Form **990** 

# Extended to November 15, 2019 29493250 0 09 03 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 warm its gov/Formaco for instructions and the contractions and the contractions and the contractions are the c

Department of the Treasury
Internal Revenue Service

<b></b>	Go to www.irs	.gov/Form990 fo	r instructions and th	e latest information.

A F	or th	2018 calendar year, or tax year beginning and	ending		
Вс	heck if pplicab			D Employer identific	cation number
	Addre	Equable Institute			
x	Name chang	e [ Doing business as		82-398	8188
عا	]Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return		_	347-80	8-7192
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,839,746,
	Amen return	Long Island City, NY 11101		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer Anthony M. Randazzo	1	for subordinates	? Yes X No
	pendi	27-01 Queens Plaza North 13th Floor, Long Is	15	H(b) Are all subordinates in	ncluded? Yes No
<u> 1 T</u>	ax-ex	empt status x 501(c)(3) 501(c) ( ) ( (insert no.) 4947(a)(1) (	or 527	If "No," attach a	list (see instructions)
		te: www.equable.org		H(c) Group exemptio	n number 🕨
		organization: x Corporation Trust Association Other	L Year	of formation: 2017 N	1 State of legal domicile: CA
Pa	rt I	Summary			
ė,	1	Briefly describe the organization's mission or most significant activities The Organization	ganizatio	n is a national	
anc		bi-partisan not-for-profit political consultancy focused on		· · · · · · · · · · · · · · · · · · ·	
ern	2	Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	
8	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	
es	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	4
Activities & Governance	6	Total number of volunteers (estimate if necessary)		6	
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0,
	b	Net unrelated business taxable income from Form 990-T, line 38		7b	0,
60		RECEIV	בח	Prior Year	Current Year
ā	8	Contributions and grants (Part VIII, line 1h)			1,839,746,
en		Program service revenue (Part VIII, line 2g)	) 19 0		0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7 ) 🗘 🗎 🙏 🗓 🕻	)19   <u>Ö</u>		0.
2019 Revenue	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10cland 11e)	IRS-		0.
``		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<del></del>		1,839,746,
0 3		Grants and similar amounts paid (Part IX, column (A), line 1.3) UGUEN,	UI		634,015,
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0,
ြန		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			289,323,
<b>ာ</b> မ္မ	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
ΩŘ	b	Total fundraising expenses (Part IX, column (D), line 25)	261.		
╙"	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	_		425,249,
ź	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	.		1,348,587.
Sets 67 Al	19	Revenue less expenses Subtract line 18 from line 12			491,159.
			Be	ginning of Current Year	End of Year
Sset		Total assets (Part X, line 16)	<u> </u>		605,093,
Net Asse Fund Bal	21	Total liabilities (Part X, line 26)	ļ		113 934.
		Net assets or fund balances. Subtract line 21 from line 20			491 159
	rt II	Signature Block			
	•	lties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is
true,	correc	t, and complete Declaration of propager (other than officer) is based on all information of wh	nich preparer	has any knowledge.	f
		1 Transp		7/29	119
Sign	1	Signature of officer		Date I	
Here	е	Anthony M. Randazzo, Executive Director		<del></del>	
`		Type or print name and title		Note To	- DTIN
		Print/Type preparer's name Preparer's signature	, and 14	Date Check Check from Self-employe	PTIN
Paid		Lois S. Lazenby Lois S. Lazenby Lois S. Lazenby	UMIT		
Prep		Firm's name Mersereau, Lazenby & Rockas, LLC U		Firm's EIN	58-2115374
Use	Only	Firm's address 3469 Lawrenceville-Suwanee Rd.			
		Suwanee, GA 30024		Phone no.770	
<u>May</u>	the II	RS discuss this return with the preparer shown above? (see instructions)	_		x_YesNo
83300	11 12.2	1-18 LHA For Paperwork Reduction Act Notice, see the separate instruction	ne		Form <b>990</b> (2018)

