EXEMPT ORGANIZATION INCOME TAX RETURN
LGBT CHARITIES, INC.
YEAR ENDED APRIL 30, 2021

GOLDMAN, CLEARFIELD & OCAMPO, LLP CERTIFIED PUBLIC ACCOUNTANTS 6230 OLD DOBBIN LANE, SUITE 180 COLUMBIA, MD 21045

LGBT Charities, Inc. P.O. Box 2052 Salem, MA 01970

LGBT Charities, Inc.:

Enclosed are the original and one copy of the 2020 Exempt Organization return, as follows...

2020 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Very truly yours,

GOLDMAN, CLEARFIELD & OCAMPO, LLP

GOLDMAN, CLEARFIELD & OCAMPO, LLP CERTIFIED PUBLIC ACCOUNTANTS 6230 OLD DOBBIN LANE, SUITE 180 COLUMBIA, MD 21045

LGBT Charities, Inc. P.O. Box 2052 Salem, MA 01970

LGBT Charities, Inc.:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by March 15, 2022.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

GOLDMAN, CLEARFIELD & OCAMPO, LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

April 30, 2021

Prepared for	LGBT Charities, Inc. P.O. Box 2052 Salem, MA 01970
Prepared by	GOLDMAN, CLEARFIELD & OCAMPO, LLP 6230 OLD DOBBIN LANE, SUITE 180 COLUMBIA, MD 21045
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by March 15, 2022.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning MAY^1 , 2020, and ending APR 30

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.

To Form 4720 check here b Total tax (Form 4720, Part III) Ine 1) 7b	Name of exempt organization or person subject to tax	Taxpayer identification number
DAVID REIFFEL SECRETARY Part Type of Return and Return Information (Whole Dollars Only) Part Type of Return and Return Information (Whole Dollars Only) Part Type of Return and Return Information (Whole Dollars Only) Part Type of Return and Return Information (Whole Dollars Only) Part Type of Return and Return Information (Whole Dollars Only) Part Type of Return for which you are using this Form 8378-E0 and enter the applicable amount, if any, from the return. It you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was belank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter 0-). But, if you entered -0 on the return, then enter -0 on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here	LGBT CHARITIES, INC.	26-0610918
Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879 EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter-0). But, if you entered 0 on the return, then enter 0 on the applicable line below. Do not complete more than one line in Part 1. 1a Form 990 check here \(\bar{\text{L}} \) b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	DAVID REIFFEL	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line if a 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being field with this form was blank, then leave line 1b, 2a, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (both enter 0). But, if you entered 0 on the return, then enter 0 on the applicable line below. Do not complete more than one line in Part 1. 1a Form 990-EZ check here		
check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filled with this form was blank, then leave line 1b, 2b, 3b, 5b, 6b, or 7b, whichever is applicable, blank (6 not enter 0-). But, if you entered 0- on the return, then enter 0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 Check here		nt if any from the return If you
28 Form 990-EZ check here b b Total revenue, if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here b b Total tax (Form 1120-POL, line 22) 3b 4a Form 990-PF check here b b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here b b Balance due (Form 8868, line 3c) 6b 5a Form 990-T check here b b Total tax (Form 990-PF, Part III, line 1) 7b Part III Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that II I am an officer of the above organization or (IRIN) and that I have examined of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete, I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any returnd. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicate in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution account indicate in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution account indicated in the tax preparation in the financial institution in winder of the electronic payment of the federal laxes owed on this return and the financial institution to debit the entry to this account. To revoke (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of the federal faxes to receive confidential information necessary to answer inquiries and resolve issues	check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return bein blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But	ng filed with this form was
28 Form 990-EZ check here b b Total revenue, if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here b b Total tax (Form 1120-POL, line 22) 3b 4a Form 990-PF check here b b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here b b Balance due (Form 8868, line 3c) 6b 5a Form 990-T check here b b Total tax (Form 990-PF, Part III, line 1) 7b Part III Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that II I am an officer of the above organization or (IRIN) and that I have examined of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete, I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any returnd. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicate in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution account indicate in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution account indicated in the tax preparation in the financial institution in winder of the electronic payment of the federal laxes owed on this return and the financial institution to debit the entry to this account. To revoke (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of the federal faxes to receive confidential information necessary to answer inquiries and resolve issues	1a Form 990 check here ► X b Total revenue. if any (Form 990, Part VIII, column (A), line 12)	_{1b} 194,616.
38 Form 1120-POL check here	2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b
4a Form 980-PF check here	3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	
b Balance due (Form 8868, line 3c) b Balance due (Form 8868, line 3c) b Total tax (Form 990-T, Part III, line 4) 66 Total Tax (Form 990-T, Part III, line 4) Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return of provider, and (or the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or return, and (c) the date of any return, and return or return, and (c) the date of any return, and return or return, and (c) the date of any return, and return or return, and (c) the date of any return, and return or return, and (c) the date of any return, and return or return, and (c) the date of any return, and return or return, and (c) the date of any return, and return or return, and (c) the return or return, and (c) the date of any return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1.888 524.537 no later than 2 Dusinseays prior to the payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have beeted a personal identification number (PIN) as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a		· · · · · · · · · · · · · · · · · · ·
6a Form 990-T check here b b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here b b Total tax (Form 990-T, Part III, line 4) 7b Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) (EIN) and that I have examined of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (EFO) to send the return to the IRS and to receive from the IRS (a) and acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in the receipt of the return of the return to the IRS and to receive from the IRS (a) and acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in a constituent of payment of the referral taxes own of the return of the first or provider to initiate an electronic funds withdrawal (direct rebit) entry to the first origination (EFO) to send the return to the IRS and Agent to initiate an electronic funds withdrawal (direct rebit) entry to the entry to this account for evoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) and the interpretation of the tentry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) and the return of the payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (Fin) and the payment		
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Under penalties of perjury, I declare that \(\mathbb{X} \) I am an officer of the above organization or (name of organization) \(\text{,(EIN)} \) \(\text{ and that I have examined} \) of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to Initiate an electronic funds withdrawal (direct debit) entry to the financial institution count indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-883-33-34537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only I authorize GOLDMAN, CLEARFIELD & OCAMPO, LLP ERO firm name as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return	7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	7b
Iname of organization)	Part II Declaration and Signature Authorization of Officer or Person Subj	ect to Tax
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a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 52026203077 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.	ERO firm name	Enter five numbers, but do not enter all zeros
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number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.	ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.	number (EFIN) followed by your five-digit self-selected PIN. 52026	
FRO's signature ► 01/11/22	that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (N	
Entro a digitation P Date P 01/11/22	ERO's signature Date	▶ 01/11/22
FRO Must Retain This Form - See Instructions		

