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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

Inspection

Department of the Treasury

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

and ending A For the 2024 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number X Address change Looking Out Foundation Name change 45-5300890 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 615-329-9902 P.O. Box 340020 termin-ated 1,662,503. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended Nashville, TN 37203 H(a) Is this a group return Applica-F Name and address of principal officer: Gloria Goeres Yes X No for subordinates? pending P.O. Box 340020, Nashville, TN 37203 ∐Yes No **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)((insert no.) 4947(a)(1) or L If "No," attach a list. See instructions LookingOutFoundation.Org H(c) Group exemption number K Form of organization: X Corporation Association Other L Year of formation: 2012 M State of legal domicile: WA Part I Summary Briefly describe the organization's mission or most significant activities: To amplify the impact of music Activities & Governance by empowering those without a voice. From neighborhood to nation, Check this box $oldsymbol{ol}}}}}}}}}}}}}}}}}$ 5 Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line 1b) 2 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 40 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year** Current Year 2,275,578. 1,630,588. Contributions and grants (Part VIII, line 1h) Revenue 21,206. 31,915. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,296,784. 1,662,503. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,110,325. 1,283,912. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 84,379. 129,905. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 152,994.280,436. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,347,698. 1,694,253. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -31,750. -50,914. Revenue less expenses. Subtract line 18 from line 12 Assets or a Balances **Beginning of Current Year End of Year** 328,525. 360,276. 20 Total assets (Part X, line 16) 0. О. 21 Total liabilities (Part X, line 26) 360,276. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block 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. Signature of officer Date Sign Gloria Goeres, Executive Director Here Type or print name and title Date PTIN Preparer's name Preparer's signature Check X if self-employed **№**00338340 Paid Pamela K. Hagy Pamela K. Hagy 11/17/25 Pamela K. Hagy, CPA Firm's EIN 62-1642854 Preparer Firm's name Use Only Firm's address P.O. Box 59366 Phone no. (615) 665-1214Nashville, TN 37205 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Par	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:	_
	To amplify the impact of music by empowering those without a vo	
	From neighborhood to nation, we fund organizations that often of	
	unnoticed as they support social justice and humanitarian cause	s
	across the US and globally.	
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	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	penses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,346,133. including grants of \$1,283,912.) (Revenue \$	31,915. ₎
	Grants awarded to specific charitable organizations and individ	
	chosen by the officers of the foundation in accordance with the	
	purpose of Looking Out Foundation's exempt status. To support	
	music humanitarian outreach efforts in local communities and be	yond.
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses 1,346,133.	
		Form 990 (2024)

Form 990 (2024) Looking Out Foundation 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? See instructions	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	4		х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	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 donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 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	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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. See instructions	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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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Part 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	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			- v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	١	Х	
OF -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	2Eh		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
		38	Х	
Par	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance**			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	J		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
		_	OOO.	1000 1

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Form **990** (2024)

1024) Looking Out Foundation Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