See Schedule O for Organization Mission Statement Continuation

	990 (2018) Equable Institute	82-3988188	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1 '	Briefly describe the organization's mission:		
	Equable is a non-profit organization that educates and informs		
	employees, retirees, and other stakeholders about how to create real		
	retirement plan sustainability and accountability without sacrificing		
	future income security,		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	[	Yes X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
	If "Yes," describe these changes on Schedule O	_	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by s	ynenses
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	-	
	revenue, if any, for each program service reported	,13, the total exp	bonisos, and
 4а	(Code) (Expenses \$1_017_250_ including grants of \$634_015_ ) (Revenue.		
44			
	Equable helped public sector retirement system stakeholders in multiple		
	states better understand existing sustainability challenges in their		
	state by conducting historic analysis, developing academic research,		
	and providing technical assistance related to forecasting the future		
	performance of plan funding and contribution rates, as well as		
	measuring the effects that various changes would have to improving	· -	
	long-term sustainability solvency, and retirement security,		
			· <del></del>
			·
4b	(Code) (Expenses \$ including grants of \$ ) (Revenue	ue \$	)
	·		
			<del>-</del> "
			-
	<del></del>		-
4c	(Code) (Expenses \$ including grants of \$) (Revenue		)
			•
	<del></del>		
		···	•
			<del>-</del>
			·
	<del></del>		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$		)
4e	Total program service expenses 1 017 250.		
			Form <b>990</b> (2018)

# Form 990 (2018) Equable Institute Part IV Checklist of Required Schedules

			Yes	No
1 '	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
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_		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х.
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		<u> </u>
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		Х
1	the organization's separate or consolidated inflaticial 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	v	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>	Х	
124	Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124	-	
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a		14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Form	QQA .	(2018)
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Pa	rt IV Checklist of Required Schedules (continued)			
			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
24 a	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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del>                                     </del>
	• • • • • • • • • • • • • • • • • • • •	240		$\vdash$
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	050		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	١		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	- {		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	}		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? 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		<u>x</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?		ŀ	
	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	ŀ	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
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		T .	<del></del>
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
50	If "Yes," complete Schedule R, Part V, line 2	36	[	x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3'		<u> </u>
38		20		
Par	Note. All Form 990 filers are required to complete Schedule Ort V Statements Regarding Other IRS Filings and Tax Compliance	38	_ X	
	Check if Schedule O contains a response or note to any line in this Part V			
	Sites of Contains a responde of note to any line in their art v		V-	
_	Estable		Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  1a	7		
ь	· · · · · · · · · · · · · · · · · · ·	_9		
С				
	(gambling) winnings to prize winners?	1c	X	<u> </u>
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Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			1					
	1 1	, -	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	4 .							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	ļ	<u> </u>					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
þ	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?	<u>5a</u>	ļ	X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		Х					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>	ļ	<del> </del>					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_							
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b		<del> </del>					
7	Organizations that may receive deductible contributions under section 170(c).	. = -							
a	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?		<u> </u>	<u> </u>					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		+					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			١					
	to file Form 8282?	7c	1	X					
	If "Yes," indicate the number of Forms 8282 filed during the year	70							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X					
'	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	┼^					
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<b> </b>	1						
Ü	sponsoring organizations maintaining donor advised rands, she a donor advised rand maintained by the	8	-						
9	Sponsoring organizations maintaining donor advised funds.			†					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	'					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1							
11	Section 501(c)(12) organizations. Enter	1	Ì						
а	Gross income from members or shareholders		1						
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1						
	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							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>						
а	is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>						
	Note. See the instructions for additional information the organization must report on Schedule O	1							
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	_							
C	Enter the amount of reserves on hand			<u> </u>					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	ļ	—					
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	ļ	X					
	If "Yes," see instructions and file Form 4720, Schedule N		-						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O	<del>_</del> _	000	1.00					
		Corn	, uun	(2018)					

Form 990 (2018) <u> Page</u> **6** Equable Institute Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? Х 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 х 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO. Executive Director, or top management official 15a Other officers or key employees of the organization 15b X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA\_NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Lx Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form 990 (2018)