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

ΑI	For the	2020 calendar year, or tax year beginning $MAY 1$, 2020 and ϵ	ending A	PR 30, 2021	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres				
	Name change	Doing business as		26-06109	18
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 2052	Room/suite	E Telephone number 978-712-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	194,616.
	Amend return			H(a) Is this a group re	
	Application	F Name and address of principal officer: DAVID ADMAILANGON		for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
Τ.	Tax-exe	mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	or 527	1	list. See instructions
J	Website	e: ▶ WWW.LGBTCHARITIES.ORG		H(c) Group exemption	n number 🕨
K	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 2007 N	State of legal domicile: MD
Pa		Summary			
Governance	1 E	Briefly describe the organization's mission or most significant activities: ${ t TO}$ ASWORKPLACE GIVING CAMPAIGNS.	SSIST	NOT-FOR-PRO	FITS IN
rna	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	ssets.
ove	1	Number of voting members of the governing body (Part VI, line 1a)		ııı	4
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			4
es 8		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0
Activities &		Total number of volunteers (estimate if necessary)			0
₹	7a 1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	l d	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
Revenue		Contributions and grants (Part VIII, line 1h)		128,461.	155,074.
		Program service revenue (Part VIII, line 2g)		39,671.	39,542.
		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		168,132. 109,610.	194,616.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		-	127,241.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Expenses	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
en	16a H	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	0.
Ĕ	17 (Fotal fundraising expenses (Part IX, column (D), line 25)		58,493.	66,102.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) [Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		168,103.	193,343.
		Revenue less expenses. Subtract line 18 from line 12		29.	1,273.
or	10 1	1070/100 1000 CAPONDOO. CODUCON INTO TO HOTH INTO TE	Be	ginning of Current Year	End of Year
Net Assets or Fund Balances	20 7	Fotal assets (Part X, line 16)		12,996.	16,375.
Ass J Ba	21	Fotal liabilities (Part X, line 26)		7,380.	9,486.
Net	22 1	Net assets or fund balances. Subtract line 21 from line 20		5,616.	6,889.
	art II	Signature Block	•		
Und	ler penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	y knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Hei	re	DAVID REIFFEL, SECRETARY			
		Type or print name and title		Ooto I I	II DTIN
De'		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	- +	ADAM M CLEARFIELD, CPA ADAM M CLEARFIEL	<u>ה, אר</u>	1/11/22 if self-employe	P00306310
		Firm's name GOLDMAN, CLEARFIELD & OCAMPO, LI	12	Firm's EIN ▶	53-0229586
USE	Only	Firm's address 6230 OLD DOBBIN LANE, SUITE 180 COLUMBIA, MD 21045		Dhan 11	0-772-8090
N4c:	v +b > 10	S discuss this return with the preparer shown above? See instructions		Prione no.41	X Yes No
IVIA	v iiie iB	o diacuaa mia terum wiin me diedarer anown adovez aee instructions			144 TES INO