2a 1 2					Yes	No			
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_						
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, 'has if the dis Form 900 of the 'they ary 1f Ye' to lime 8b, provide an explanation on Schedule O 3c If Yes, 'an interest the air Form 900 of the 'they of lime 8b, provide an explanation on Schedule O 3c If Yes, 'an interest the name of the torganization have an interest in, or a signature or other authority over, a financial account in a foreign country guche as a barik account, securities account, or other financial account()? 5a Was the organization for the forging country 5a Was the organization party to a prohibited tax shelter transaction or the property of the property of the organization for profession at any time during the tax year? 5b If Yes's interest the sar oft, bid the organization that If was or is a party to a prohibited tax shelter transaction? 5c If Yes's to lime 5a or 5b, did the organization that If was or is a party to a prohibited tax shelter transaction? 5c If Yes's interest of the organization in the organization in the shelt property of the organization shelt are year? 5c If Yes's, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of exhirable contributions? 6c If Yes's, 'did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductibles or antibation and party for goods and services provided to the payor? 5c If Wes's, 'did the organization neotine apparent in access of Strange party as a contribution and party for goods and services provided to the payor and the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the form 8282? 5c If If Yes's, 'indicate the number of Forms 8282 filed during the year 5d If Yes's, 'indicate the number of Forms 8282 filed during the year 5d Did the organization received a portribution of qualified intellectual property, did the organ		filed for the calendar year ending with or within the year covered by this return	2a 2						
b If Yes, "has it filled a Form 990-T for this year? If "No" to five 30, provide an explanation on Schedule O 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? at 1 year of the organization have an interest in, or a signature or other authority over, a financial account? at 1 year of 1 year. The signature of the foreign country (such as a bank account, securities account, or other financial account? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited in the was or is a party to a prohibited tax shelter transaction? 5b Did any explanation aparty to a prohibited tax shelter transaction? 5b Did was the organization and party to a prohibited tax shelter transaction? 5c If "Yes" to line Sa or 5b, did the organization file Form 8889-1? 6c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Did were not tax deductible? 6c Did the organization that may receive deductible contributions under section 170(c). 6c Did the organization treceive a payment in excess of \$75 made party as a contribution and party for goods and services provided on the payor? 7b If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X did If Yes, indicate the number of Forms 8282 field during the year 6b Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1084-C7 7c X did If Yes, indicate the number of Forms 8282 field during the year 9 Did the sponsoring organization make a contribution of qualified intellectual property, did the organization file a Form 1088-C7 8 Sponsoring organization secreti	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х				
4a At any time during the calendary year, dolt the organization have an interest in. or a signature or other authority over, a financial account is a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5b If "Yes," enter the name of the foreign country 5c Was the organization apply to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization to the organization the fire FIRES FORM 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization to the organization the fire was 160,000, and did the organization solicit any contributions that were not tax deductibles of the organization to the organization than the organization that it was or is a party to a prohibited tax shelter transaction? 5c Description to the organization to tax deductibles charitable contributions? 5c Description that may receive deductible contributions under section 170(c). 6c Description that may receive deductible contributions under section 170(c). 6c Description that may receive deductible contributions under section 170(c). 6c Description that may receive deductible contributions under section 170(c). 6c Description of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7c Description 1170 or 170 organization receive a gayment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor? 7d Description 1170 organization receive and printing the description of the value of the goods or services provided? 7c Description 1170 organization receive and printing they were received to tile Forem 8822? 7d Description 1170 organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1988 or equired? 7d If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1988 or equired? 7d Section 501(c)(За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X			
francial account in a foreign country (such as a bank account, securities account, or other financial account)? b if Yes, "enter the name of the foreign country." See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Wes the organization a party to a prohibited tax shelter transaction at ny time during the tax year? 5b Did any taxable party notify the organization file Form 8888-17. 6 If Yes's to line 5a or 5b, did the organization file Form 8888-17. 6 Does the organization and proper to tax deductible as charitable contributions? 5 If Yes's, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes's, "did the organization include whe every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If If Yes's, "did the organization notify the donor of the value of the goods or services provided? 7 To Understanding the section of the value of the goods or services provided? 7 To Understanding the section of the value of the goods or services provided? 7 To Understanding the section of the value of the goods or services provided? 7 To Understanding the section of the value of the goods or services provided? 7 To Understanding the section of the value of the goods or services provided? 7 To Understanding the section of the value of the goods or services provided? 7 To Understanding the section of the value of the goods or services provided? 7 To Understanding the section of the value of the goods or services provided? 7 To Understanding the section of the value of the goods or services provided? 7 To Understanding the section of the sec	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b					
b If "Yes," either 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 aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization in the organization the file from 8886-7. 6c If "Yes" to line 5a of 5b, did the organization file from 8886-7. 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 deductibles of a 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 deductibles. 7 Organizations that may receive deductible contributions under section 170(c). a lod the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles. 7 Organizations that may receive deductible contributions under section 170(c). a lod the organization received a notify the door of the value of the goods or services provided? 7 If If "Yes," inclinate the number of Forms 8282 filed during the year 1 If If If Yes, "Indicate the number of Forms 8282 filed during the year 2 If If If Yes, "Indicate the number of Forms 8282 filed during the year 3 If If the organization received a contribution of qualified intelectual property, of the tome R889 as required? 4 If If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1088 C? 5 Sponsoring organizations make any taxabiled intelectual property, did the organization file from 8889 as required? 7 If If the organization received and contribution of a donor, donor advised fund maintained by the sponsoring organizations. Enter: a linear form 1088 or received and substitution to a donor, donor advised fund file file file file forms 1088 C? 5 Section 501(c)(2) organization make any	4a								
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 9 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 9 Seb X 8 Does the organization aparty to a prohibited tax shelter transaction? 9 Seb X 9 If "Yes," of line organization fall of the organization file Form 8986-17? 9 Organization start may receive deductible as charitable contributions? 9 If "Yes," of line organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 Organizations that may receive deductible contributions under section 170(c). 9 If If "Yes," of line organization notify the donor of the value of the goods on services provided? 10 If the organization sell, exchange, or otherwise dispose of fangible personal property for which it was required to file Form 8282? 10 If "Yes," of line organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 11 Did the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? 12 If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? 13 If the organization received a contribution of dignation distributions under section 4966? 14 Sponsoring organization maintaining donor advised funds. Did a donor advised funds the property did the organization file Form 899 as required? 15 Did the sponsoring organization maintaining donor advised funds. Did a donor advised fund by the sponsoring organization maintaining donor advised funds. 15 Did the sponsoring organization maintaining donor advised funds. 16 Gross records, recluded on form 990, Part VIII, line 12, for public use of club facilities 16 Gross records from embers or shareholders			account)?	4a		Х			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5	b	· · · · · · · · · · · · · · · · · · ·							
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes" to line 5a or 5b, did the organization file Form 8889-17 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twee not tax deductible as charitable contributions? 6 Ji If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Jid the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 9 Jif "Yes," did the organization on thity the donor of the value of the goods on services provided? 10 If "Yes," did the organization of the value of the goods on services provided? 11 Jif yes," did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 12 Jif Yes, "did the organization on thity the donor of the value of the goods on services provided? 13 Jif Yes," did the organization on thity the donor of the value of the goods on services provided? 14 Jif Yes, "did the organization on thity the donor of the value of the goods on services provided? 15 Jif Yes," did the organization on thity the donor of the value of the good on services provided? 16 Jif Yes, "did the organization on the value of the good on services provided? 17 Jif Yes," did the organization organization on the value of the good on a personal benefit contract? 17 Jif Yes, "If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-CT 8 Jif Yes, and the organization file a Form 1098-CT 8 Jif Yes, and the organization organization maintaining donor advised funds. Did a donor advised funds. 18 Jif Yes, "complete form 470, Service of the good of the o						37			
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17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	. •								
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		tivities						
				17					

