <b>25</b> 58,404 |
| <b>26</b> Total liabilities (describe in Schedule O)                                  | 552                   | <b>26</b> 386    |
| <b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) | 42,123                | <b>27</b> 58,018 |

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

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

What is the organization's primary exempt purpose?  
 Out Loud Chorus is a mixed LGBTQ plus choir from Washtenaw County in Michigan. This means that we are a chorus of people of all genders, many of us identify as lesbian, gay, bisexual and/or transgender, although we are open to everyone who loves to sing and has an open mind. We are committed to putting on musically excellent shows that are entertaining and fun for our audiences. Because we are a non-auditioned chorus (anyone can join), our rehearsals teach both the songs we will perform and vocal techniques to sing them well. Each season, we produce shows for the general public. These productions are typically held on two successive weekend nights in both mid-January and mid-May.

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

**28** Two concerts, one in January and one in May, plus non-concert performances at various fairs and events as well as performances for local churches and other community organizations. Each concert had about 95 performers and about 600 people in the audience. Our audience consists of about 250 people in person and about 350 who view our performances online.

(Grants \$ 0) If this amount includes foreign grants, check here

**29**  
 (Grants \$ ) If this amount includes foreign grants, check here

**30**  
 (Grants \$ ) If this amount includes foreign grants, check here

**31** Other program services (describe in Schedule O)  
 (Grants \$ ) If this amount includes foreign grants, check here

**32 Total program service expenses** (add lines 28a through 31a) **32** 48,545

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

**28a** 48,545

**29a**

**30a**

**31a**

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

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

| (a) Name and title                           | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|--|---|--|
| Anne Withers<br>President                    | 4  | 0  | 0   | 0  |
| Cinda Hocking<br>Vice President              | 4  | 0  | 0   | 0  |
| Timothy Hamann<br>Co-Chair Putting on a Show | 5  | 0  | 0   | 0  |
| Katlyn Snover<br>Co-chair Putting on a Show  | 4  | 0  | 0   | 0  |
| Anne Withers<br>Treasurer (temporary)        | 5  | 0  | 0   | 0  |
| Amy Belfer<br>Co-Chair Running a Choir       | 4  | 0  | 0   | 0  |
| Jon Hoffman<br>Co-Chair Running a Choir      | 4  | 0  | 0   | 0  |
| Douglas Dormer<br>Accountant                 | 5  | 0  | 0   | 0  |

Form 990-EZ (2022)

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

|            |   | Yes | No |
|------------|---|-----|----|
| <b>33</b>  | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .   |     | No |
| <b>34</b>  | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions. . . . .  |     | No |
| <b>35a</b> | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .  |     | No |
| <b>35b</b> | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .  |     |    |
| <b>35c</b> | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .  |     | No |
| <b>36</b>  | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .   |     | No |
| <b>37a</b> | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0  |     |    |
| <b>37b</b> | Did the organization file <b>Form 1120-POL</b> for this year? . . . . .   |     | No |
| <b>38a</b> | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .  |     | No |
| <b>38b</b> | If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .  |     |    |
| <b>39</b>  | Section 501(c)(7) organizations. Enter:   |     |    |
| <b>39a</b> | Initiation fees and capital contributions included on line 9 . . . . .  |     |    |
| <b>39b</b> | Gross receipts, included on line 9, for public use of club facilities . . . . .   |     |    |
| <b>40a</b> | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:<br>section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0   |     |    |
| <b>40b</b> | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . . |     | No |
| <b>40c</b> | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0  |     |    |
| <b>40d</b> | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0  |     |    |
| <b>40e</b> | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .  |     | No |
| <b>41</b>  | List the states with which a copy of this return is filed. ▶  |     |    |
| <b>42a</b> | The organization's books are in care of ▶ Douglas Dormer Telephone no. ▶ (734) 730-2207<br><br>Located at ▶ 200 E Liberty St Box 7107 Ann Arbor , MI ZIP + 4 ▶ 48107  |     |    |
| <b>42b</b> | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .<br>If "Yes," enter the name of the foreign country: ▶                                      |     | No |
| <b>42c</b> | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).<br>At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . .<br>If "Yes," enter the name of the foreign country: ▶                                     |     | No |
| <b>43</b>  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here . . . . . <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>  |     |    |
| <b>44a</b> | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .  |     | No |
| <b>44b</b> | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .   |     | No |
| <b>44c</b> | Did the organization receive any payments for indoor tanning services during the year? . . . . .  |     | No |
| <b>44d</b> | If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .  |     |    |
| <b>45a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .   |     | No |
| <b>45b</b> | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .  |     | No |