Га		vernance or note to any line in this Dort III		X
_		response or note to any line in this Part III		
1	Briefly describe the organization's mis	sion: NOT-FOR-PROFIT ORGANIZ.	ATTONG TO UELD THEM	TMCDEACE
		AND SUCCESS IN PUBLIC		
		EDERATION SCREENS APPL		
		ANSFER OF FUNDS FROM D		
				ING
2	· · ·	gnificant program services during the year wh		Yes X No
				Yes L▲ No
_	If "Yes," describe these new services			
3		g, or make significant changes in how it cond	ucts, any program services?	Yes X No
	If "Yes," describe these changes on S			
4		service accomplishments for each of its three		
		zations are required to report the amount of g	grants and allocations to others, the tota	l expenses, and
	revenue, if any, for each program serv	ice reported.	107 041	20 540
4a	(Code:) (Expenses \$	186,350 including grants of \$	127,241.) (Revenue \$	39,542.
		VE WORKED WITH ORGANIZA		
		ING FROM THE COMBINED		HIS
		MBER CHARITIES PREPARE		
		CE ON MARKETING, AND T		
		CAMPAIGN. DURING THE F	ISCAL YEAR, WE DISTR	IBUTED
	OVER \$127,000 TO OU	R MEMBER CHARITIES.		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
				_
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	1
	(COOC) (Ελρείτσεσ ψ	morading grants or \$) (Nevenue 4	,
	-			
4d	Other program services (Describe on S	Schedule O.)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses	186,350.		

Form 990 (2020) LGBT CHARITIES, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
_	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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
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		X
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	11h		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		-21
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		Х	

Form 990 (2020) LGBT CHARITIES, IN 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		X
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			l
	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	١		x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	214		
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"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		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
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			,
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		22
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Х	
Pai	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	<u> </u>
. u	Check if Schedule O contains a response or note to any line in this Part V			
	Chicaria Caribadio o containo a response en rieto to any mio in ano i art v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

1020) LGBT CHARITIES, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was the first seven access.		-		х
	to file Form 8282?		7с		Λ
	If "Yes," indicate the number of Forms 8282 filed during the year		7-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file.		7f		
g h	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, airpla		7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		/!!		
Ū	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Didd		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l I			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	44		v
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		4-		х
	excess parachute payment(s) during the year?		15		Λ
16	If "Yes," see instructions and file Form 4720, Schedule N.	t incomo?	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment of "You" complete Form 4720. School up O	LINCOME?	16		Λ
	If "Yes," complete Form 4720, Schedule O.				

Part VI Governance, Management, and Disclosure For each "Yes" response to line 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.

	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 1a	4		
	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	4		
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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<u> </u>		
	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> ۲۳</u>		
D	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.5		
		8a	Х	
_	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
800	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		21
000	tion B. Folicies (This Section B requests information about policies not required by the internal nevenue code.)		Vaa	Na
100	Did the expenientian have lead charters branches as effiliated?	100	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		21
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	106		
44.	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	Х	
		па	21	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	Х	
40	in 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?			X
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			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 MA	a \ :		
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.			
	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, a	nd finar	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			
	THE ORGANIZATION - 978-712-4123			
	P.O. BOX 2052, SALEM, MA 01970			

Form 990 (2020) 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 VI	

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization n	or any related	orga	aniza	ation	cor	npe	nsat	ed any current officer,	director, or trustee.	
(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition more) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week		Lei ai	lu a u	lecic	Ji/ii us	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		ee ee	nben		(***2/1099*****130)		and related
	below	dualt	itiona	١	oldu	st co.	-			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			3
(1) DAVID ABRAHAMSON	1.00	_	_	Ť			_			
PRESIDENT		Х		х				0.	0.	0.
(2) JAMES LISTER	1.00									
TREASURER		Х		Х				0.	0.	0.
(3) DAVID REIFFEL	1.00									
SECRETARY		Х		Х				0.	0.	0.
(4) PAUL MAXEY	1.00									_
VICE PRESIDENT		Х		Х				0.	0.	0.
		\vdash		\vdash						
		1								

