Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending C Name of organization Check if applicable: D Employer identification number Address change FUNDERS FOR LESBIAN AND GAY ISSUES, Name change FUNDERS FOR LGBTO ISSUES Doing Business As 13-4144494 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-116 EAST 16TH STREET, 7TH FLOOR 212-475-2930 Amended return City or town, state or province, country, and ZIP or foreign postal code 1,361,128. G Gross receipts \$ Applica-NEW YORK, NY 10003-2112 H(a) Is this a group return pending F Name and address of principal officer: BEN F. MAULBECK for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) _ 501(c)() ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.LGBTFUNDERS.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 2000 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: TO MOBILIZE PHILANTHROPIC Activities & Governance RESOURCES THAT ENHANCE THE WELL-BEING OF LGBTO COMMUNITIES Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 12 11 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 6 5 Total number of volunteers (estimate if necessary) 47 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** 391,808. Contributions and grants (Part VIII, line 1h) 1,313,300. Revenue 27,200. 36,790. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 60,481. 11,038. 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 479,489. 1,361,128. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 69,988 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 491,713 425,280. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 498,945. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 466,187. 1,060,646. 891,467. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -581,157. 469,661. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year** End of Year 674,655. 1,090,855. Total assets (Part X, line 16) Total liabilities (Part X, line 26) 54,047 30,441. Vet, und 620,608. Net assets or fund balances. Subtract line 21 from line 20 060,414. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of meparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign BEN F. MAULBECK, PRESIDENT Here Type or print name and title Print/Type preparer's name Preparer's stignature Paid GERMAN RODRIGUEZ 07/22/14 P00367209 Firm's name N. CHENG & CO. CPA P.C. Preparer 13-3516375 Firm's EIN 40 EXCHANGE PLACE, Use Only Firm's address SUITE 1206 NEW YORK, NY 10005 Phone no. 212-785-0100 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

	1 990 (2013) FUNDERS FOR LESBIAN AND GAY ISSUES, INC. 13-4144494 Page 2 rt III Statement of Program Service Accomplishments
Га	
1	Check if Schedule O contains a response or note to any line in this Part III
•	FUNDERS FOR LGBTQ ISSUES SEEKS TO MOBILIZE PHILANTHROPIC RESOURCES
	THAT ENHANCE THE WELL-BEING OF LESBIAN, GAY, BISEXUAL, TRANSGENDER AND
	QUEER COMMUNITIES, PROMOTE EQUITY AND ADVANCE RACIAL, ECONOMIC AND GENDER JUSTICE.
2	Did the organization undertake any significant program services during the year which were not listed on
4	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	ANNUAL FUNDING FORWARD CONFERENCE: FUNDERS FOR LGBTQ ISSUES HELD A
	THREE-DAY ANNUAL CONFERENCE (FUNDING FORWARD) FOR FUNDERS, A SERIES OF
	WORKSHOPS AND INTERACTIVE SESSIONS, TO HELP FUNDERS TO MAXIMIZE THE
	IMPACT OF THEIR GRANTMAKING IN LGBT COMMUNITIES, ATTENDED BY MORE THAN 100 PEOPLE.
	TOO PEOPLE.
4b	(Code:) (Expenses \$69,082. Including grants of \$) (Revenue \$70,000.)
	LGBT SOUTHERN FUNDING SUMMIT: FUNDERS FOR LGBTQ ISSUES HELD A ONE-DAY
	SUMMIT FOR GRANTMAKERS TO ADVANCE LGBTQ GRANTMAKING IN SOUTHEASTERN
	UNITED STATES. 54 PEOPLE ATTENDED.
4c	(Code:) (Expenses \$ 116,299 · Including grants of \$) (Revenue \$)
	RESEARCH AND EDUCATION SERVICES: FUNDERS FOR LGBTQ ISSUES RELEASED TWO
	MAJOR REPORTS IN 2013, THE PHYSICS OF LGBTQ FUNDING AND THE ANNUAL
	TRACKING REPORT ON LGBTQ GRANTMAKING BY U.S. FOUNDATIONS. BOTH WERE
	RELEASED IN PRINT AND ONLINE. THE TRACKING REPORTS WERE DOWNLOADED MORE
	THAN 2,700 TIMES, AND THE PHYSICS REPORT WAS DOWNLOADED MORE THAN 500
	TIMES. THE ORGANIZATION ALSO OFFERS PHILANTHROPY INSIGHT LGBTQ, AN
	INTERACTIVE, SEARCHABLE ONLINE DATABASE THAT MAPS ALL LGBTQ GRANTS MADE
	IN THE U.S. AND AROUND THE WORLD. THE TOOL WAS ACCESSED BY MORE THAN
	2,500 USERS IN 2013. FUNDERS FOR LGBTQ ISSUES ALSO PUBLISHED SEVERAL
	OP-ED PIECES, BLOG POSTS, AND OTHER SHORTER PUBLICATIONS TO RAISE
	AWARENESS ABOUT NEEDS AND OPPORTUNITIES FOR FUNDERS TO SUPPORT LGBTQ
4.1	
4d	350 015
4e	(Expenses \$ 358,915 · including grants of \$) (Revenue \$) Total program service expenses ► 660,020 ·
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	990 (2013) FUNDERS FOR LESBIAN AND GAY ISSUES, INC. 13-4144	494	P	age 3
Pai	t 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)?		3,5	
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	A	
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	—	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١.		x
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	=	5		x
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	About a suite a super historia land a super or historia atsunts and If I Vog II complete Schodule D. Bart II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	一		
•	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	Ť		
•	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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	
Ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			l
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	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		7.5	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	\vdash
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	\vdash	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	148	_	
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		l x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		\vdash	\vdash
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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	L	X
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	<u></u>	X
40	Pid the experiention report more than \$15,000 of cross income from gaming activities on Part VIII line 9a? If "Yes."			