30169 1

The Organization - 347-808-7192

27-01 Queens Plaza North, 13th Floor, Long Island City, NY 11101

# 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 instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Dan Liljenquist	0.25									
President		х		х_				0,	0,	0
(2) Richard Ravitch	0,25	x						0.	0,	0
(3) Pete Constant	0,25	_								
Secretary		х		х				0.	0.	0
(4) Lois Scott	0,25									
Treasurer		х	ļ	Х_				. 0,	0,	0
(5) Josh McGee	0,25	х						0.	0.	0
(6) Anthony M. Randazzo	40.00								0.	5,600
									-	Form 990 (201

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rai	Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A)	(B)	İ		(C)				(D)	(E)			(F)	
•	Name and title	Average	(do not		Pos			000	Reportable	Reportable		Esti	mate	d
		hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation		amo	ount o	of
		week	<del></del>		officer and a director/t			tee)	from	from related		0	ther	
		(list any	ector						the	organizations	ns comp		ensa	tion
		hours for	늉	ىە			ited		organization	(W·2/1099-MISC	) from th		m the	Э
	•	related	ste (	ruste			Seuss		(W-2/1099-MISC)	:		organizati		
		organizations	al tru	nalt		loyee	8 8				- 1		relate	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			'	orgar	nzatio	ons
		line)	르	프	5	₹.	₹°5	훈			+			
					<u> </u>						$\bot$			
	<del></del>										$\top$			
											+			
											+			
			<u> </u>					_			+			
				_										
											$\perp$			
1b	Sub-total							<u>►</u>	142,500.	<del>-</del> ·	0.		5.	600.
	Total from continuation sheets to Part V	II. Section A						•	0.		0.			0.
	Total (add lines 1b and 1c)	.,,						•	142,500,	—	0.		5	600.
_ <u>u</u>	Total number of individuals (including but r	ot limited to th	000	liete	nd al	hove	ابدر (م	10 r		000 of reportable	<u></u>	•	<u> </u>	000,
2	compensation from the organization	iot infined to th	.000		, G G.		o, <b></b> .		COCIVED MOTO BILLING TOO	,ooo or reportable				1
	compensation from the organization									-		Τ,	/es	No
2	Did the ergenization list any former officer	director or to	into	- ka	05	2010		~-	highost componented of	molovoo on		- 1		
3	Did the organization list any former officer,		12166	3, KE	y ei	пріс	уее,	, OI	nighest compensated e	inployee on		_	1	
	line 1a? If "Yes," complete Schedule J for s									1	<u>  -</u>	3	-	<u> </u>
4	For any individual listed on line 1a, is the su	•		•					•	the organization				
	and related organizations greater than \$15										_  '	4		X
5	Did any person listed on line 1a receive or							elat	ed organization or indivi	dual for services				·
	rendered to the organization? If "Yes," com	plete Scheduk	e J f	or su	ıch	pers	son		<del></del>	·	للل	5	l	X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated inc	depe	ende	nt c	onti	racto	ors t	that received more than	\$100,000 of compe	nsatı	on fro	m	
	the organization Report compensation for	the calendar y	ear e	<u>endı</u>	ng w	vith	or w	ıthır	n the organization's tax y	/ear.				
	(A)								(B)			(C)		
	Name and business	address	NO	NE					Description of s	ervices	Con	npen	satior	n
								ĺ						
									-					
					_				<del>.</del>			-		
	<del></del>							-		<del></del>				
		<u>.</u>						$\dashv$	····					
2	Total number of independent contractors (i	-	ot lir	nite	d to	tho	se lis	sted	l above) who received m	ore than				
	\$100,000 of compensation from the organi	zation 🕨					0							
											Fo	orm 9	<b>90</b> (2	2018)