Form **990** (2020) 032007 12-23-20

<u>26-061091</u>8

Pai	t VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C		es (continued)				
	(A) Name and title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than is bo	th an	(D) Reportable compensation from	(E) Reportable compensatio from related	n		(F) stimate nount other	
		(list any hours for related organizations below	Individual trustee or director	the organization (W-2/1099 (W-2/1099 organization organization (W-2/1099 organization organization (W-2/1099 organization organization organization organization (W-2/1099 organization						organization: (W-2/1099-MIS		fr org an	npensa rom the ganizat d relate anizatie	e ion ed
		line)	pul	lns	JJJ0	Key	High Billian Billia	For						
			_											
			_											
	Subtotal Total from continuation sheets to Part Vi								0.		0.			0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but n								0 . received more than \$100	0,000 of reportab	0 . le			0.
3	compensation from the organization Did the organization list any former officer,	director, trust	ee. I	kev (emp	love	e. o	r hic	ahest compensated emi	olovee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	<i>uch individual</i> um of reportab	 le co	omp	ensa	 atior	 n an	d ot	her compensation from	the organization		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsat	ion 1	from	n any	y un	relat				5		X
Sec	tion B. Independent Contractors	piete Geriedan	501	01 3	ucii	рск	3011							
1	Complete this table for your five highest co the organization. Report compensation for								n the organization's tax		ipens			
	(A) Name and business	address	NO	INC	E				(B) Description of s	services			C) ensatio	n
	Takal manahan af indan an dankan an hi	a alcodia e lecel		:-	ـ ا ام		"		d ale ave) vide - vize - iv	and their				
	Total number of independent contractors (i \$100,000 of compensation from the organi		ot III	mte	u to	เกด	0 0	stec	a above) who received h	iore than				

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 155,074. Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 155,074. h Total. Add lines 1a-1f . **Business Code** 39,542. 39,542. 900099 2 a PROGRAM SERVICE FEES Program Service Revenue С f All other program service revenue 39,542. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses _____ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold 10b **c** Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 39,542. 194,616. Total revenue. See instructions

Form 990 (2020) LGBT CHARITIES, INC. Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon-	se or note to any line in	this Part IX		
	Check if Schedule O contains a respon- not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	127,241.	127,241.		
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				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	2 005		2 005	
С	Accounting	3,825.		3,825.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16 17	Occupancy				
17 10	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	675.		675.	
24	Other expenses. Itemize expenses not covered				
-	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.)				
а	FILINGS FEES	36,671.	36,671.		
b	SUPPORT SERVICES	24,931.	22,438.	2,493.	
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	193,343.	186,350.	6,993.	0.
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 (2020)

Part X | Balance Sheet

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	6,400.	1	10,718.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	5,359.
	4	Accounts receivable, net		4	
	5	Loans 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	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ठ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
¥	9	Prepaid expenses and deferred charges		9	117.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,058.	15	181.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	12,996 .	16	16,375.
	17	Accounts payable and accrued expenses	1,935.	17	4,060.
	18	Grants payable	5,445.	18	5,426.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	7,380.	26	9,486.
v		Organizations that follow FASB ASC 958, check here			
)Ce		and complete lines 27, 28, 32, and 33.			
alaı	27	Net assets without donor restrictions		27	6,889.
Ä	28	Net assets with donor restrictions		28	
Ĕ		Organizations that do not follow FASB ASC 958, check here			
Ĕ		and complete lines 29 through 33.			
ts c	29	Capital stock or trust principal, or current funds		29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Š	32	Total net assets or fund balances	5,616.	32	6,889.
	33	Total liabilities and net assets/fund balances	12,996.	33	16,375.

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				Ш		
1 2 3 4 5 6 7	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses	1 2 3 4 5 6 7	19 19	4,6 3,3 1,2 5,6	43. 73.		
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		6,8	89.		
Pai	rt XII Financial Statements and Reporting				X		
	Check if Schedule O contains a response or note to any line in this Part XII						
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	No 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? 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: X Separate basis Consolidated basis Both consolidated and separate basis						
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?		2c	x			
За	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?				Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requor audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b	000			

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization LGBT CHARITIES, INC. 26-0610918 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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 or 990-EZ).) 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 in 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. 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 ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	41,638.	241,574.	116,538.	128,461.	155,074.	683,285.
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	41 620	041 554	116 520	100 461	155 054	602 005
4	Total. Add lines 1 through 3	41,638.	241,574.	116,538.	128,461.	155,074.	683,285.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						683,285.
<u>6</u> Sec	Public support. Subtract line 5 from line 4.						003,203.
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(a) 2019	(4) 2010	(a) 2020	(f) Total
	Amounts from line 4	(a) 2016 41,638.	(b) 2017 241,574.	(c) 2018 116, 538.	(d) 2019 128,461.	(e) 2020 155,074.	(f) Total 683, 285.
	Gross income from interest,	11,0301	211/3/11	110/3300	120,1010	13370711	003,2031
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
Ū	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						683,285.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	181,768.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	_
	organization, check this box and stop	here					<u></u>
	ction C. Computation of Publ						
14	Public support percentage for 2020 (100.00 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	100.00 %
16a	33 1/3% support test - 2020. If the	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the fact					-	
	meets the facts-and-circumstances to	•	•	• • • •	•	17- and line 15 in	
b	10% -facts-and-circumstances tes	-					IU% Or
	more, and if the organization meets the		•				▶□
40	organization meets the facts-and-circ						\
18	Private foundation. If the organization	ni dia not check a	DOX ON THE 13, 16	a, 100, 1/a, 01 1/k	o, check this box a	ına see mstruction	<u>s</u>

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.)