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Form **990** (2024)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la la			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	-		
<i>1</i> a		7a		х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a		
b		7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75		
		8a	х	
a L	The governing body? Each committee with authority to act on behalf of the governing body?	8b		Х
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		- 25
Э	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		21
000	tion B. I oncies (mis section B requests information about policies not required by the internal nevertue code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	
		Ha		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
		120	25	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	х	
40	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4=	v	
	The organization's CEO, Executive Director, or top management official	15a	Х	X
a	Other officers or key employees of the organization	15b		Λ
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
_	taxable entity during the year?	16a		Х
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		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and the conflict of interest policy is a conflict of interest policy.	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	FBMM Inc 615-329-9902			
	P.O. Box 340020, Nashville, TN 37203			

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Form **990** (2024)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization	nor any related	orga	aniza	ation	cor	npei	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	_	cer ar	ia a a	recto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	nstee	trust		e e	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	ional		yoldı	t con	_	1099-NEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	orme			organizations
(1) Catherine Carlile	40.00	 =		0	×	Τ 60	ш.			
Chairperson of the Board	5.00	Х		х				80,000.	100,000.	0.
(2) Gloria Goeres	40.00									
Executive Director	0.00			Х				33,333.	0.	0.
(3) Brandi Carlile	10.00									
President	40.00	X		Х				0.	0.	0.
(4) Timothy Hanseroth	10.00	ļ								
Secretary	40.00	X		Х				0.	0.	0.
(5) Phillip Hanseroth	10.00	۱		l					•	
Treasurer	40.00	X		Х				0.	0.	0.
(6) Amber Molen - thru 9/24	1.00	ļ								
Director	0.00	X						0.	0.	0.
(7) Roberta Goschler - thru 9/24	1.00								_	_
Director	0.00	X						0.	0.	0.
(8) Holly Zipperer - thru 9/24	1.00	ļ								
Director	0.00	X						0.	0.	0.
(9) Amy Andrews - thru 9/24	1.00	۱								
Director	0.00	X						0.	0.	0.
(10) Jeri Andrews - thru 9/24	1.00	١,,							0	0
Director	0.00	X						0.	0.	0.
(11) Xiomara Padamsee	1.00	٠,							0	0
Director	0.00	Α.						0.	0.	0.
		1								
	+									
		1								
	1									
		1								
	1	<u> </u>	_			_				
		1								

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Part VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C		es (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average hours per	I (do not check more than			than		Reportable	Reportable			timate		
	week					or/trus		compensation from	compensation from related		nount other	וכ	
	(list any	ctor						the	organization		com	tion	
	hours for	r dire				ted		organization	(W-2/1099-MIS	3C/	fr	om the	Э
	related	stee c	rustee			oen sa		(W-2/1099-MISC/	1099-NEC)		•	anizat	
	organizations below	nal tru	onal t		oloyee	coml ee		1099-NEC)				d relat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	31 IC
	,	=	=	0	3	王高	Œ						
		1											
		_				<u> </u>				\rightarrow			
		-											
		1											
		_				<u> </u>				\rightarrow			
		-											
						1							
		\cdot											
1b Subtotal					<u> </u>	<u> </u>		113,333.	100,00	00.			0.
c Total from continuation sheets to Part V	II. Section A							0.		0.			0.
d Total (add lines 1b and 1c)								113,333.	100,00	00.			0.
2 Total number of individuals (including but r								received more than \$100	,000 of reportab	le			
compensation from the organization												· ·	0
2 Did the examination list any former officer	director truct	ا ۵۵			مررما		, bio	shoot componented amo	lovoo on	Г		Yes	No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s			-	-	-		_		-		3		Х
4 For any individual listed on line 1a, is the s								her compensation from			Ť		
and related organizations greater than \$15											4	Х	
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	/ unr	elat						
rendered to the organization? If "Yes," con	nplete Schedul	e J f	or su	uch	pers	son .				<u></u>	5		X
Section B. Independent Contractors									*		,		
1 Complete this table for your five highest co the organization. Report compensation for										npensa	ation i	rom	
(A)	tric calcridar y	car	Cridi	ng v	VICII	OI W		(B)	ycar.		(0		
Name and business	address	N	INC	3				Description of s	ervices	Co		nsatio	n
							\dashv						
2 Total number of independent contractors (including but n	ot li	mito	d to	the	ا می	etec	d ahove) who received a	ore than				
\$100,000 of compensation from the organ		iot il		u 10		0	٥١٥٥	a above, who received it	ioro triair				
, , , , , , , , , , , , , , , , , , ,											Form	990 (ž	2024)