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2013) FUNDERS FOR LESBIA
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 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 Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		Х
	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	l		
	any tax-exempt bonds?	24c	 	_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24d	\vdash	<u> </u>
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			₩.
~~	complete Schedule L, Part II	26	 	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	ľ		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	E!	.euro	
	instructions for applicable filing thresholds, conditions, and exceptions):			8 1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	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		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			3,5
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Ь	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?		17	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2013)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 9			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning		72	
_	(gambling) winnings to prize winners?	10	X	
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 6	10000	7	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			~
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	 	X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		\vdash
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Δ
Ð	If "Yes," enter the name of the foreign country:			
E-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	\vdash	X
b	aliabitation in the contract of the contract o	_5b	\vdash	
		5c	\vdash	
80	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x
_	any contributions that were not tax deductible as charitable contributions?	6a	\vdash	
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	l		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	21000		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		 	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		—
C	·	 _		x
	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c	10000	Δ
u	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7-		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f	\vdash	
q	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	\vdash	
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	\vdash	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	SHERICH	600000	of Alleg
-	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		Toronto.	100
a	Did the organization make any taxable distributions under section 4966?	9a		
h	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	\vdash	
10				
	Initiation fees and capital contributions included on Part Vill, line 12	II.V		1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a	HB6s		
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year12b			
13	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	11,51		
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2013)

V

Form 990 (2013) FUNDERS FOR LESBIAN AND GAY ISSUES, INC. 13-414494 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					LAJ
Sec	tion A. Governing Body and Management					
		1 1			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	18	1.	4		HIII a -
	If there are material differences in voting rights among members of the governing body, or if the governing			BIII		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any	other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct su	pervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was fil	ed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?		6138000000000	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by the fol	lowina:	Interior	liven	BIBS
	The governing body?			8a	х	Samuel Pro-
b	Each committee with authority to act on behalf of the governing body?	7.5500		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х
Sac	tion B. Policies (This Section B requests information about policies not required by the Internal R			3		
Jec	HOTE D. POLICIES (This Section & Tequesis information about policies not required by the internal A	evenue oc	·ue.)		Yes	No
10-	Did the organization have local chapters, branches, or affiliates?			10a	162	X
				104		
D	If "Yes," did the organization have written policies and procedures governing the activities of such control of the procedure			10b	li	
	and branches to ensure their operations are consistent with the organization's exempt purposes?				Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ay before ii	iing the form?	11a	21	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			40-	х	
12a	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 risk			12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? # "\			10	x	
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13		
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approv		endent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?				10000
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with	а			12
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		cipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	inization's				
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►NY					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section	501(c)(3)s only)	availat	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website Upon request Other (explain					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict of in	terest policy, a	nd fina	ncial	
	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books a	and records	of the organiz	ation: 🕨	_	
	BEN FRANCISCO MAULBECK - 212-475-2930					
	116 E. 16TH ST. 7TH FLR, NEW YORK, NY 10003					
				-	000	(0040)

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

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

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

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

Licket this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

Name and Title	(A)	(B)	0.9.	411166		C)	···po	11041	(D)	(E)	(F)
Compensation Comp			(do	not c) than	one	1 ' '		
Week		'	box	, unle	ss pe	rson	is bot	h an	I '		
(1) ANDREW LANE			-				1	1	1 1		
(1) ANDREW LANE			rdirec				20		organization		,
(1) ANDREW LANE			Stee	rustee			Selection		(W-2/1099-MISC)		-
(1) ANDREW LANE		_	120	onalt		afold	E CO				
(1) ANDREW LANE			divida	strtuti	#gc#	ey em	Eghest mpky	Ormer			organizations
CINDY RIZZO	(1) ANDREW LANE		<u> </u>	=	۳	×	1				
VICE CHAIR	CHAIR		X						0.	0.	0.
(3) REBECCA FOX	(2) CINDY RIZZO	1.00		Π	Г		П				
BOARD MEMBER	VICE CHAIR		X		_				0.	0.	0.
(4) MITCHELL SINGER 1.00 X 0. 0. 0. 0.	(3) REBECCA FOX	1.00					Π				
SECRETARY	BOARD MEMBER		X				L		0.	0.	0.
STATRICIA ST. ONGE 1.00 X 0.0 0.	• • • • • • • • • • • • • • • • • • • •	1.00	١								
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BOARD MEMBER		4 00	X				<u> </u>	_	0.	0.	0.
The state The		1.00									0
BOARD MEMBER			X		_	_	_	_	0.	U.	0.
(8) KRISTINE STALLONE	• • • • • • • • • • • • • • • • • • • •	1.00								ا م	0
BOARD MEMBER	· · · · · · · · · · · · · · · · · · ·	1 00	X			_		<u> </u>	U.	U -	0.
1.00 No. No.	• •	1.00	.						ا م	ا م	0
BOARD MEMBER		1 00	^		 	-	⊢		0.	0.	<u> </u>
1.00 TREASURER		1.00	₩.						ا ۱	n	0
TREASURER (11) JUDY PATRICK BOARD MEMBER (12) BEN FRANCISCO MAULBECK PRESIDENT X 100 X 119,328. 119,328.		1 00	₽	_	⊢	H	╀	├	0.		
1.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		1.00	x						l 0.	n.	0.
BOARD MEMBER		1.00			\vdash	┢	\vdash				
(12) BEN FRANCISCO MAULBECK	,	1100	x						0.	0.	0.
PRESIDENT X 119,328. 0. 24,072.		40.00		_	\vdash	Т	\vdash				
			1		x			l	119,328.	0.	24,072.
				Т			Т	П			
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			1								
				1	_						
			_	_	_			_			
											- 000