Galledar year (or fiscal year septiming in) Galledar year (or fiscal	Sec	tion A. Public Support	now, please com	piete Part II.)				
1 Giffs, grants, contributions, and membership feet received. (Do not include any "unusual grants.") 2 Gross eneights from admissions, merchandise acid or services per formed, or facilities turnished in any activity that is related to the organization's trave-empt purpose 3. Gross neceipts from activities that are not an unrelated trade or business under section 513. 4 Tax revenues levide for the organization'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's benefit and either paid to or expended on its behalf. 6 Total. Add lines 1 through 5. 7 A mounts included on lines 1, 2, and 3 received from disqualified persons. b invest tenders in lines 2 and 3 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons that second to gratues of 18,000 or 1% of the annual received and annual received annu		· · · · · · · · · · · · · · · · · · ·	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
membership fees received. (Do not include any trustal grants?) 2 Gross receipts from admissions, membranding sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from admissions that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization is transpared to or expended on its behalf 5 The value of services or scalities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf 6 Total. Add lines 1 through 5		· ` ` ` · · · · · · · · · · · · · · · ·	(-, -5.5	(-,,	(-, 25.5	(=, ==:=	\-,	(-)
include any *unusual grants*) 2 Gross recipits from admissions, merchandies sold or services per formed, or facilities furnished in any activity that is related to the organization's trave-empt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's trave-empt purpose 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and offitting the properties of		, ,						
2 Gross receipts from admissions, merchandles 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 business under section 513 4 Tax revenues leviet for the organization's benefit and either paid to or expanded on its behalf to every period of the behalf of the paid to or expanded on its behalf to the organization without charge 6 Total. Add lines 1 through 5 7 Ta waute of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons but a service of the paid of th								
merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's traveweriph 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 statities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. 7. A mounts included on lines 1, 2, and 3. received from disqualified persons b. Amounts included on lines 1, 2, and 3. received from disqualified persons b. Amounts included on lines 1, 2, and 3. received from disqualified persons b. Amounts included on lines 1, 2, and 3. received from disqualified persons b. Amounts include on lines 2 and 7 served from the first of the pay 6. Add lines 7 and 7 b. 8. Public support, secretal solution 9. Amounts fortion line 6. 10. Gross income from interest, dividendis, payments received on and income from similar sources b. Unrelated business tabable income (less section 5.1 laxes) from businesses acquired after June 30, 1975 9. Add lines 10a and 10b 10. Add lines 10a and 10b 11. Net income from unrelated business whether or not the business is regulatly carried on Public Support Percentage 15. Public support percentage for 2020 (line 15, column (f), divided by line 13, column (f)) 15. 99. 9. Section D. Computation of Public Support Percentage 15. Public support percentage for 2020 (line 16, column (f), divided by line 13, and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization more than 33 1/3%, check this box and stop here. The organization of lone organization on line 18 is not more than 33 1/3%, check this box and stop here. The organization		, , , , , , , , , , , , , , , , , , ,						
any activity that is related to the organization is tax-exempt purpose of congruents from activities that are not an unrelated trade of business under section 513 1 Tax revenues levied for the organization'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'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 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons that one or the state of the services of the ser		•						
origanization's tax-exempt purpose 3 Cross recepts 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 7 A mounts included on lines 1, 2, and 3 received from disqualified persons b Amonita included on lines 2 and 3 received from disqualified persons b Amonita included on lines 2 and 3 received from disqualified persons to Add lines 7 and 7 b 8 Public support, spacing line 1 total list Section B. Total Support Calledar year (or fiscal year beginning in) 9 Amounts from line 6 10a Cross income from interest. Gividends, payments received on socurities loans, rents, royalties, and income from similar sources b I Inrelated business trable income (less section 5 If thate) from businesses acquired after June 30, 1975 c Add lines 10 and 10b 11 Net income from unrelated business 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). 13 Total support 17 Total section 5. Total or sec		*						
3. Gross receipts from activities that are not an unvested trade or business under section 513 4. Tax revenues levied for the organization'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. 7. a Amounts included on lines 1, 2, and 3 received from disqualified persons 1. Amounts included on lines 3 and 3 received from disqualified persons 1. Amounts included on lines 3 and 3 received the services of the se								
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Interest under section 513 4 Tax revenues levied for the organization is 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 of Total. Add lines 1 through 5		•						
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Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.)