Form 990-EZ (2022)

Page 4

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

Table with 3 columns: Question number, Yes, No. Row 46: 46, Yes (empty), No (empty).

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

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI.

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

Table with 3 columns: Question number, Yes, No. Row 47: 47, Yes (empty), No (empty).

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

Table with 3 columns: Question number, Yes, No. Row 48: 48, Yes (empty), No (empty).

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

Table with 3 columns: Question number, Yes, No. Row 49a: 49a, Yes (empty), No (empty).

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

Table with 3 columns: Question number, Yes, No. Row 49b: 49b, Yes (empty), No (empty).

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

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1: NONE.

f Total number of other employees paid over \$100,000

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

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1: NONE.

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a completed Schedule A. [X] Yes [ ] No

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

Sign Here: Signature of officer (Doug Dormer Board Accountant), Date (2024-03-08), Type or print name and title.

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN.

530 City

Firm's address ▶

Phone no.

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

Form **990-EZ** (2022)

**Additional Data**

[Return to Form](#)

**Software ID:** 22015720

**Software Version:** v1.00

**Form 990-EZ, Special Condition Description:**

Special Condition Description

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2022 Open to Public Inspection

Name of the organization: OUT LOUD INC Employer identification number: 38-3308062

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990) 2022

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

Section A. Public Support

Calendar year

| Calendar year<br>(or fiscal year beginning in) ▶   | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . . .   |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .  |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3  |          |          |          |          |          |           |
| <b>5</b> 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) . . . . . |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ▶   | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022  | (f) Total |
|--|----------|----------|----------|----------|-----------|-----------|
| <b>7</b> Amounts from line 4. . . . .  |          |          |          |          |           |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .   |          |          |          |          |           |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .   |          |          |          |          |           |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .  |          |          |          |          |           |           |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |           |           |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .  |          |          |          |          | <b>12</b> |           |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/> |          |          |          |          |           |           |

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

|   |           |  |
|---|-----------|--|
| <b>14</b> Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) . . . . .  | <b>14</b> |  |
| <b>15</b> Public support percentage for 2021 Schedule A, Part II, line 14 . . . . .   | <b>15</b> |  |
| <b>16a 33 1/3% support test—2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>   |           |  |
| <b>b 33 1/3% support test—2021.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>  |           |  |
| <b>17a 10%-facts-and-circumstances test—2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>    |           |  |
| <b>b 10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/> |           |  |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>   |           |  |

Schedule A (Form 990) 2022

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

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

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ▶  | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .   | 9,580    | 28,399   | 22,156   | 53,729   | 49,286   | 163,150   |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 20,224   | 21,925   | 9,622    | 12,842   | 24,780   | 89,393    |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  | 0        |          |          |          |          | 0         |



|           |   |        |        |        |        |        |         |
|-----------|---|--------|--------|--------|--------|--------|---------|
| <b>5</b>  | The value of services or facilities furnished by a governmental unit to the organization without charge   |        |        |        |        |        |         |
| <b>6</b>  | <b>Total.</b> Add lines 1 through 5   | 29,804 | 50,324 | 31,778 | 66,571 | 74,066 | 252,543 |
| <b>7a</b> | Amounts included on lines 1, 2, and 3 received from disqualified persons  |        |        |        |        |        |         |
| <b>b</b>  | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. |        |        |        |        |        |         |
| <b>c</b>  | Add lines 7a and 7b.  |        |        |        |        |        |         |
| <b>8</b>  | <b>Public support.</b> (Subtract line 7c from line 6.)  |        |        |        |        |        | 252,543 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6.  | 29,804   | 50,324   | 31,778   | 66,571   | 74,066   | 252,543   |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.   |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b.  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |          |          |          |          |          |           |
| <b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)  | 29,804   | 50,324   | 31,778   | 66,571   | 74,066   | 252,543   |
| <b>14</b> <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> <input type="checkbox"/> |          |          |          |          |          |           |