332007 10-29-13

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII (A)	(B)	(C)	
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Other Revenue Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
	C	Fundraising events	1c					
ᄩᆲ	d	Related organizations	1d					
S,E		Government grants (contribut						
할	f	All other contributions, gifts, gran						
章		similar amounts not included abo	ve 11 1	,313,300.				
됨	g	Noncash contributions included in lines	1a-1f: \$	100,000.				
<u>응</u> 등	h	Total. Add lines 1a-1f			1,313,300.	THE BEET U.		
				Business Code				diamental section of
8	2 a	PROGRAM FEES		713990	36,790.	36,790.		
ا ۾ څَ	ь							
SE	c							
E a	d							
<u>p</u>	е							T
급	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f			36,790.	Marini Cares Co.		
	3	Investment income (including	dividends, inter	rest, and	•			
		other similar amounts)			11,038.			11,038
- 1	4	Income from investment of ta						
- 1	5	Royalties						
- 1			(i) Real	(ii) Personal				ligani ve j
	6 a	Gross rents						
- 1	b	Less: rental expenses						
		Rental income or (loss)						
- 1	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
.	8 a	Gross income from fundraisin	g events (not		on substitution			
		including \$	of					
e Ve		contributions reported on line	1c). See					#1
<u>بر</u>		Part IV, line 18		ı				
출	b	Less: direct expenses						
٩l		Net income or (loss) from fund						
	9 a	Gross income from gaming ad	ctivities. See					
		Part IV, line 19	a	.[
	b	Less: direct expenses						
		Net income or (loss) from gam						
- 1	10 a	Gross sales of inventory, less	returns					
		and allowances	ε ε	·				
	b	Less: cost of goods sold	t					
	C	Net income or (loss) from sale	s of inventory .					
		Miscellaneous Revenu		Business Code				
Ī	11 a							
	b	•						
	С							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			1,361,128.	36,790.	0	. 11,038
332009								Form 990 (201)

Part IX | Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A).	
	Check if Schedule O contains a respon			(0)	(D)
	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 governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	152 021	106 074	20 564	15 202
_	trustees, and key employees	152,821.	106,974.	30,564.	15,283
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	202,168.	141,518.	40,433.	20,217.
7	Other salaries and wages	202,100.	141,210.	40,433.	20,211
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	50,239.	38,883.	6,333.	5,023
9	Other employee benefits	20,052.	15,477.	2,570.	2,005
10	Payroll taxes	20,032.	13,211.	2,370.	2,003
11	Fees for services (non-employees):				
	Management				
	Legal	16,689.		16,689.	
	Accounting	10,005.		10,003.	
a	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	· · · · · · ·	The second second second second second		
'	Other, (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	221,199.	217,931.	3,268.	
12	Advertising and promotion	31,120.	21,537.	1,438.	8,145
13	Office expenses	8,814.	2,388.	4,024.	2,402
14	Information technology		-,		
15	Royalties				
16	Occupancy	39,911.	20,354.	9,579.	9,978
17	Travel	127,983.	87,538.	21,066.	19,379
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	1,869.		1,869.	
23	Insurance				
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e, If line 24e amount exceeds 10% of line 25, column (A)	1			
	amount, list line 24e expenses on Schedule O.)	8 600		4 4 2 4	4 404
а	TELEPHONE	7,688.	5,426.	1,131.	1,131
b	OTHER	6,220.	1,055.	5,165.	2 664
С	POSTAGE AND MAILING	4,694.	939.	751.	3,004
d					
e	All other expenses	001 165	660 000	144 000	06 565
25	Total functional expenses. Add lines 1 through 24e	891,467.	660,020.	144,880.	86,567
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 (2012)