1		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	14		
	4b		
	4c		
	5a		
	5b		
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	9a		
	Ju		
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	9с		
	10a		
	10b		
m 9	90 or 99	90-EZ	2020

Par	t IV	Supporting Organizations (continued)			
		• • • • • • • • • • • • • • • • • • • •		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ly member of a person described in line 11a above?	11b		
С	A 35%	controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sect	tion E	B. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the	e organization operate for the benefit of any supported organization other than the supported			
	•	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sect	tion C	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>		pported organization(s).	1		
Seci	ion L	D. All Type III Supporting Organizations			
				Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•		zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ison of the relationship described in line 2, above, did the organization's supported organizations have a			
3	•	cant voice in the organization's investment policies and in directing the use of the organization's			
	•	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	3		
Sect		E. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
a		The organization satisfied the Activities Test. Complete line 2 below.	-		
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activit	ies Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	bstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	pported 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 th	ne organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did the	e activities described in 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 V	Ithe reasons for the organization's position that its supported organization(s) would have engaged in			
	these a	activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustee	es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the	e 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.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations mu	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-function	ally integrat	ed Type III supporting org	anization (see				
	instructions).							

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ed)	
Secti	ion D - Distributions		•	-	Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e		
•	(provide details in Part VI). See instructions.	ne organization to respondi	-	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	Eine o amount arrada by into o amount	(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	s	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
<u>u</u>	LACCOS HOTH ZOTO				

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

Supplemental Information. Provide the explanations required by Part II, line 17a or 17b; Part III, Part IV, Section A. House 14a, 4b, 5a, 6a, 8a, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B. lines 1 and 2: Part line 1; Part IV, Section D. lines 2, 9a, 3a, and 3b; Part V, line 1; Part V, Section B, Saction D, lines 2, 6, and 8; and Part V, Section E, lines 12a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, Saction D, lines 2, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional informatic (See instructions.)	le A (F	Form 990 or 990-EZ) 2020 LG	BT CHARITIES,	INC.)	26-0610918 Page	<u>8</u>
	ا ا ڊ	Part IV, Section A, lines 1, 2, 3b line 1; Part IV, Section D, lines 2 Section D, lines 5, 6, and 8; anc	o, 3c, 4b, 4c, 5a, 6, 9a, 9b, 2 and 3; Part IV, Section E	, 9c, 11a, 11b, and , lines 1c, 2a, 2b,	d 11c; Part IV, Section E 3a, and 3b; Part V, line	3, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

LGBT CHARITIES, INC.

Employer identification number 26-0610918

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?	······································	Yes No
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cons	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	•	
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statement	ents that describes the
Da	organization's accounting for conservation easements.	4 Aut Historical Tracerryce au O	they Circilay Accets
Pa	rt III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
та	If the organization elected, as permitted under FASB ASC 95	· ·	
	of art, historical treasures, or other similar assets held for pu		•
	service, provide in Part XIII the text of the footnote to its fina		
D	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		. .
	(i) Revenue included on Form 990, Part VIII, line 1		
•			
2	If the organization received or held works of art, historical tre		ı gam, provide
_	the following amounts required to be reported under FASB A		. σ
a	Revenue included on Form 990, Part VIII, line 1		

Sche	edule D (Form 990) 2020 LGBT CHZ	ARITIES, I	NC.				26-06	1091	8 p	age 2
Pai	rt III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, or Otl	ner Si	milar Asse	ts (contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	ds, chec	k any of the	following that make	signific	cant use of its			
	collection items (check all that apply):									
а	Public exhibition	c	ı 🖳	Loan or exc	hange program					
b	Scholarly research	e	, [Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	in how tl	ney further t	he organization's ex	cempt p	urpose in Par	XIII.		
5	During the year, did the organization solicit or	r receive donations	of art, h	istorical trea	sures, or other simi	lar asse	ets	_		_
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	ollection?		L	Yes		<u> No</u>
Pai	rt IV Escrow and Custodial Arrang	gements. Compl	ete if the	organizatio	on answered "Yes" o	on Form	990, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other assets n	ot inclu	ded	_		_
	on Form 990, Part X?						L	Yes		. No
b	If "Yes," explain the arrangement in Part XIII a					_				
								Amoun	t	
С	Beginning balance					·	1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo							Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanati	on has been	provided on Part X	III				
Pai	rt V Endowment Funds. Complete if	f the organization ar	swered	"Yes" on Fo	orm 990, Part IV, line	e 10.				
		(a) Current year	(b) F	Prior year	(c) Two years back	(d) Th	ree years back	(e) Four	years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment	•	%							
b	Permanent endowment	%								
С	Term endowment	 %								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses		ation th	at are held a	and administered for	the org	ganization			
	by:	· ·				`		Ī	Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							 		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on S	Schedule R?)			3b		
4	Describe in Part XIII the intended uses of the									
Pai	rt VI Land, Buildings, and Equipm									
	Complete if the organization answered		0, Part I	V, line 11a. S	See Form 990, Part	X, line 1	0.			
-	Description of property	(a) Cost or o				Accum		(d) Boo	k valu	<u>——</u>
		basis (investr				eprecia		(-,		_
1a	Land	,	<u> </u>		•					
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	Add lines 1a through 1a (Column (d) must ex		Y colu	nn (P) lina 1	100.)					0