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Pa	11.	/ 111					as in this Dark VIII			
			Check if Schedule O co	ontains a respo	nse	or note to any lir	ne in this Part VIII (A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns Membership dues							
s, G Am			Fundraising events							
Sift lar /			Related organizations							
imil			Government grants (contrib							
tion		f	All other contributions, gifts, g	rants, and						
ibu			similar amounts not included a	above 1f	1,	630,588.				
d O		g	Noncash contributions included in li	ines 1a-1f 1g \$	3					
a C		h	Total. Add lines 1a-1f				1,630,588.			
						Business Code				
ce	2		Royalties-Cove	er Stori	<u>.е</u>	711130	20,005.			
ervi Je		b	Merchandise			711130	11,910.	11,910.		
n Si		С								
Jrar Rev		d								
Program Service Revenue		е								
ъ.			All other program service re				21 01 5			
			Total. Add lines 2a-2f				31,915.			
	3		Investment income (includi			•				
	4 5		Income from investment of	=	-					
	3		Royalties	(i) Real		(ii) Personal				
	6	2	Gross rents	6a		(ii) i diddiiai				
	Ū			6b						
				6c						
			Net rental income or (loss)							
	7		Gross amount from sales of	(i) Securit	ies	(ii) Other				
				7a						
		b	Less: cost or other basis							
nue				7b						
Revenue		С	Gain or (loss)	7c						
		d	Net gain or (loss)							
Other	8	а	Gross income from fundraising including \$	•						
			contributions reported on li	ine 1c). See						
			Part IV, line 18		8a					
		b	Less: direct expenses		8b					
			Net income or (loss) from fu							
	9	а	Gross income from gaming							
			Part IV, line 19		9a					
			Less: direct expenses		9b					
			Net income or (loss) from g	-	s					
	10	а	Gross sales of inventory, le							
			and allowances							
			Less: cost of goods sold							
		C	Net income or (loss) from s	ales of invento	ry	Business Code				
Snc	11	2				Duanicaa Cout				
Miscellaneous Revenue	• •	b			_					
ella		C			_					
disc R			All other revenue		_					
2			Total. Add lines 11a-11d							
	12		Total revenue. See instruction				1,662,503.	31,915.	0.	0.

Form 990 (2024) Looking Out Foundation Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Dο	Check if Schedule O contains a responsion tinclude amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	217 700	217 700		
	and domestic governments. See Part IV, line 21	317,700.	317,700.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	0.66 212	066 212		
	individuals. See Part IV, lines 15 and 16	966,212.	966,212.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	112 222	11 222	102 000	
_	trustees, and key employees	113,333.	11,333.	102,000.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	16,572.	1,526.	15,046.	
0	Payroll taxes	10,372.	1,320.	15,046.	
1	Fees for services (nonemployees):				
а	Management	9 000		9 000	
b	Legal	8,909. 3,941.		8,909.	
C	Accounting	3,941.		3,941.	
d	, <u> </u>				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	15 104	1 510	12 666	
	column (A), amount, list line 11g expenses on Sch O.)	15,184. 37,877.	1,518. 30,406.	13,666.	
12	Advertising and promotion	110,705.	109.	110,596.	
13	Office expenses	9,326.	109.	9,326.	
14 	Information technology	9,340.		9,320.	
15	Royalties	108.		108.	
16	Occupancy	24,808.	11,694.	13,114.	
17	Travel	24,000.	11,094.	13,114.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to offiliates				
21	Payments to affiliates				
2	Depreciation, depletion, and amortization	510.		510.	
23	Insurance Other expenses. Itemize expenses not covered	310.		310.	
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) Reimbursed Expenses	68,847.	5,635.	63,212.	
a b	B & O Taxes	221.	5,055.	221.	
C		2210		221	
d					
e	All other expenses				
:5	Total functional expenses. Add lines 1 through 24e	1,694,253.	1,346,133.	348,120.	(
<u>.5</u> 26	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)				

Form **990** (2024)