332010 10-29-13

Form 990 (2013)
Part X | Balance Sheet

art)	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	1	Cash - non-interest-bearing		258,977.	1	344,791
2	2	Savings and temporary cash investments			2	
3	3	Pledges and grants receivable, net			3	424,259
4	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors,				
		trustees, key employees, and highest compensated employees. Comple	ete		3	
		Part II of Schedule L			5	
6	6	Loans and other receivables from other disqualified persons (as defined	under			3 18 mg " - 1 mg
- [section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contr	ributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary				
3		employees' beneficiary organizations (see instr). Complete Part II of Sch	L		6	
	7	Notes and loans receivable, net	anni a		7	
[‡] 8	8	Inventories for sale or use			8	
9	9	Prepaid expenses and deferred charges		17,084.	9	22,289
10	Dа	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 28,	364.		40.4	
	ь	Less: accumulated depreciation 10b 21,	182.	1,400.	10c	7,182
11		Investments - publicly traded securities			11	·
12	2	Investments · other securities. See Part IV, line 11		392,652.	12	289,014
13	3	Investments - program-related. See Part IV, line 11			13	
14	4	Intangible assets		:	14	
15	5	Other assets. See Part IV, line 11		4,542.	15	3,320
16	6	Total assets. Add lines 1 through 15 (must equal line 34)		674,655.	16	1,090,855
17	7	Accounts payable and accrued expenses		51,647.	17	26,241
18	8	Grants payable			18	
19	9	Deferred revenue		2,400.	19	4,200
20	0	Tax-exempt bond fiabilities			20	
21	1	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
22	2	Loans and other payables to current and former officers, directors, truste	ees,	THE REPORT OF THE PERSON NAMED IN	HERE	
		key employees, highest compensated employees, and disqualified personal compensated employees.				
22		Complete Part II of Schedule L			22	
23	3	Secured mortgages and notes payable to unrelated third parties			23	
24	4	Unsecured notes and loans payable to unrelated third parties	12000000	·	24	
25	5	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part X	(of		- 1	
		Schedule D			25	
26	6	Total liabilities. Add lines 17 through 25		54,047.	26	30,441
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 【X】	and			
: l		complete lines 27 through 29, and lines 33 and 34.				
27	7	Unrestricted net assets		474,021.	27	632,914
28	В	Temporarily restricted net assets		146,587.	28	427,500
29	9	Permanently restricted net assets	Street and a grant of		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here				
5		and complete lines 30 through 34.				
30	0	Capital stock or trust principal, or current funds			30	
31		Paid-in or capital surplus, or land, building, or equipment fund			31	
27 28 29 30 31 32		Retained earnings, endowment, accumulated income, or other funds			32	
22	3	Total net assets or fund balances		620,608.	33	1,060,414
30		Total liabilities and net assets/fund balances		674,655.	34	1,090,855

Form 990 (2013)

Both consolidated and separate basis

Both consolidated and separate basis

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

b Were the organization's financial statements audited by an independent accountant?

review, or compilation of its financial statements and selection of an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in 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?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

separate basis, consolidated basis, or both:

Consolidated basis

Consolidated basis

Separate basis

consolidated basis, or both:

X Separate basis

Form **990** (2013)

2b X

X

X

2¢

3a

3h

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

2013

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

Employer identification number

FUNDERS FOR LESBIAN AND GAY ISSUES, INC. 13-4144494 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, 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.) 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated d Type III - Non-functionally integrated b Type II e 🔲 By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes 11g(i) the governing body of the supported organization? (iii) A family member of a person described in (i) above? 11g(ii) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (iv) Is the organization (v) Did you notify the in col. (i) listed in your organization in col. (vi) Is the (vii) Amount of monetary (iii) Type of organization (i) Name of supported (ii) EIN organizátion in col. (described on lines 1-9 support organization (i) organized in the governing document? (i) of your support? above or IRC section ILS.? (see instructions)) Yes No Yes No Yes Nο LHA For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-1

Form 990 or 990-EZ.

Schedule A (Form 990 or 990 EZ) 2013 FUNDERS FOR LESBIAN AND GAY ISSUES, INC.13-4144494 Page 2

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.)

_	talls to qualify under the tests	i listed below, ploa	se complete i ait						
-	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
1	Gifts, grants, contributions, and					;			
	membership fees received. (Do not								
	include any "unusual grants.")	1175811.	1221031.	907,464.	391,808.	1313300.	5009414.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	1175811.	1221031.	907,464.	391,808.	1313300.	5009414.		
	The portion of total contributions	Torred Torred		A THE RESIDENCE					
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included	E 1							
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)					3 11 11	1773626.		
6	Public support. Subtract line 5 from line 4.	0.23		To the second	Kanana Sala		3235788.		
	tion B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
	Amounts from line 4	1175811.	1221031.	907,464.	391,808.	1313300.	5009414.		
	Gross income from interest,				·				
•	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources	64,346.	63,670.	55,017.	60,481.	11,038.	254,552.		
	Net income from unrelated business	01,5100	03,0100	3370271	00,1011	11,0000	201,0020		
9									
	activities, whether or not the								
40	business is regularly carried on		<u> </u>						
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part IV.)						5263966.		
	Total support. Add lines 7 through 10				The state of the s	10	186,560.		
	Gross receipts from related activities,					12	100,300.		
13	First five years. If the Form 990 is for	-							
200	organization, check this box and storetion C. Computation of Publ	ic Support Pe	rcentage						
-				(0)		44	61.47 %		
	Public support percentage for 2013 (177		15	4.6.60		
	Public support percentage from 2012								
16a	33 1/3% support test - 2013. If the c								
	stop here. The organization qualifies								
b	33 1/3% support test - 2012. If the						. 11 12		
	and stop here. The organization qual								
17a	10% -facts-and-circumstances tes								
	and if the organization meets the "fac			· · · · · · · · · · · · · · · · · · ·	•				
	meets the "facts-and-circumstances"	-			_				
b	b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
	more, and if the organization meets the	he "facts-and-circu	mstances" test, c	heck this box and	stop here. Explair	in Part IV how the			
	organization meets the "facts-and-circ		_						
18	Private foundation. If the organization	n did not check a	box on line 13, <u>16</u>	<u>a, 16b, 17a, or 17l</u>	b, check this box a	ınd see instruction	s		
					Sche	dule A (Form 990	or 990-EZ) 2013		