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 LGBT CHARI	TIES, INC.	26	-0610918 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes			d after a constant contra
(a) Description of security or category (including name of security	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	_		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.	2		
	- II	44 - O - France 200 Bart V line 40	
Complete if the organization answered "Yes (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	(b) Dook value	(c) Method of Valuation. Gost of en	u-or-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes	s" on Form 990 Part IV line	11d See Form 990 Part X line 15	
	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	ine 15.)	•	
Part X Other Liabilities.			
Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Par	t XI Reconciliation of Revenue per Audited Financia	al Statements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statemer	nts	1	194,616.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	194,616.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, li	ne 12.)	5	194,616.
Par	t XII Reconciliation of Expenses per Audited Financi	al Statements With Exper	ses per Return	
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	193,343.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	' -	2e	0.
3	Subtract line 2e from line 1			193,343.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Other (Describe in Part XIII.) Add lines 4a and 4b	·	4c	0.
С	Add lines 4a and 4b			0. 193,343.
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	193,343.
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, t XIII Supplemental Information.	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	193,343.
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	193,343.
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	193,343.
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	193,343.
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	193,343.
5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) a and 4; Part IV, lines 1b and 2b; F	5	193,343.

SCHEDULE I (Form 990)

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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Open to Public Inspection

Name of the organization

Employer identification number

LGBT CHAR	TITES, II	NC.					20-0010318
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records	to substantiate th	ne amount of the grant	s or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the selec	tion
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	ocedures for mon	itoring the use of gran	t funds in the United	d States.			
Part II Grants and Other Assistance to	Domestic Organ	izations and Domest	i c Governments. C	omplete if the org	anization answered "	Yes" on Form 990, Part	: IV, line 21, for any
recipient that received more than	\$5,000. Part II ca	n be duplicated if addi	tional space is need	led.			
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
LAMBDA DEFENSE AND EDUCATION FUND, INC 120 WALL STREET, 19TH FLOOR							TO ASSIST WITH THE ORGANIZATION'S EXEMPT
- NEW YORK, NY 10005	23-7395681	501(C)(3)	24,841.	0.			PURPOSE.
PFLAG INC 1828 L ST NW, SUITE 660							TO ASSIST WITH THE ORGANIZATION'S EXEMPT
WASHINGTON, DC 20036	95-3750694	501(C)(3)	11,339.	0.			PURPOSE.
GAY & LESBIAN ALLIANCE AGAINST DEFAMATION (GLAAD INC.) - 104 WEST 29TH STREET 4TH FLOOR - NEW YORK,							TO ASSIST WITH THE ORGANIZATION'S EXEMPT
NY 10001	13-3384027	501(C)(3)	11,011.	0.			PURPOSE.
GLSEN INC 110 WILLIAM ST. 30TH FLOOR NEW YORK, NY 10038	04-3234202	501(C)(3)	9,061.	0.			TO ASSIST WITH THE ORGANIZATION'S EXEMPT PURPOSE.
NATIONAL CENTER FOR LESBIAN RIGHTS 870 MARKET STREET, SUITE #370 SAN FRANCISCO, CA 94102	94-3086885	501(C)(3)	7,938.	0.			TO ASSIST WITH THE ORGANIZATION'S EXEMPT PURPOSE.
MATTHEW SHEPARD FOUNDATION 800 18TH STREET, SUITE 301 DENVER, CO 80202	31-1640047	501(C)(3)	9,664.	0.			TO ASSIST WITH THE ORGANIZATION'S EXEMPT PURPOSE.
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization.	· ·	J		-	I	1	12. 0.

