

Form 990 Worksheet

Briefly describe your mission: Live out Land provides
educational programs & scholarships that
benefit LGBTQ youth.

Describe your 3 largest accomplishments:

1. Providing programs on a monthly basis to 25 high school
in the 5 boroughs of NYC
2. Awarding over \$350,000 in scholarships over the
last 18 years.
3. Coordinating 175 participants to visit their
hometown high school - our Homecoming Project Program.

Complete the following:

Number of voting members at year end 9
 Number of independent voting members _____
 Number of employees 3
 Number of volunteers 30
 Number of 1099s issued _____
 Number of W-2Gs issued _____
 Number of 1098-Cs issued _____

Complete the following for the five highest employees making over \$100,000 (on W-2 form):

	_____	_____	_____	_____	_____
First Name	_____	_____	_____	_____	_____
Last Name	_____	_____	_____	_____	_____
Base Wages	_____	_____	_____	_____	_____
Bonuses	_____	_____	_____	_____	_____
Other Taxable Compensation	_____	_____	_____	_____	_____
Deferred Compensation	_____	_____	_____	_____	_____
Non Tax Benefits	_____	_____	_____	_____	_____
Housing	_____	_____	_____	_____	_____
Education	_____	_____	_____	_____	_____
Health Ins.	_____	_____	_____	_____	_____
Life Ins.	_____	_____	_____	_____	_____
Disability Ins.	_____	_____	_____	_____	_____
Pension	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
Amount of prior year deferred compensation in this year's W-2	_____	_____	_____	_____	_____

Complete the following for the five highest paid officers and key employees (income over \$150,000 – on fiscal year basis) regardless of limitation:

First Name	<u>Leo</u>	_____	_____	_____	_____
Last Name	<u>Preziosi Jr</u>	_____	_____	_____	_____
Base Wages	<u>\$ 56,000</u>	_____	_____	_____	_____
Bonuses	_____	_____	_____	_____	_____
Other Taxable Compensation	_____	_____	_____	_____	_____
Deferred Compensation	<u>\$ 34,000</u>	_____	_____	_____	_____
Non Tax Benefits	_____	_____	_____	_____	_____
Housing	_____	_____	_____	_____	_____
Education	_____	_____	_____	_____	_____
Health Ins.	<input checked="" type="checkbox"/>	_____	_____	_____	_____
Life Ins.	_____	_____	_____	_____	_____
Disability Ins.	<input checked="" type="checkbox"/>	_____	_____	_____	_____
Pension	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
Amount of prior year deferred compensation in this year's W-2	_____	_____	_____	_____	_____

Mindy?

Complete the following information for your five highest contractors paid over \$100,000:

N/A

Name _____
 Business address _____
 Description of services _____
 Compensation _____

Name _____
 Business address _____
 Description of services _____
 Compensation _____

Name _____
 Business address _____
 Description of services _____
 Compensation _____

Name _____
 Business address _____
 Description of services _____
 Compensation _____

Name _____
 Business address _____
 Description of services _____
 Compensation _____

Complete for each fundraising event with gross over \$5,000:

Event Name Gala
 Gross Receipts 188,229
 Cash Prizes _____
 Non Cash Prizes _____
 Rent/Facility Costs 21,978
 Other Direct Costs 25,886

Complete for each grants and assistance paid (for individuals, can group by type of assistance without individual names):

Name of organization Gikad
 Address of organization 333 Lakeside Drive Foster City CA
 Organization Employer Identification Number 94407
 Purpose of grant School Programs + Teacher Professional Development

Name of organization _____
 Address of organization _____
 Organization Employer Identification Number _____
 Purpose of grant _____

Name of organization _____
 Address of organization _____
 Organization Employer Identification Number _____
 Purpose of grant _____

Name of organization _____
 Address of organization _____
 Organization Employer Identification Number _____
 Purpose of grant _____

Miscellaneous Questions:

Are contemporaneous minutes written this year? Yes No
 Do you have the following?
 Conflict of interest policy Yes No
 Whistleblower policy Yes No
 Written documentation and destruction policy Yes No
 Executive compensation policy Yes No
 Joint venture policy Yes No
 Are all board members sent a copy of the 990 return? Yes No

List of contributors of greater than \$5,000 or 2% income:

Name The Allergan Foundation — \$10,000
 Street Address 2525 Dupont Drive TI-5D
 City Irvine State CA Zip Code 92612-1599
 Name Colgate - Bluebird — \$15,000
 Street Address 300 Park Ave
 City NY State NY Zip Code 10022

List of contributors of greater than \$5,000 or 2% income (continued):

Name Fluornt — \$6,000
 Street Address 33 Whitehall St. 15th Fl
 City NY State NY Zip Code 10004

Name GE \$6,000
 Street Address 901 Main Ave. The Towers
 City Norwalk State CT Zip Code 06851-1168

Name IPG — \$5,000
 Street Address 909 Third Avenue
 City NY State NY Zip Code 10022

Name DBC Universal \$10,000
 Street Address 30 Rockefeller Plaza - 1516W-2
 City NY State NY Zip Code 10112

Name P & G \$15,000
 Street Address 909 3rd Ave. #21
 City NY State NY Zip Code 10022

Name Bruce T. Slamm \$5,000
 Street Address 209 W. 57th St #3A
 City NY State NY Zip Code 10019

Name Jonathan & Lizzie Tisch - Lewis Hotel \$12,000
 Street Address 667 Madison Ave.
 City NY State NY Zip Code 10065

Were your bylaws changed? Yes No If so, provide a copy
 Were any assets diverted? Yes No

Provide Board of Directors List at Year End

Were there any in-kind contributions this year?
 Services Yes No → Graphic Design
 Facilities Yes No
 Supplies Yes No
 Other Yes No

→ Daryl Roth — \$10,000 — 888 7th Ave. 24fl. NYC 10019
 Tito's Handmade Vodka — \$6,000
 1406 Smith Road, Austin, TX 78721
 Viacom — \$15,000
 1515 Broadway
 NY, NY 10036