16171117 150678 LOF

Form 990 (2024) Part X Balance Sheet

Cash - non-interest bearing			Check if Schedule O contains a response or note to an	y line in this Part X			
Peggg Savings and temporary cash investments 2 3 4 Accounts receivable, net 4 4 4 4 4 4 4 4 4			·		(A) Beginning of year		(B)
Savings and temporary cash investments 2 3		1	Cash - non-interest-bearing		359,463.	1	328,525.
3 Pledges and grants receivable, net 3 4		2				2	
A Accounts receivable, net		3				3	
Stans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5		4			4		
Controlled entity or family member of any of these persons 5		5					
Controlled entity or family member of any of these persons 5			trustee, key employee, creator or founder, substantial of	contributor, or 35%			
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(11), and persons described in section 4958(c)(3)(B) 6					5		
Under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6					
7 Notes and loans receivable, net 813. 8 Nountroines for sale or use 813. 8 Nountroines for sale or use 813. 8 Nountroines for sale or use 9 Perpaid expenses and deferred charges 9 Perpaid expenses 11 Perpaid expenses 11 Perpaid expenses 11 Perpaid expenses 12 Perpaid expenses 12 Perpaid expenses 13 Perpaid expenses 14 Perpaid expenses 15 Perpaid expenses 15 Perpaid expenses 16 Perpaid expenses 17 Perpaid expenses 17 Perpaid expenses 17 Perpaid expenses 18 Perpaid expenses 18 Perpaid expenses 18 Perpaid expenses 19 Perpaid expenses 1				+: 4050(-\(0\(D\)		6	
8	Ŋ	7	****		7		
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments - publicity traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Unsecured notes and loans payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Other liabilities. Add lines 17 through 25 27 Net assets with donor restrictions 28 Net assets with donor restrictions Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 29 Capital stock or trust principal, or current funds 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets with dances 360, 276, 32 328, 525.	set			F	813.	8	0.
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	_						328,525.

Form **990** (2024)

Form	990 (2024) Looking Out Foundation 45-530	0890	Page	e 12
Pai	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		[X
				_
1		1,662		
2	Total expenses (must equal Part IX, column (A), line 25)	1,694	1,25	3.
3	Revenue less expenses. Subtract line 2 from line 1		L,75	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	360	,27	6.
5	Net unrealized gains (losses) on investments 5			
6	Donated services and use of facilities			
7	Investment expenses 7			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)		_	·1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B)) 10	328	3,52	<u> 25.</u>
Pai	t XII Financial Statements and Reporting		-	
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u> L	
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2024)

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Looking Out Foundation

Employer identification number

45-5300890 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). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 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, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Total

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.)

Sec	tion A. Public Support						_
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	799,087.	695,409.	1,584,831.	2,275,578.	1,630,588.	6,985,493.
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	799,087.	695,409.	1,584,831.	2,275,578.	1,630,588.	6,985,493.
	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)						1,110,773.
6	Public support. Subtract line 5 from line 4.						5,874,720.
Sec	tion B. Total Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4	799,087.	695,409.	1,584,831.	2,275,578.	1,630,588.	6,985,493.
	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						6,985,493.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	255,316.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2024 (I					14	84.10 %
15	Public support percentage from 2023	Schedule A, Part	II, line 14			15	83.48 %
16a	33 1/3% support test - 2024. If the o	-					
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies						
b	33 1/3% support test - 2023. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2024. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	e. Explain in Part \	/I how the organiz	ation
	meets the facts-and-circumstances to						
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the						
	organization meets the facts-and-circle						
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		S

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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 6				1		ļ
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						<u> </u>
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here						<u></u>
	ction C. Computation of Publ					1 1	
	Public support percentage for 2024 (15	%
	Public support percentage from 2023					16	<u>%</u>
	ction D. Computation of Inve					I I	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2024. If the						17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2023. If the						
	line 18 is not more than 33 $1/3\%$, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in:	structions	

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Schedule A (Form 990) 2024

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5с		
6		
_		
7		
8		
9a		
9b		
9с		
10a		
10b		

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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental			
	entity (see instructions).	ſ		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
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	3h		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	ganization (see
	instructions)			

Schedule A (Form 990) 2024

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2024			
а	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
е	From 2023			
f	Total of lines 3a through 3e			
g	Applied to under distributions of prior years			
h	Applied to 2024 distributable amount			
i_	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D,			
	line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
С	Excess from 2022			
d	Excess from 2023			
е	Excess from 2024			

Schedule A (Form 990) 2024

Corredate 7 t	(1 om 600) 2024
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.)

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Looking Out Foundation

Employer identification number

45-5300890

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (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 . lote: 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							
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a)(1) contributor, during	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering) instead of the contributor name and address), II, and III.						
year, contributions is checked, enter h purpose. Don't cor	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).							

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

Employer identification number

Looking Out Foundation

45-5300890

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

Name of organization

Employer identification number

Looking Out Foundation

45-5300890

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

Employer identification number Name of organization 45-5300890 Looking Out Foundation Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

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

Looking Out Fou	ndation				45-53008	90
		ctivities Out	tside the United States. Comple	ete if the organ		
Form 990, Part IV	/, line 14b.			_		
1 For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	ants and other		
the grantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	stance? X	Yes No
2 For grantmakers. Described States.	ribe in Part V the	e organization's p	procedures for monitoring the use of its	s grants and of	ther assistance ou	tside the
3 Activities per Region. (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activis is a prog describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
Europe (Including						
Iceland & Greenland) - Albania, Andorra,			Grant to recipient located			
Austria, Belgium	0	0	in the region	N/A		10,000.
Middle East and						
Algeria, Bahrain,			Grant to recipient located	L.,_		650.010
Djibouti, Egypt,	0	0	in the region	N/A		658,212.
North America	0		Grant to recipient located in the region	N/A		293,000.
Central America and						
the Caribbean -						
Antigua & Barbuda,			Grant to recipient located			
Aruba, Bahamas,	0	0	in the region	N/A		5,000.
3 a Subtotal	0	0				966,212.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	0				966,212.