832009 12-31-18

d All other revenue
 e Total. Add lines 11a-11d
 Total revenue See instructions

1 839 746

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 respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		,		<del></del>
	and domestic governments. See Part IV, line 21	634,015.	634,015.		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	148,100,	148,100.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	99,578,	99,578.		
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	22,382.	22,171,	211,	
0	Payroll taxes	19,263.	19,263,		
1	Fees for services (non-employees).				
а	Management				
b	Legal	21,449,		21,449.	
С	Accounting	21,923,		21,923.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				<u>-</u>
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	63,216.	22,716.	40,500.	
2	Advertising and promotion				
3	Office expenses	17,213.	10,631,	6,582,	
4	Information technology	22,273,		22,273.	
5	Royalties				
6	Occupancy	18,618.		18,618.	
7	Travel	58,412.	57,777.	635.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest		-		
1	Payments to affiliates				
22	Depreciation, depletion, and amortization				· <del>·······</del>
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Branding and Marketing	166,761,			166,76
b	Grant Management	31,500,			31,500
С	Dues and Subscriptions	2,672,	1,992.	680.	
d	Program Events	1,007.	1,007,		
е	All other expenses	205.		205.	
25	Total functional expenses. Add lines 1 through 24e	1,348,587.	1,017,250.	133,076.	198 26
:6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				<u> </u>

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 605,093. Cash - non-interest-bearing 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 11 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 605 093. 17 Accounts payable and accrued expenses 17 113,934. 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 26 0 113 934 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 Temporarily restricted net assets 28 491,159. 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 33 33 0 491,159.

Form 990 (2018)

605 093.

34

Total liabilities and net assets/fund balances

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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	1	,839	<u>746</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	348	<u>587.</u>
3	Revenue less expenses Subtract line 2 from line 1	3		491	<u> 159.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		491	159,
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
	<u> </u>		$\overline{}$	Yes	No
1	Accounting method used to prepare the Form 990 Cash _x_ Accrual Other				1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both				
	x Separate basis Consolidated basis Both consolidated and separate basis				1
b	Were the organization's financial statements audited by an independent accountant?		2b		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			ĺ
	consolidated basis, or both				ĺ
	Separate basis Consolidated basis Both consolidated and separate basis				1
c	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 in Sch	edule O.			1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (	(2018)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

Name of the organization Employer identifie							identification number				
		Equabl	e Institute			····		_ 8:	2-3988188		
Pai	rt I	Reason for Public	Charity Status (	All organizations must co	omplete th	is part ) Se	e instruction	s			
The o	organ	ization is not a private found	lation because it is	For lines 1 through 12, o	heck only	one box)		. 1			
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1	I)(A)(i).	ペレ			
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 9	90-EZ).)		1			
3		A hospital or a cooperative	hospital service org	anization described in se	ection 170	(b)(1)(A)(ii	ii).	$\bigcup$			
4		A medical research organiz	ation operated in co	njunction with a hospita	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,		
		city, and state							<u></u>		
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental	unit describ	ed in		
	section 170(b)(1)(A)(iv). (Complete Part II )										
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	х.	An organization that norma	illy receives a substa	intial part of its support t	rom a gov	ernmental	unit or from	the general	public 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 Par	t II )						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state o	f the colleg	e or		
		university							<del></del>		
10		An organization that norma	•								
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of	its suppor	from gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the o	rganızatıon	after June 30, 1975.		
		See section 509(a)(2). (Co									
11		An organization organized a									
12		An organization organized a									
		more publicly supported or							Check the box in		
		lines 12a through 12d that	• •			-					
а	<u> </u>		· ·	•	-						
		the supported organization		-	a majority	of the dire	ctors or trust	ees of the s	upporting		
	_	organization You must o	•								
b	Ц_										
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported		
	_	organization(s) You mus	•								
С	L		-					ally integrate	ed with,		
		its supported organizatio		· -							
d	<u> </u>	☐ Type III non-functionally	-								
		that is not functionally int						a an attent	iveness		
		requirement (see instruct	•	•				W T III			
е		Check this box if the orga					турет, туре	ıı, Type III			
		functionally integrated, or	• •	nally integrated support	ing organi	zation					
Ť		er the number of supported o	•								
<u>g</u>		vide the following information  i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga	nization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other		
		organization		(described on lines 1.10	Yes	No No	support (see i	-	support (see instructions)		
				above (see instructions))							
	<del></del>										
								<del></del> _			
	1	···· -									