Schedule A (Form 990 or 990 EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13/2	(4)	(5) 20 10	(1)
	membership fees received. (Do not	Ì		İ			
	include any "unusual grants.")						ļ
2	Gross receipts from admissions,						· ·
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose				 	+	
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513				-		
4	Tax revenues levied for the organ-			İ	1	1	
	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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			ļ			
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b				-	_	
		CHI STONY STREET	The state of the state of the	10/10/2007	Control of the same		et es
	Public support (Subtract line 7c from line 6)		and comments of				
•			1		T		
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						ĺ
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses				•		
	acquired after June 30, 1975					ľ	
c	Add lines 10a and 10b					1	
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain	-				 	
	or loss from the sale of capital						
40	assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					<u> </u>	
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) orga	anization,
_							>
	tion C. Computation of Publ						
15	Public support percentage for 2013 (I	ine 8, column (f) d	livided by line 13, o	olumn (f))		15	%
	Public support percentage from 2012					16	96
Sec	tion D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	13 (line 10c, colur	mn (f) divided by lin	e 13, column (f))		17	96
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2013. If the						
	more than 33 1/3%, check this box as						
h	33 1/3% support tests - 2012. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization					_	
20	TAVALE TOURGOUGH, IT THE OTGANIZATIO	H GIG TIOL CHECK &	CONTRIBUTE, 19	a, or rab, crieck t	IIIS DUX AIRO See IF	ISTUCTIONS	

Schedule A (Form 990 or 990-EZ) 2013 FUNDERS FOR LESBIAN AND GAY ISSUES, INC. 13-4	1144494 Page
Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; an	d Part III, line 12.
Also complete this part for any additional information. (See instructions).	
	100
	- CI-13-2-22
	3/3/12/13 5 12/4
	702270

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 ·

OMB No. 1545-0047

Name of the organization

Employer identification number

	FUNDERS FOR LESBIAN AND GAY ISSUES, INC.	13-4144494							
Organization type(cl	heck one):								
Filers of:	s of: Section:								
Form 990 or 990-EZ X 501(c)(3) (enter number) organization									
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization								
Form 990-PF	501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
	zation is covered by the General Rule or a Special Rule. 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.							
_	nization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mo Complete Parts I and II.	ney or property) from any one							
Special Rules									
509(a)(1) and	on 501(c)(3) organization filing Form 990 or 990·EZ that met the 33 1/3% support test of the regular 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the gunt on (i) Form 990, Part VIII, line 1h, or (ii) Form 990·EZ, line 1. Complete Parts I and II.								
total contrib	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.								
contribution: If this box is purpose. Do	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year								
but it must answer "N	ation that is not covered by the General Rule and/or the Special Rules does not file Schedule B No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo of meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Employer identification number

FUNDERS FOR LESBIAN AND GAY ISSUES, INC.

13-4144494

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ARCUS FOUNDATION 44 WEST 28TH STREET, 17TH FLOOR NEW YORK, NY 10001	\$100,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ASTRAEA LESBIAN FOUNDATION FOR JUSTICE 116 E 16TH STREET, FL 7 NEW YORK, NY 10003	\$ <u>200,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
3	GILL FOUNDATION 2215 MARKET STREET, SUITE 205 DENVER, CO 80205	\$ 65,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	JOHNSON FAMILY FOUNDATION 55 EXCHANGE PLACE, SUITE 404, NEW YORK, NY 10005	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	FORD FOUNDATION 320 EAST 43RD STREET NEW YORK, NY 10017	\$ <u>550,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	WALTER & EVELYN HAAS JR. 114 SANSOME STRET, SUITE 600 SAN FRANCISCO, CO 80205	s45,000.	Person X Payroll

Employer identification number

FUNDERS FOR LESBIAN AND GAY ISSUES, INC.

13-4144494

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	VANGUARD CHARITABLE ENDOWMENT PROGRAM P.O. BOX 55766 BOSTON, MA 15518	s80,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	JOHN D. AND CATHERINE T. MACARTHUR FOUNDATION 140 SOUTH DEARBORN STREET CHICAGO, IL 60603	\$\$	Person X. Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	ARCUS FOUNDATION 44 WEST 28TH STREET, 17TH FLOOR NEW YORK, NY 10001	s25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Employer identification number

FUNDERS FOR LESBIAN AND GAY ISSUES, INC.

13-4144494

Part II No	oncash Property (see instructions). Use duplicate copies of Part	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1 00	DRPORATE STOCK	_	
		s100,000.	12/13/13
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
$-\begin{vmatrix} - \\ - \end{vmatrix}$		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
$-\left \frac{1}{2}\right $		 \$	
(a) No. irom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_ =			

Employer identification number

	RS FOR LESBIAN AND GAY	ISSUES, INC.		(48)	13-4144494				
Part III	Exclusively religious, charitable, etc., indiverse year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc.	he following line entry. For o	on so i(c)(7), (8), rganizations comp	, or (10) organization deting Part III, enter	ns that total more than \$1,000 for the				
	Use duplicate copies of Part III if addition	al space is needed.	r less for the year	 (Enter this information once. 					
(a) No. from Part i	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held					
—									
			4 10						
		(e) Transf	er of gift						
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee				
-				•	***				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	ription of how gift is held				
1 0,11									
—									
		(e) Transf	er of gift						
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee				
									