LHA 432071 01-15-25

Schedule F (Form 990) (Rev. 12-2024)

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

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

45-5300890

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			To support rural and					
			indigenous women in					
			addressing social,					
		North America	economic, and gender	43,000.	ACH Wire	0.		
			To support funding					
		Europe (Including	initiatives for					
		Iceland &	vulnerable and					
		Greenland)	marginalized women	10,000.	ACH Wire	0.		
			To support					
			educational and					
			charitable activities					
		North America	in Mexico and across	250,000.	ACH Wire	0.		
			To support					
		Middle East and	humanitarian aid and					
		North Africa	relief in Gaza.	658,212.	ACH Wire	0.		

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

5

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Part IV Foreign Forms 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes." the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may 2 be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990) 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471) 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," 5 the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)

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

Did the organization have any operations in or related to any boycotting countries during the tax year? If

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

Schedule F (Form 990) (Rev. 12-2024)

6

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Part I, Line 2:

Looking Out Foundation selects grantees through an internal process with the Foundation's Board of Directors. Each potential grantee's request is reviewed by each board member to ensure it meets Looking Out Foundation's mission guidelines and the charity will use the grant exclusively to carry out the "as detailed" charitable project or for general operations exclusively for exempt purposes.

Once the grantee has been approved, Looking Out Foundation provides the charity with a grantee form that requests detailed information on the organization, the amount of funds requested and how the funds will be used, and a request for updates and reports. After the grantee form is in hand, the charity is sent the funds along with the Foundation's donation acknowledgment letter which requests a signatory back confirming receipt of the funds.

Part I, line 3:

Cash

Part II, Column (d):

Region: North America

Region: North America

(d) Purpose of Grant: To support rural and indigenous women in addressing social, economic, and gender inequalities across the global south

Region: Europe (Including Iceland & Greenland)

(d) Purpose of Grant: To support funding initiatives for vulnerable and marginalized women around the world facing violence and extreme poverty

(d) Purpose of Grant: To support educational and charitable activities	
in Mexico and across the world for LGTBQ+ communities	

SCHEDULE I (Form 990)

(Rev. December 2024)
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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Looking C	45-5300890						
Part I General Information on Grants a							
Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr	istance? ocedures for mon	itoring the use of gran	t funds in the Unite	d States.			X Yes No
Part II Grants and Other Assistance to recipient that received more than					anization answered "`	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Equality Florida Institute Inc. P.O. Box 20786							To support LGBTQIA+ community initiatives
Tampa, FL 33622	59-3435235	501(c)3	20,000.	0.			throughout Florida.
Exalt Youth 17 Battery Place, Suite 307 New York, NY 10004	20-5540955	501(c)3	20,000.	0.			To support court-involved youth ages 15-19 in New York City.
Head Count 104 W 29th Street, 11th Floor New York, NY 10001	77-0626772	501(c)3	20,000.	0.			To support youth voter registration and mobilization in Florida and across the US.
Outright Vermont PO Box 5235 Burlington, VT 05402	03-0323843	501(c)3	20,000.	0.			To support LGBTQ+ youth summer camp programming in Vermont.
PEN American Center 120 Broadway, 26th Floor New York, NY 10271	13-3447888	501(c)3	20,000.	0.			To support Unified Voices Summit for Educational Freedom.
Thrive Youth Center Inc. PO Box 831631 San Antonio TX 78283	47-1528452	501(c)3	20,000.	0.			To support an emergency shelter and housing program in San Antonio, Texas.
2 Enter total number of section 501(c)(3) a							16.
3 Enter total number of other organization	ns listed in the line	1 table					0.

30

Part II Continuation of Grants and Other	r Assistance to De	omestic Organization	is and Domestic G	overnments (Sch	edule I (Form 990), Pa I	irt II.) 	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							To support a musical
South Carolina Philharmonic							outreach program for
1704 Main Street, Suite 100							women in the Camille
Columbia, SC 29201	57-0742901	501(c)3	15,000.	0.			Griffin Graham
							To support a BIPOC and
Americana Music Foundation							LGBTQIA+ Artist Fund that
PO Box 128077							assists independent
Nashville, TN 37212	83-1867430	501(c)3	10,000.	0.			artists in attending
							To support initiatives to
Children's Home Society of Idaho							improve the health and
740 Warm Springs Ave.							well-being of low-income,
Boise, ID 83714	82-0201128	501(c)3	10,000.	0.			at-risk children in the
							To support the
Make Shift Art Space							advancement of young,
306 Flora Street							emerging,
Bellingham, WA 98225	26-2871326	501(c)3	10,000.	0.			underrepresented and
							To support a
Queen Ann Nzinga Center							multidisciplinary arts
18 Newton Avenue							program helping at-risk
Plainville, CT 06062	26-2803114	501(c)3	10,000.	0.			youth of Central
Serve Your City							To support mutual aid
545 7th St. SE							programming in STEM for
	80-0753615	501(c)3	10 000	0.			Ward 6 of Washington, DC.
Washington, DC 20003	80-0753615	501(0/3	10,000.	0.			To support resource
Mulas Community Roundation							mobilization for
Tulsa Community Foundation 16 E 16th St. Ste 300							underserved new mothers
•	72 1554474	E01/-\2	10.000				
Tulsa, OK 74119	73-1554474	D01(C)3	10,000.	0.			in Tulsa, OK.
Wine Weels Diese							To support programming
Vine Maple Place							for care to families
PO Box 1092	01 0000000	F01/ \2	10.000				experiencing homelessness
Maple Valley, WA 98038	91-2082308	501(c)3	10,000.	0.			and facing eviction in
							To support accessible
Batala New York							music creation and
348 4th Avenue #1013							support local artists in
Brooklyn, NY 11215	81-3969722	501(c)3	8,000.	0.			New York, NY.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Community Kitchen of Monroe Co. PO Box 3286	24 4404400						To support food insecurity and meal service initiatives for				
Bloomington, IN 47402	31-1101408	501(c)3	7,500.	0.			children and families in				