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

|  |           |       |
|--|-----------|-------|
| <b>15</b> Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | 100 % |
| <b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15                      | <b>16</b> | 100 % |

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

|   |           |     |
|---|-----------|-----|
| <b>17</b> Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | 0 % |
| <b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17                        | <b>18</b> | 0 % |

- 19a** **33 1/3% support tests-2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b** **33 1/3% support tests-2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20** **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990) 2022

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. |     |    |
| <b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).                              |     |    |
| <b>3a</b> 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>b</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 <b>Part VI</b> when and how the organization made the determination.  |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.   |     |    |



|            |  |  |  |
|------------|--|--|--|
| <b>4a</b>  | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>   |  |  |
| <b>b</b>   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>   |  |  |
| <b>c</b>   | 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)? <i>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.</i>  |  |  |
| <b>5a</b>  | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> |  |  |
| <b>b</b>   | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |  |  |
| <b>c</b>   | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |  |  |
| <b>6</b>   | 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? <i>If "Yes," provide detail in Part VI.</i>   |  |  |
| <b>7</b>   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990) .</i>   |  |  |
| <b>8</b>   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>   |  |  |
| <b>9a</b>  | 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))? <i>If "Yes," provide detail in Part VI.</i>   |  |  |
| <b>b</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? <i>If "Yes," provide detail in Part VI.</i>   |  |  |
| <b>c</b>   | 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? <i>If "Yes," provide detail in Part VI.</i>  |  |  |
| <b>10a</b> | 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)? <i>If "Yes," answer line 10b below.</i>   |  |  |
| <b>b</b>   | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>  |  |  |

Schedule A (Form 990) 2022

**Part IV Supporting Organizations (continued)**

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>11</b> | Has the organization accepted a gift or contribution from any of the following persons?   |     |    |
| <b>a</b>  | 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? |     |    |
| <b>b</b>  | A family member of a person described on 11a above?   |     |    |
| <b>c</b>  | A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>                                   |     |    |

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

|          |  | Yes | No |
|----------|--|-----|----|
| <b>1</b> | 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)? <i>If "No," describe in Part VI how control or management of the</i> |     |    |

|   |  |  |
|---|--|--|
| 1 |  |  |
|---|--|--|

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

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

**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**):
- a  The organization satisfied the Activities Test. Complete **line 2** below.
  - b  The organization is the parent of each of its supported organizations. Complete **line 3** below.
  - c  The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions)

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.

|    | Yes | No |
|----|-----|----|
| 2a |     |    |
| 2b |     |    |
| 3a |     |    |
| 3b |     |    |

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.

Schedule A (Form 990) 2022

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

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section 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                                | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | 8              |                             |
| Section 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):  | 1              |                             |
| a                                | Average monthly value of securities  | 1a             |                             |
| b                                | Average monthly cash balances  | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets   | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)  | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):  |                |                             |

|   |  |          |              |
|---|--|----------|--------------|
| <b>2</b>                                | Acquisition indebtedness applicable to non-exempt use assets   | <b>2</b> |              |
| <b>3</b>                                | Subtract line 2 from line 1d   | <b>3</b> |              |
| <b>4</b>                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).   | <b>4</b> |              |
| <b>5</b>                                | Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b> |              |
| <b>6</b>                                | Multiply line 5 by 0.035   | <b>6</b> |              |
| <b>7</b>                                | Recoveries of prior-year distributions   | <b>7</b> |              |
| <b>8</b>                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b> |              |
| <b>Section C - Distributable Amount</b> |  |          | Current Year |
| <b>1</b>                                | Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b> |              |
| <b>2</b>                                | Enter 85% of line 1  | <b>2</b> |              |
| <b>3</b>                                | Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b> |              |
| <b>4</b>                                | Enter greater of line 2 or line 3  | <b>4</b> |              |
| <b>5</b>                                | Income tax imposed in prior year   | <b>5</b> |              |
| <b>6</b>                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | <b>6</b> |              |
| <b>7</b>                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) |          |              |