					·				
(a) No.									
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	ription of how gift is held				
				<u>.</u>					
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee				
		,	<u> </u>						
				•••					
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	ription of how gift is held				
									
		(e) Transf	er of gift						
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee				

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/torm990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FUNDERS FOR LESBIAN AND GAY ISSUES, INC. Employer identification number 13-4144494

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	i	
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advi	sed funds
_	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor ac		
٠	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		
Pai			
	Purpose(s) of conservation easements held by the organization		Late 14, into 7.
1	Land		atadaalli, lissaastaat laad aa
	Preservation of land for public use (e.g., recreation or ed		storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		F
			Held at the End of the Tax Year
	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stru	2c	
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organization during the tax
	year		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and e	_	
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	in Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement, and balance sheet, and
•	include, if applicable, the text of the footnote to the organizati		
	conservation easements.	art a manda atatomama mat accomac	, the organization accounting to
Pai	t III Organizations Maintaining Collections of	Art. Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
4-	If the organization elected, as permitted under SFAS 116 (ASC		ment and halance sheet works of art
18			
	historical treasures, or other similar assets held for public exhi		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		and the second control of the second factors and
Ь	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pr	ablic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under SFAS 11		
а	Revenues included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		1000000
-			T 10 / 10 / 10 / 10 / 10 / 10 / 10 / 10

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

		FOR LESBI.							
	t III Organizations Maintaining C								
3									
	(check all that apply):								
а	Public exhibition	d			hange programs				
b	Scholarly research	е	Oti	ner					
C	Preservation for future generations								
4									
5	During the year, did the organization solicit o							1	
III	to be sold to raise funds rather than to be ma							Yes	No_
Par	t IV Escrow and Custodial Arran	-	ete if the or	ganizatio	n answered "Yes"	to Form 996	J, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi							1	—
	on Form 990, Part X?							Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tab	le:					
						<u> </u>	 	Amount	
C	Beginning balance								
d	Additions during the year						↓		
е	Distributions during the year					1e			
f	Ending balance						<u> </u>		
	Did the organization include an amount on Fe							Yes	No No
b	If "Yes," explain the arrangement in Part XIII.						6577)i		
Pai	t V Endowment Funds. Complete i	f the organization an	swered "Y	es" to Fo		_			
		(a) Current year	(b) Prio	r year	(c) Two years back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance					ļ.,,			
b	Contributions								
C	Net investment earnings, gains, and losses					1			
d	Grants or scholarships	-				1			
	Other expenditures for facilities								
_	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	rent year end haland	e (line 1a.	column (a	a)) held as:	·		i-	
	Board designated or quasi-endowment		%		.,, uo.				
b	Permanent endowment	%	_′°						
	Temporarily restricted endowment								
С									
_	The percentages in lines 2a, 2b, and 2c should be the second and in the second	-	-41 414		and administered fo	- the e-e-	ination		
За	Are there endowment funds not in the posse	ssion of the organiz	ation that i	ire neio a	ino aoministereo 10	r une organ	ization	Г	V No
	by:								Yes No
	(i) unrelated organizations								-
	(ii) related organizations								
b	If "Yes" to 3a(ii), are the related organizations	,						3b	
4	Describe in Part XIII the intended uses of the		owment fur	ids.					
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answere								
	Description of property	(a) Cost or o				Accumulat		(d) Book	: value
		basis (investr	nent)	basis	(other) c	lepreciation	1		
1a	Land				15/14/1	type in			
b	Buildings								
C	Leasehold improvements	7700 E							
d	Equipment		364.			21,1	.82.	7	7,182.
	Other	111							
7-4-5	Add lines to through to (Column (d) must a	gual Form 000 Part	Y column	(R) line 1	10(c) 1		. .	7	7.182.

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

	dule D (Form 990) 2013 FUNDERS FOR LESBIAN AND GA			13-4	1144494	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statem		Revenue per F	Return		
_	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a			TT	1 221	272
1	Total revenue, gains, and other support per audited financial statements			1	1,331	,4/3.
2 a	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments	2a	-29,855.			
b	Donated services and use of facilities		45,055	7		
c	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d		1000		
е	Add lines 2a through 2d			2e	-29	,855.
3	Subtract line 2e from line 1			3	1,361	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				<u> </u>	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
C	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,361,	<u>,128.</u>
Pal	t XII Reconciliation of Expenses per Audited Financial Statem		1 Expenses per	Retu	rn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				0.04	468
1	Total expenses and losses per audited financial statements		***************************************	1	891,	467.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	الما				
a b	Donated services and use of facilities			-		
C	Prior year adjustments Other losees					
d	Other losses Other (Describe in Part XIII.)					
	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	891	467.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			Ť	4541	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIII.)					
	Add lines 4a and 4b			4c		0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	891,	467.
	t XIII Supplemental Information.					
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			4; Part)	(, line 2; Part)	(Ι,
lines :	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional inform	nation.			
DAE	T X, LINE 2:					
IM	I A, DINE Z.				<u>.</u>	
EXF	LANATION: FUNDERS HAD NO UNCERTAIN TAX PO	SITION	S AS OF DE	СЕМЕ	ER 31,	
201	3 AND 2012, IN ACCORDANCE WITH ACCOUNTING	STAND	ARDS CODIF	ICAI	ION	
/ " z	SC") TOPIC 740, INCOME TAXES, WHICH PROVI	DEG GW	אווואסחפ בַּּ	ם ב	MARI TOU	TNO
\ *	de / 10116 / 10 / Income inado, willen incom	DEG SI	HIDARDS FO	K Es	TYPHISI	1714.
ANI	CLASSIFYING ANY TAX PROVISION FOR UNCERT	AIN TA	X POSITION	s.	FUNDERS	IS
NO	LONGER SUBJECT TO FEDERAL OR STATE AND LO	CAL IN	COME TAX E	XAMI	NATIONS	BY
TAX	AUTHORITIES FOR THE YEAR ENDED DECEMBER	31. 20	11 AND PRI	OR Y	EARS.	
		1	- 30000		90,5-46	
-						
				_		
332054 09-25-				Schedu	ile D (Form 99	90) 2013
	25					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Department of the Treasury Internal Revenue Service Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www irs gov/form990

INC.