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
Part I, Line 2:					
Looking Out Foundation selects gra					
the Foundation's Board of Director					
reviewed by each board member to e					
mission guidelines and the charity					
out the "as detailed" charitable p	roject o	r for gene	rai operat	lons	
exclusively for exempt purposes.					
Once the grantee has been approved	Lookin	a Out Four	dation pro	widos the	
charity with a grantee form that r					
organization including its tax ID					
well as the funds requested and ho					
goods or services were exchanged f					
and reports. After the grantee fo	rm is in	hand the	charity i	s sent the	
funds along with the Foundation's					
requests a signatory back confirmi					
Looking Out Foundation keeps a run					
to date by year that includes trace					

Schedule I (Form 990) Looking Out Foundation	45-5300890 Page 2
Part IV Supplemental Information	
Part II, line 1, Column (h):	
Name of Organization or Government: South Carolina Philharm	onic
(h) Purpose of Grant or Assistance: To support a musical ou	treach
program for women in the Camille Griffin Graham Correctiona	I Institute in
South Carolina.	
Name of Organization or Correspond Americans Music Foundat	100
Name of Organization or Government: Americana Music Foundat	TOU
(h) Purpose of Grant or Assistance: To support a BIPOC and	LGBTQIA+
Artist Fund that assists independent artists in attending e	ducational
programming.	
Name of Owner-tration or Correspondent, Children's Home Conjetus	of Tache
Name of Organization or Government: Children's Home Society	or roano
(h) Purpose of Grant or Assistance: To support initiatives	to improve
the health and well-being of low-income, at-risk children i	n the Bolse,
ID community via mental health resources.	
Name of Owner tradition on Community Walts Chiff but Comm	
Name of Organization or Government: Make Shift Art Space	
(h) Purpose of Grant or Assistance: To support the advancem	ent of young,
emerging, underrepresented and marginalized musicians in th	e Pacific
Northwest via monthly in-studio radio sessions	
Name of Organization or Government: Queen Ann Nzinga Center	
(h) Purpose of Grant or Assistance: To support a multidisci	plinary arts
program helping at-risk youth of Central Connecticut.	
Name of Organization or Government: Vine Maple Place	- -
(h) Purpose of Grant or Assistance: To support programming	for care to
families experiencing homelessness and facing eviction in t	he Maple
Valley, WA community.	
Name of Organization or Government: Community Kitchen of Mo	
(h) Purpose of Grant or Assistance: To support food insecur	ity and meal
service initiatives for children and families in Monroe Cou	nty, IN.

Schedule I (Form 990)

SCHEDULE J (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Looking Out Foundation

Part I | Questions Regarding Compensation

Employer identification number 45-5300890

1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		Yes	No
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	41		
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
_				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			77
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
	The organization?	5a		X
b	Any related organization?	5b		Λ
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			37
а	The organization?	6a		X
b	Any related organization?	6b		Λ
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			77
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

45-5300890

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

		(B) Breakdown of V	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Catherine Carlile	(i)	80,000.	0.	0.	0.	0.	80,000.	0.
Chairperson of the Board	(ii)	100,000.	0.	0.	0.	0.	100,000.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE O (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Looking Out Foundation

Employer identification number 45-5300890

Form 990, Part I, Line 1, Description of Organization Mission: we fund organizations that often go unnoticed as they support social justice and humanitarian causes across the US and globe.

Form 990, Part 1, Line 6

Total Number of Volunteers:

The total number of volunteers consists of the 10 non-compensated board members, as well as approximately 30 volunteers.

Form 990, Part VI, Section A, line 2:

Brandi Carlile and Catherine Carlile have a family relationship. Timothy Hanseroth and Phillip Hanseroth have a family relationship. Brandi Carlile, Timothy Hanseroth, and Phillip Hanseroth have a business relationship.