Schedule A (Form 990 or 990-EZ) 2018 Equable Institute 82-3988188

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 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) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			1		1,839,746,	1,839,746,
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					1,839,746.	1.839.746.
5	The portion of total contributions					1,037,740.	1,000,740.
9	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)						
_	**					<del></del>	1,766,156,
	Public support. Subtract line 5 from line 4 ction B. Total Support		<u> </u>				73.590.
	• •	4 > 004.4	# N 0015	4-3-0010	(-1) 0017	(-) 0010	(D. T-4-1
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	-	-			1,839,746,	1,839,746,
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10					<u> </u>	1,839,746.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth ta	ax year as a secti	on 501(c)(3)	
	organization, check this box and stor						<u> </u>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2018 (I	line 6, column (f) d	ıvıded by line 11,	column (f))		14	<u>%</u>
15	Public support percentage from 2017	' Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2018. If the o	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			▶∟_
b	33 1/3% support test - 2017. If the c	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/39	% or more, check this	box
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			▶ □
17a	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10% o	r more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					_	ightharpoons
b	10% -facts-and-circumstances tes	=	· ·		_	17a, and line 15 is 10	0% or
-	more, and if the organization meets the	_					
	organization meets the "facts-and-circ				•		▶□
18	Private foundation. If the organization		=				<b>▶</b> □
<u></u>	The state of the s					adula A (Form 990 a	- 000 E7\ 2049

Schedule A (Form 990 or 990-EZ) 2018 Ec	<u>uable Institu</u>	ite	0 1: 500	( ) (0)	82-3988188	Page 3
Part III Support Schedule for 0	•		`		(/	
(Complete only if you checked			organization faile	ed to qualify under	Part II. If the organizat	ion fails to
• qualify under the tests listed b Section A. Public Support	elow, please com	plete Part II)				
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and	(a) 2014	(6) 2013	(6) 2010	(d) 2017	(e) 2010	(i) iotai
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				/	<b>′</b>	
organization's tax-exempt purpose				/		<u>.</u>
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				X		
6 Total. Add lines 1 through 5			,	<del>/ </del>		
7a 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			/			
c Add lines 7a and 7b			1			
8 Public support. (Subtract line 7c from line 6)						
Section B. Total Support	T		/		· · · · · · · · · · · · · · · · · · ·	
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on		/				
securities loans, rents, royalties,		/				
and income from similar sources  b Unrelated business taxable income		/				
(less section 511 taxes) from businesses						
acquired after June 30, 1975		/				
c Add lines 10a and 10b		/				
11 Net income from unrelated business		/				
activities not included in line 10b, whether or not the business is		/				
regularly carried on		/				
12 Other income Do not include gain	/					
or loss from the sale of capital assets (Explain in Part VI)			_		<u>.</u>	
13 Total support (Add lines 9, 10c, 11, and 12)					<u> </u>	<del></del>
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth	tax year as a section	on 501(c)(3) organizati	on,
check this box and stop here	io Support Do		<del> </del>	<del></del>		
Section C. Computation of Publ					45	
<ul><li>15 Public support percentage for 2018 (I</li><li>16 Public support percentage from 2017</li></ul>	, , , , , , , , , , , , , , , , , , , ,	*	column (t))		15	<u>%</u>
Section D. Computation of Inves					10	
17 Investment income percentage for 20			ne 13. column (f	<u> </u>	17	%
18 Investment income percentage from 2	1		110 10, 001011111 (1	"	18	%
19a 33 1/3% support tests - 2018. If the	1		on line 14. and li	ne 15 is more than		
more than 33 1/3%, check this box a	7					▶□
b 33 1/3% support tests - 2017. If the	1					 d
line 18 is not more than 33 1/3%, che	1 -					ightharpoons
20 Private foundation. If the organization	1	-				
832023 10-11-18					edule A (Form 990 o	r 990-EZ) 2018
/			16			
140713 146762 30169 /	203	18.04000 B	Equable 1	Institute	3	01691
/						