Open to Public Inspection

Name of the organization

FUNDERS FOR LESBIAN AND GAY ISSUES,

Employer identification number 13-4144494

Pa	Irt I Types of Property							
		(a) Check if	(b) Number of	(c) Noncash contribution	Method of o		nina	
		applicable	contributions or	amounts reported on Form 990, Part VIII, line 1g	noncash contrib			ts
1	Art - Works of art			TOTAL COOL TEST THE TEST				
2	Art · Historical treasures				· · · · · · · · · · · · · · · · · · ·			
3	Art - Fractional Interests							
4	Books and publications		E					
5	Clothing and household goods							
6	Cars and other vehicles					-		
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	1	100,000.	FAIR VALUE			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests				ŀ			
12	Securities · Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential						_	
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory					_		
20	Drugs and medical supplies							
21	Taxidermy					-	_	
22	Historical artifacts							
23	Scientific specimens					-		
24	Archeological artifacts							
25	Other ()			<u> </u>				
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions			_	
	for which the organization completed Form 828	33, Part IV, D	Donee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 - 28, t	hat it must hold for			
	at least three years from the date of the initial of	contribution,	and which is not r	equired to be used for exem	pt purposes for	111.3		
	the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.					1		П
31	Does the organization have a gift acceptance p	oolicy that re	quires the review	of any non-standard contribi	utions?	31		Х
32a	Does the organization hire or use third parties of						\neg	
	contributions?					32a		х
b	If "Yes," describe in Part II.					7_0		
33	If the organization did not report an amount in	column (c) fo	or a type of proper	ty for which column (a) is ch	ecked,			
	describe in Part II.				r			
LHA	For Paperwork Reduction Act Notice, see	the Instruct	ions for Form 990).	Schedule M	(Form	990) (:	20131

332141 09-03-13

Schedule M	(Form 990) (2013)	FUNDERS	FOR LESBIA	IN ANL	GAY	ISSUES	INC.	13-414	4494	Page 2
Part II	Supplemental	Information	I- Provide the information of contribution.	ation requi	ired by Pa	art I. lines 30	b. 32b. and 33	and whether t	the organiza	tion
	is reporting in Parl	I, column (b), th	e number of contribu	utions, the	number	of items rece	ived, or a com	bination of bot	h. Also comi	olete
	this part for any ac	dditional informa	tion.							51010
					_					
-										
								_		
									4000	
				-						
							200			
						0.02				1270
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				2013		1918				100
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				-22						
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V-					30.5					- 1

332142 09-03-13

Schedule M (Form 990) (2013)

SCHEDULE O (Form 990 or 990-EZ)

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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the omanization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Inspection

FUNDERS FOR LESBIAN AND GAY ISSUES, INC. 13-4144494
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: THE FINANCE AND AUDIT COMMITTEE REVIEWS THE 990 PRIOR TO ITS
FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
EXPLANATION: ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES
COMPLIANCE WITH CONFLICT OF INTEREST POLICY AS DESCRIBED IN ORGANIZATION'S
EXISTING POLICY.
FORM 990, PART VI, SECTION B, LINE 15:
EXPLANATION: THE COUNCIL ON FOUNDATION PRODUCES, BI ANNUALLY, A MANAGEMENT
REPORT THAT LISTS THE SALARIES OF ALL THE EXEMPT STAFF OF AFFINITY GROUPS,
INCLUDING EXECUTIVE DIRECTOR, PROGRAM DIRECTORS, DIRECTOR OF RESEARCH, ETC.
THESE NUMBERS ARE REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD TO
ENSURE THAT THE ORGANIZATION'S SALARIES REMAIN CONSISTENT WITH THE FIELD.
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: BOARD MEMBERS AND STAFF ARE ASKED ANNUALLY TO DISCLOSE ANY
CONFLICTS OF INTEREST THAT THEY MAY HAVE BASED ON THE ORGANIZATION'S
EXISTING POLICY.
FORM 990, PART IX, LINE 11G, OTHER FEES:
CONSULTANT FEE:
PROGRAM SERVICE EXPENSES 217,931.
MANAGEMENT AND GENERAL EXPENSES 3,268.
FUNDRAISING EXPENSES 0.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013) 332211 09:04-13

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization FUNDERS FOR LESBIAN AND GAY ISSUES, INC.	Employer identification number 13-4144494
TOTAL EXPENSES	221,199.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	221,199.
FORM 990, PART XII, LINE 2C:	
EXPLANATION: THE PROCESS HAS NOT BEEN CHANGED.	
	3 0
	15.00