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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

| <b>Section D - Distributions</b>                                  |   |                             | Current Year                           |   |
|---|---|-----------------------------|--|---|
| <b>1</b>  | Amounts paid to supported organizations to accomplish exempt purposes   | <b>1</b>                    |  |   |
| <b>2</b>  | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity             | <b>2</b>                    |  |   |
| <b>3</b>  | Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>                    |  |   |
| <b>4</b>  | Amounts paid to acquire exempt-use assets   | <b>4</b>                    |  |   |
| <b>5</b>  | Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )  | <b>5</b>                    |  |   |
| <b>6</b>  | Other distributions (describe in <b>Part VI</b> ). See instructions   | <b>6</b>                    |  |   |
| <b>7</b>  | <b>Total annual distributions.</b> Add lines 1 through 6.   | <b>7</b>                    |  |   |
| <b>8</b>  | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions | <b>8</b>                    |  |   |
| <b>9</b>  | Distributable amount for 2022 from Section C, line 6  | <b>9</b>                    |  |   |
| <b>10</b>   | Line 8 amount divided by Line 9 amount  | <b>10</b>                   |  |   |
| <b>Section E - Distribution Allocations</b><br>(see instructions) |   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2022 | (iii)<br>Distributable<br>Amount for 2022 |
| <b>1</b>  | Distributable amount for 2022 from Section C, line 6  |                             |  |   |
| <b>2</b>  | Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.                   |                             |  |   |
| <b>3</b>  | Excess distributions carryover, if any, to 2022:  |                             |  |   |
| <b>a</b>  | From 2017. . . . .  |                             |  |   |
| <b>b</b>  | From 2018. . . . .  |                             |  |   |
| <b>c</b>  | From 2019. . . . .  |                             |  |   |
| <b>d</b>  | From 2020. . . . .  |                             |  |   |
| <b>e</b>  | From 2021. . . . .  |                             |  |   |
| <b>f</b>  | <b>Total</b> of lines 3a through e  |                             |  |   |
| <b>g</b>  | Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b>  | Applied to 2022 distributable amount  |                             |  |   |
| <b>i</b>  | Carryover from 2017 not applied (see instructions)  |                             |  |   |
| <b>j</b>  | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                             |  |   |
| <b>4</b>  | Distributions for 2022 from Section D, line 7:  |                             |  |   |
|   | \$  |                             |  |   |
| <b>a</b>  | Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b>  | Applied to 2022 distributable amount  |                             |  |   |

|  |  |  |  |
|--|--|--|--|
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |  |  |  |
| <b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions. |  |  |  |
| <b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.                        |  |  |  |
| <b>7 Excess distributions carryover to 2023.</b> Add lines 3j and 4c.  |  |  |  |
| <b>8</b> Breakdown of line 7:  |  |  |  |
| <b>a</b> Excess from 2018. . . . .   |  |  |  |
| <b>b</b> Excess from 2019. . . . .   |  |  |  |
| <b>c</b> Excess from 2020. . . . .   |  |  |  |
| <b>d</b> Excess from 2021. . . . .   |  |  |  |
| <b>e</b> Excess from 2022. . . . .   |  |  |  |

Schedule A (Form 990) (2022)

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Schedule A (Form 990) 2022

Additional Data

Return to Form

**Software ID:** 22015720  
**Software Version:** v1.00

Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990) Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

2022

Table with 2 columns: Name of the organization (OUT LOUD INC) and Employer identification number (38-3308062)

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
4947(a)(1) nonexempt charitable trust not 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

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
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, 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, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**Part I**