# Part IV Supporting Organizations

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

Sec	tion A. All Supporting Organizations			
			Yes	No
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	1_1_		
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)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
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	İ		
	organization made the determination	3b		
С	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	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
ь	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	4b	_	
С	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	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (h) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and FIN			
	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)	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6	-	_
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 or 990-EZ)	7		_
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
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.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
_	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		-
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
·	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		-
102	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a	**	
h.	Did the organization have any excess husiness holdings in the tax year? (Use Schedule C. Form 4720, to	104		

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10b

determine whether the organization had excess business holdings )

Sche	edule A (Form 990 or 990 EZ) 2018 Equable Institute			82-3988188 Page <b>6</b>
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explair	n in Part VI ) <b>See instructions.</b> A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	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		<del></del>	
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		· · · · · · · · · · · · · · · · · · ·	
	instructions for short tax year or assets held for part of year).			
а	Average monthly value of securities	1a	<del></del> -	
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	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 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

\_\_\_\_ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

Schedule A (Form 990 or 990-EZ) 2018

and 4c

8 Breakdown of line 7.

a Excess from 2014

b Excess from 2015

c Excess from 2016

d Excess from 2017

e Excess from 2018

Excess distributions carryover to 2019. Add lines 3j

Schedule A	(Form 990 or 990 EZ) 2018 Equable Institute	82-3988188	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, line Ine 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 Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions)	or 17b, Part III, line 12 s 1 and 2; Part IV, Sect rt V, Section B, line 1e;	ion C,
		·	
		····	
			_
			-

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	Equable Institute		82-3988188
Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year .		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	└── Yes └── No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose cor	nferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	t IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all th <u>at a</u> pply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a historic	ally important land area
	Protection of natural habitat	Preservation of a certified	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stri	2c	
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the or	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements if	t holds?	└─ Yes └─ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservations	ation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	n easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(	
	and section 170(h)(4)(B)(ii)?		└── Yes └── No
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	organization's accounting for
_	conservation easements		0: :1
Pai	t III Organizations Maintaining Collections of	-	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	•	
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financial ga	ain, provide
	the following amounts required to be reported under SFAS 1 $$	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		<b>\$</b>
<u>b</u>	Assets included in Form 990, Part X		<b>\$</b>
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2018

832051 10-29-18

Schedule D (Form 990) 2018

	dule D (Form 990) 2018 Equable Ins					041		2-39881			age <b>2</b>
	t III. Organizations Maintaining C										
3	Using the organization's acquisition, accessi	on, and other recor	ds, check	any of the	following that a	ire a sign	ııficant u	ise of its	collectio	n item	S
	(check all that apply)		. —.								
a	Public exhibition				hange program						
b	Scholarly research	•	е 🗀 (	Other							
С	Preservation for future generations							_			
4	Provide a description of the organization's co							se in Pan	XIII.		
5	During the year, did the organization solicit of					sımılar as	ssets		٦.,		٦
Do	to be sold to raise funds rather than to be more tive. Escrow and Custodial Arran	•					000	Dod 114	Yes		<u>No</u>
Га	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		iete ir tne	organizatio	n answered Te	es on Fo	orm 990,	, Part IV,	iirie 9, Or		
	Is the organization an agent, trustee, custod		diary for	contribution	ns or other asse	ts not inc	cluded				
	on Form 990, Part X?		<b>L.u.</b> , 101						Yes		No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowina t	able.							
-	ii roo, oxplair ale arrangement iii are xiii	and complete the r	J						Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d	•			
-	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on F	orm 990. Part X. line	e 21. for e	escrow or co	ustodial accoun	nt liability			Yes		No
	If "Yes," explain the arrangement in Part XIII					-					]
Pai											
	•	(a) Current year	(b) P	rior year	(c) Two years b	oack (d)	Three ye	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balan	ce (line 1	g, column (a	a)) held as <sup>.</sup>						
а	Board designated or quasi-endowment		%								
b	Permanent endowment >	%									
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiz	zation tha	it are held a	ınd admınıstere	d for the	organiza	ation	r		
	by									Yes	No
	(i) unrelated organizations								3a(ı)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		owment f	funds							
Pai	t VI Land, Buildings, and Equipm			, <u>-</u>			4.5				
	Complete if the organization answere										
	Description of property	(a) Cost or o			or other	(c) Acci		<b>d</b>	( <b>d</b> ) Boo	k value	8
		basis (invest	ment)	Dasis	(other)	aepre	ciation				
1a	Land										
b	Buildings										
C	Leasehold improvements					-					
d	Equipment										
<u>е</u>	Other (Calassa Cities and a	avel Form 000, Dan		(0) ( (							