Form 990, Part VI, Section A, line 8b:

The Board of Directors actively participate in Looking Out Foundation's board meetings with a third party attorney who handles written agendas and minutes. The organization does not have any committees.

Form 990, Part VI, Section B, line 11b:

Form 990 was reviewed by an outside CPA firm and the board members prior to filing the tax return.

Form 990, Part VI, Section B, Line 12c:

The Board of Directors actively participate in Looking Out Foundation's board meetings with a third party attorney who discusses the conflict of interest policy. Board members are required to disclose any conflicts during these meetings. Any individual with a conflict of interest would be recused from voting.

Form 990, Part VI, Section B, Line 15a:

In the hiring process of the new Executive Director, Gloria Goeres, a table of comparable ED salaries and staffing expenses from numerous non-profits was researched and created. Compensation was discussed with an outside accountant and attorney, both with nonprofit expertise, about best practices. Then, the board members Catherine Carlile, Brandi Carlile, Timothy Hanseroth, and Phillip Hanseroth discussed to collectively agree on the compensation offer.

Form 990, Part VI, Section C, Line 19:

Looking Out Foundation makes its governing documents, conflict of interest policy, and Form 990 available to interested parties upon request.

Form 990, Part XI, line 9, Changes in Net Assets:

Rounding

-1.

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

Schedule O (Form 990) (Rev. 12-2024)

SCHEDULE R (Form 990)

(Rev. January 2025) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. 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	Name of the organization Looking Out Foundation								umber
Part I	Identification of Disregarded Entities. Compl	ete if the organization answered "Yes	" on Form 990, Part IV, line 3	3.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	(e) me End-of-year a	assets	cets Direct controlli entity		9
		_							
Part II	Identification of Related Tax-Exempt Organia organizations during the tax year.	zations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34, l	pecause it had one o	or more	l e related tax-exe	empt	
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dired	(f) Direct controlling entity		g) 512(b)(13) rolled :ity?
					501(c)(3))			Yes	No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(h)		(h)		(h)		(h) (i)		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?		allocations?		amount in box 20 of Schedule		Percentage ownership				
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0						
	4																
Brandi Carlile Band, LLC -	_																
59-3790977, P.O. Box 340020,	Musical																
Nashville, TN 37203	Entertainment	WA	N/A	N/A	N/A	N/A		X	N/A	X	N/A						
Southern Oracle Music, LLC -]																
27-0690774, P.O. Box 340020,	Musical																
Nashville, TN 37203	Entertainment	WA	N/A	N/A	N/A	N/A		X	N/A	X	N/A						
	_																
Northern Lights Music, LLC -																	
85-0630675, P.O. Box 340020,	Musical																
Nashville, TN 37203	Entertainment	WA	N/A	N/A	N/A	N/A		X	N/A	X	N/A						
Hanseroth Songs LLC -]																
99-2371898, P.O. Box 340020,	Musical																
Nashville, TN 37203	Entertainment	WA	N/A	N/A	N/A	N/A		X	N/A	X	N/A						

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i) Section	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign		Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(l conti	b)(13) rolled tity?
		country)						Yes	No
Phantom 309 Productions, Inc 26-1530627									
P.O. Box 340020									
Nashville, TN 37203	Musical Entertainment	WA	N/A	S CORP	N/A	N/A	N/A		X
Phantom Management Inc 99-4637097									
P.O. Box 340020	1								
Nashville, TN 37203	Management	WA	N/A	S CORP	N/A	N/A	N/A		X
]								
]								
]								
]								
		10							

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No				
1	During the tax year, did the organization engage in any of the following transaction	s with one or more r	elated organizations listed in	Parts II-IV?			Х				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity										
	Gift, grant, or capital contribution to related organization(s)										
	Gift, grant, or capital contribution from related organization(s)										
d	d Loans or loan guarantees to or for related organization(s)										
е	Loans or loan guarantees by related organization(s)				1e		X				
f	Dividends from related organization(s)				1f		X				
g	g Sale of assets to related organization(s)										
h	Purchase of assets from related organization(s)										
i	Exchange of assets with related organization(s)										
j	j Lease of facilities, equipment, or other assets to related organization(s)										
k	k Lease of facilities, equipment, or other assets from related organization(s)										
	Performance of services or membership or fundraising solicitations for related organization(s)										
	m Performance of services or membership or fundraising solicitations by related organization(s)										
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
Sharing of paid employees with related organization(s)											
р	Reimbursement paid to related organization(s) for expenses				1p	Х					
 p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses 											
•											
r	r Other transfer of cash or property to related organization(s)										
	s Other transfer of cash or property from related organization(s)										
	If the answer to any of the above is "Yes," see the instructions for information on w				1s						
	(a)	(b)	(c)	(d)							
Name of related organization Transaction Amount involved Method of determ						ining amount involved					
		type (a-s)									
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
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Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(t	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related unrelated	partners se	Share of	Share of	Dispri	opor- ate	Code V-UBI	General managi	or Percentage
of entity		(state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	orgs.?	total income	end-of-year assets	allocat	ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partne	ownership
	Co	country)		Yes No) Income		Yes	No		Yes N	0
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