**Contributors**

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| RESTRICTED |                                   | \$ RESTRICTED              | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| -          |                                   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| -          |                                   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| -          |                                   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| -          |                                   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| -          |                                   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| -          |                                   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Page 3

|                                      |  |
|--------------------------------------|--|
| Name of organization<br>OUT LOUD INC | Employer identification number<br>38-3308062 |
|--------------------------------------|--|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No. from Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|------------------------|--|--|----------------------|
|------------------------|--|--|----------------------|

|                        |  |  |                      |  |
|------------------------|--|--|----------------------|--|
| -                      |  |  | \$                   |  |
| (a)<br>No. from Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |  |
| -                      |  |  | \$                   |  |
| (a)<br>No. from Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |  |
| -                      |  |  | \$                   |  |
| (a)<br>No. from Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |  |
| -                      |  |  | \$                   |  |
| (a)<br>No. from Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |  |
| -                      |  |  | \$                   |  |
| (a)<br>No. from Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |  |
| -                      |  |  | \$                   |  |

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Page 4

|                                      |  |
|--------------------------------------|--|
| Name of organization<br>OUT LOUD INC | Employer identification number<br>38-3308062 |
|--------------------------------------|--|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

|                                       |                     |  |                                     |
|---------------------------------------|---------------------|--|-------------------------------------|
| (a)<br>No. from Part I                | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
| -                                     |                     |  |                                     |
| (e) Transfer of gift                  |                     |  |                                     |
| Transferee's name, address, and ZIP 4 |                     | Relationship of transferor to transferee |                                     |
| (a)<br>No. from Part I                | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
| -                                     |                     |  |                                     |
| (e) Transfer of gift                  |                     |  |                                     |
| Transferee's name, address, and ZIP 4 |                     | Relationship of transferor to transferee |                                     |
| (a)<br>No. from                       | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |



| Part I                                | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---------------------------------------|---------------------|--|-------------------------------------|
| (e) Transfer of gift                  |                     |  |                                     |
| Transferee's name, address, and ZIP 4 |                     | Relationship of transferor to transferee |                                     |
| (a) No. from Part I                   | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
| (e) Transfer of gift                  |                     |  |                                     |
| Transferee's name, address, and ZIP 4 |                     | Relationship of transferor to transferee |                                     |

Schedule B (Form 990) (2022)

Additional Data

Return to Form

Software ID: 22015720  
Software Version: v1.00

efile Public Visual Render | ObjectID: 202430719349200803 - Submission: 2024-03-10 | TIN: 38-3308062

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

|  |  |
|--|--|
| Name of the organization<br>OUT LOUD INC | Employer identification number<br>38-3308062 |
|--|--|

| Return Reference              | Explanation   |
|-------------------------------|---|
| Form 990-EZ, Part I, Line 10  | No grants or similar amounts paid   |
| Form 990-EZ, Part I, Line 16  | Description;Amount^Advertising;2791 Bank and transaction fees;1487 Business registration fees;389 Conferences and seminars;250 Internet expense;482 Social events and new member night;282 Software and filing fees;104 Travel and meetings;163 Depreciation;380 Insurance;239 Music licenses and royalties;1064 Production expenses;3134 Sheet music;2236 Props and costumes;219 Miscellaneous expenses;850^Total;14070^ |
| Form 990-EZ, Part II, Line 24 | Description;EOY Amount^Deposits;1352 Grants receivable;1567 Net fixed assets;2808 Security deposit;45 Net intangible assets music library;5617^Total;11389^   |
| Form 990-EZ, Part II, Line 26 | Description;EOY Amount^Accounts payable;386^Total;386^  |

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

Cat. No. 51056K

Schedule O (Form 990) 2022

Additional Data

Return to Form

Software ID: 22015720  
Software Version: v1.00

efile Public Visual Render

ObjectId: 202430719349200803 - Submission: 2024-03-10

TIN: 38-3308062

**TY 2022 IRS 990 e-File Render**

---

**Name:** OUT LOUD INC**EIN:** 38-3308062**Software ID:** 22015720**Software Version:** v1.00**Explanation:** The return is filed late because of a change in the organization's treasurer and difficulty obtaining certain of the key records.