Schedule D (Form 990) 2018

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2018

(5) (6) (7) (8) (9)

chedule D (Form 990) 2018 Equable Institute  Part XI- Reconciliation of Revenue per Audited Financial Sta	tomente With Payanua n	82-3988188 or Poturn	Page 4
Complete if the organization answered "Yes" on Form 990, Part IV, lin		er neturn.	
Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII )		<del> </del>	
c Add lines 4a and 4b		4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	otomonts With Exponses	per Peturn	
Part XII Reconciliation of Expenses per Audited Financial St		per neturn.	
Complete if the organization answered "Yes" on Form 990, Part IV, lin	124	·   •	
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	20		
a Donated services and use of facilities	2a 2b	<del> </del>	
b Prior year adjustments	2c		
c Other losses d Other (Describe in Part XIII )	2d	<del>-</del>	
d Other (Describe in Part XIII ) e Add lines 2a through 2d	Zu	2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII )	4b		
c Add lines 4a and 4b	75	4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	8)	5	
Part XIII Supplemental Information.			
rovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4 nes 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an		line 4, Part X, line 2, P	art XI,
art X, Line 2:			
S GAAP requires that uncertain tax positions be recognized in	n the		
inancial statements when it is more likely than not, based or	n technical	<u> </u>	
erits, that the position will be sustained upon examination,	At December		
1, 2018, management has determined that the Organization had	no material		
ncertain tax positions that require recognition or disclosure	e in the		
inancial statements.		· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·		
		Sabadula D (For	000\ 204:

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Open to Public

Inspection

OMB No 1545-0047 2018

information.
latest
for the
Form990
v.irs.gov
to www
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Name of the organization							Employer identification number
+	tute						82-3988188
Part I General Information on Grants and Assistance	ind Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the selec	tion
criteria used to award the grants or assistance?	stance?						Yes X No
2 Describe in Part IV the organization's procedures for monitoring the use of	ocedures for monitor		grant funds in the United States.	States.			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organiz	ations and Domestic	Governments. C	omplete if the orga	nization answered "Y	es" on Form 990, Parl	t IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if	\$5,000 Part II can		additional space is needed	led		_	
1 (a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							Grant 001 - To support
Bellwether Education Partners							Bellwether's teacher
1426 9th Street NW							benefit modeling and
Washington DC 20001	26-1914515		65,000.	0			technical assistance work
							To support NYU's project
New York University							which will analyze cost
27 West Fourth Street							and risks of the New York
New York NY 10003	13-5562308		60,000.	0			City Teachers' Retirement
							To support the Urban
Urban Institute							Institute's project to
500 L'Enfant Plaza SW							examine and analyze
Washington DC 20024	52-0880375		149,015.	0			retirement plans for
							For Reason's project to
Reason Foundation							advance its technical
1747 Connecticut Avenue NW							assistance work to
Washington DC 20009	95-3298239		225,000.	0			support reform efforts in
							To support The Hunt
Hunt Institute							Institute's Hunt-Kean
1000 Park Forty Plaza #280							Leadership Fellows
Durham, NC 27713	80-0025367		50 000.	0			program, which seeks to
							For Stand for Children
Stand							Louisiana to conduct
2374 St. Claude Avenue #230							focus groups with
New Orleans, LA 70117	52-1957214		40,000.	0			teachers from around
9 Enter total number of section 501(A/3) and government organizations listed in the line 1 table	and appearament or	anizations listed in th	e line 1 table				•