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

Schedule I (Form 990) LGBT CHAR							6-0610918 Page
Part II Continuation of Grants and Other							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMMIGRATION EQUALITY 40 EXCHANGE PLACE, SUITE 1300 NEW YORK, NY 10005	13-3802711	501(C)(3)	8,656.	0.			TO ASSIST WITH THE ORGANIZATION'S EXEMPT PURPOSE.
CENTERLINK INC PO BOX 24490 FORT LAUDERDALE, FL 33307	52-2292725	501(C)(3)	6,357.	0.			TO ASSIST WITH THE ORGANIZATION'S EXEMPT PURPOSE.
OUT & EQUAL 1111 BROADWAY, 3RD FLOOR OAKLAND, CA 94607	02-0681855	501(C)(3)	6,125.	0.			TO ASSIST WITH THE ORGANIZATION'S EXEMPT PURPOSE.
RECONCILING MINISTRIES NETWORK 123 W. MADISON, SUITE 1450 CHICAGO, IL 60602	52-1696721	501(C)(3)	5,888.	0.			TO ASSIST WITH THE ORGANIZATION'S EXEMPT PURPOSE.
NATIONAL LGBTQ TASK FORCE 1325 MASSACHUSETTS AVE NW, STE 600 WASHINGTON, DC 20005	52-1624852	501(C)(3)	5,852.	0.			TO ASSIST WITH THE ORGANIZATION'S EXEMPT PURPOSE.
SERVICES & ADVOCACY FOR GAY LESBIAN BISEXUAL & TRANSGENDER ELDERS INC - 305 SEVENTH AVE - NEW YORK, NY 10001	13-2947657	501(C)(3)	5,831.	0.			TO ASSIST WITH THE ORGANIZATION'S EXEMPT PURPOSE.

(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
rt IV Supplemental Information. Provide the information	ation required in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.	
RT I, LINE 2:					
E GRANTS PAID TO THE RECIPIE	NTS ARE BASE	D ON INFOR	RMATION REC	EIVED FROM	
E FEDERATED CAMPAIGNS.					

SCHEDULE O

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

LGBT CHARITIES, INC.

Employer identification number 26-0610918

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: GROUPS, EDUCATES THE STAFF AND VOLUNTEERS OF THESE GROUPS SO THAT THEY BETTER UNDERSTAND WORKPLACE GIVING PROGRAMS, AND ASSISTS IN THE MARKETING OF SUCH GROUPS TO POTENTIAL DONORS.

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

ALL MEMBERS OF THE BOARD OF DIRECTORS RECEIVED THE FORM 990 BEFORE IT WAS FILED TO ALLOW THEIR REVIEW OF THE DOCUMENT.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION COMPLIES WITH A CONFLICT OF INTEREST POLICY. THE POLICY STATES THAT:

"ANYONE MAKING DECISIONS ON BEHALF OF THE ORGANIZATION SHOULD ALWAYS ACT BASED IN THE BEST INTERESTS OF THE ORGANIZATION, AND NO INDIVIDUAL ASSOCIATED WITH THE ORGANIZATION SHOULD USE HIS OR HER POSITION FOR PERSONAL BENEFIT, FOR THE BENEFIT OF FRIENDS OR RELATIVES, OR TO FURTHER ANY OUTSIDE INTERESTS OR PERSONAL AGENDA. THIS STANDARD APPLIES TO ALL TRANSACTIONS AND DECISIONS, WHETHER OR NOT COVERED BY THE DETAILED POLICIES AND PROCEDURES BELOW."

THE POLICY DEFINES POTENTIAL AND ACTUAL CONFLICTS OF INTEREST, REQUIRES DISCLOSURE BY RELEVANT PARTIES OF POTENTIAL AND ACTUAL CONFLICTS, AND ESTABLISHES PROCEDURES BY WHICH BOARD MEMBERS AND STAFF CAN DETERMINE WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS. IN THE EVENT OF A CONFLICT, THE POLICY FURTHER PROVIDES A PROCESS FOR DECIDING WHETHER A PROPOSED

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TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION D	ESPITE THAT
CONFLICT OF INTEREST.	
THE POLICY STATES THAT IT SHALL BE DISTRIBUTED ANNUALLY T	O ALL DIRECTORS,
OFFICERS, MEMBERS OF BOARD COMMITTEES, AND STAFF ALONG WI	TH A DISCLOSURE
QUESTIONNAIRE DESIGNED TO UNCOVER POTENTIAL CONFLICTS OF	INTEREST BY ASKING
RECIPIENTS TO LIST FAMILY AND BUSINESS RELATIONSHIPS WITH	OTHER OFFICERS,
DIRECTORS AND KEY EMPLOYEES. ALL COVERED INDIVIDUALS ARE	ASKED TO RESPOND
ACKNOWLEDGING RECEIPT OF THE POLICY, THEIR INTENTION TO A	BIDE BY IT, AND
DISCLOSING ALL ISSUES LISTED IN THE QUESTIONNAIRE.	
FORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION WILL MAKE ITS FORM 990 AVAILABLE TO THE	PUBLIC FOR
INSPECTION UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST THE ORGANIZATION WILL PROVIDE ITS GOVERNING	DOCUMENTS,
CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS TO T	HE PUBLIC.
FORM 990 PART XII LINE 2C	
THE ORGANIZATION'S PROCESS HAS NOT CHANGED FROM THE PRIOR	YEAR.