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

See Part IV for Column (h) descriptions

Schedule I (Form 990) (2018)

30

Page 2 Schedule I (Form 990) (2018) (f) Description of noncash assistance 82-3988188 (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part II, line 2, Part III, column (b), and any other additional information 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 (d) Amount of non-cash assistance 31 (c) Amount of cash grant state-specific teams working to achieve retirement system sustainability (h) Purpose of Grant or Assistance: Grant 001 - To support Bellwether's work on teacher pensions, culminating in a partnership with U.S. News & - To support Bellwether's work in the first of two phases of teacher benefit modeling and technical assistance work as part of the and affordability, and the capacity for retirement systems to support Name of Organization or Government: Bellwether Education Partners (b) Number of recipients Equable Institute (a) Type of grant or assistance Part II, line 1, Column (h): Schedule I (Form 990) (2018) income security, 832102 11-02-18 Grant 007 Part III

Schedule I (Form 990) Equable Institute	82-3988188	Page 2
Part IV Supplemental Information		
World Report to create a magazine-style ranking of state-run teacher		
web imposed dystems		
retirement systems.	_	
Name of Organization or Government: New York University		
(h) Purpose of Grant or Assistance: To support NYU's project which will		
analyze cost and risks of the New York City Teachers' Retirement Sustem		
under current policies and under potential alternative policies.	<u> </u>	
Name of Organization or Government: Urban Institute	····	
(h) Purpose of Grant or Assistance: To support the Urban Institute's		
project to examine and analyze retirement plans for public school		
teachers in three states,		
Name of Organization or Government: Reason Foundation		
(h) Purpose of Grant or Assistance: For Reason's project to advance its		
technical assistance work to support reform efforts in six states.		
Name of Organization or Government: Hunt Institute		
(h) Purpose of Grant or Assistance: To support The Hunt Institute's		
Hunt-Kean Leadership Fellows program, which seeks to partner with		
senior-level political leaders who have the knowledge, skill, and will to		
be effective, reform-minded education policymakers at the state level.		
Name of Organization or Government: Stand		
(h) Purpose of Grant or Assistance: For Stand for Children Louisiana to		
conduct focus groups with teachers from around Louisiana to: determine		
current perceptions, understanding, and feelings toward TRSL; gauge		
interest in different types of potential reforms; refine messaging; and		<b></b>
incerest in different types of potential ferorms; felline messaging; and	Schedule	I (Form 990)

Schedule	l (Form 990)	Equable Institute ormation		82-3988188	Page 2
Part IV	Supplemental In	ormation			
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## **SCHEDULE O**

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
Equable Institute	82-3988188
Form 990 Part I, Line 1 Description of Organization Mission:	
improving the sustainability of public sector retirement systems.	
Imploying the Bededicately of person seems by beams,	<del>-</del>
Form 990, Part VI, Section A, line 8b:	
The Organization does not have any committees to act on behalf of the	
The organization does not have any obsamizations to dot in sonary or the	
governing body,	
Form 990, Part VI. Section B. line 11b:	
The 990 was completed in collaboration with the Executive Director, who was	
authorized by the board President. The board authorized the Treasurer to	
review the 990 and approve its submission on behalf of the board. An	
Teview the 350 and approve ten basinibility on senait of the source, in	
approved copy was provided to all board members before filing.	
Form 990, Part VI, Section B, line 12:	
Our policy is that board members are non-compensated individuals. The	
executive director and operations team ensure that no directors, officers,	
or other staff at the organization will reap a financial gain from a	
consulting contract given to an outside organization or other financial	
transaction with another organization.	
Form 990, Part VI, Section B, Line 15a:	
Compensation is determined by the Board of Directors.	
Form 990, Part VI, Section C, Line 19:	
The Organization makes its documents available upon request.	

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Schedule O (Form 990 or 990-EZ) (2018)