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.cov/form8

OMB No. 1545-1709

HILLIAN LIGARI	ING SOLFICE	Information about Form 500	o and its	man detions is at WWW.IIS.gov/tom	18808 .	1		
If you a	re filing for an Aut	omatic 3-Month Extension, complet	e only Pa	rt I and check this box			_ X	
		itional (Not Automatic) 3-Month Ex						
Do not co	mplete Part II unle	ss you have already been granted a	an automa	tic 3-month extension on a previous	ly filed Fo	rm 8868.		
		u can electronically file Form 8868 if y					corporation	
required to	o file Form 990-T),	or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically f	lle Form 8	368 to request	an extension	
of time to	file any of the form	ns listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for	Fransfers /	Associated Wit	h Certain	
Personal I	Benefit Contracts,	which must be sent to the IRS in pap	er format	(see instructions). For more details o	on the elec	ctronic filing of	this form,	
visit www.	<i>irs.gov/efile</i> and c	ick on e-file for Charities & Nonprofits	•					
Part I	Automatic	2 3-Month Extension of Time	Only s	ubmit original (no copies nee	eded).			
A corpora	tion required to fik	Form 990-T and requesting an auton	natic 6-mo	onth extension - check this box and	complete		_	
Part I only				*************			▶ 🔲	
	,	ding 1120-C filers), partnerships, REM	ICs, and to	rusts must use Form 7004 to reques	it an exten	sion of time		
to file inco	ome tax returns.				Enter file	er's <u>identifying</u>	number	
Type or	Name of exemp	t organization or other filer, see instru	ctions.		Employe	Employer identification number (EIN) or		
print File by the	FUNDERS FOR LESBIAN AND GAY ISSUES, INC.					13-4144494		
due date for filling your		and room or suite no. If a P.O. box, so 16TH STREET, 7TH I		tions.	Social security number (SSN)			
return. See Instructions.		st office, state, and ZIP code. For a fo		ress, see instructions.				
		,						
Enter the	Return code for th	e return that this application is for (file	a separa	te application for each return)			0 1	
				100.000	Parana president			
Application	on		Return	Application			Return	
is For			Code	Is For			Code	
Form 990	or Form 990-EZ		01	Form 990-T (corporation)	Form 990-T (corporation)			
Form 990	·BL		02	Form 1041-A			08	
Form 472	0 (individual)		03	Form 4720 (other than individual)			09	
Form 990	·PF		04	Form 52271			10	
Form 990	-T (sec. 401(a) or 4	08(a) trust)	05	Form 6069			11	
Form 990	-T (trust other than		06	Form 8870			12	
		BEN FRANCISCO N			100			
		of > 116 E. 16TH ST.	. 7TH		X TOO	03		
		-475-2930		Fax No. >			. \square	
		not have an office or place of business					▶ ⊔	
. г		ırn, enter the organization's four digit						
box L		t of the group, check this box				ers the extens	lon is for.	
1 I re	quest an automati AUGUST 15	c 3-month (6 months for a corporation , 2014 , to file the exemp		to file Form 990-T) extension of time tion return for the organization name		The extension		
_	or the organization							
▶ļ	X calendar year							
▶l	tax year begir	ıning	, an	d ending		<u> </u>		
2 If th	-	I in line 1 is for less than 12 months, c	heck reas	on: Initial return III	Final retur	n		
	☐ Change in accompany ☐ Change in acco				_			
		r Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			0	
		. See instructions.	-	<u></u>	3a	\$	0.	
		r Forms 990-PF, 990-T, 4720, or 6069					•	
		nts made. Include any prior year overp			3b	\$	0.	
		et line 3b from line 3a. Include your pa	-	•			•	
		tronic Federal Tax Payment System).			3c	\$	0.	
Caution.		make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	1453⋅EO at	nd Form 8879-1	EO for payment	
LHA F	or Privacy Act an	d Paperwork Reduction Act Notice,	see instr	uctions.		Form 886	88 (Rev. 1-2014)	
145 V 1 T 145								

Form CHAR500

2. Certification - Two Signatures Required

Annual Filing for Charitable Organizations

New York State Department of Law (Office of the Attorney General)

2013

Charities Bureau - Registration Section this form used for 120 Broadway Open to Public Article 7-A, EPTL and dual filers New York, NY 10271 (replaces forms CHAR 497, Inspection http://www.charitiesnys.com CHAR 010 and CHAR 006) 1. General Information 01/01/2013 and ending (mm/dd/yyyy) 12/31/2013 a. For the fiscal year beginning (mm/dd/yyyy) b. Check if applicable for NYS: c. Name of organization d. Fed. employer ID no. (EIN) Address change 13-4144494 Name change e. NY State registration no. FUNDERS FOR LESBIAN AND GAY ISSUES, INC. Initial filing 07-13-54 Final filing Number and street (or P.O. box if mail not delivered to street address) Room/suite f. Telephone number Amended filing 116 EAST 16TH STREET, 7TH FLOOR 212 4752930 NY registration pending City or town, state or country and ZIP + 4 g. Email NEW YORK, NY 10003-2112

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.						
a. President or Autho	orized Officer	1	BEN	F. MAULBEC	K PRE	SIDENT
a. i resident en reptire	DI IZEGI OTNICET	Signature		Printed Name	Title	Date
b. Chief Financial Off	icer or Treas.	Signature		Printed Name	Title	
				7 Hillian Reine		Date
3. Annual Report I	Exemption Informa	ntion				
a. Article 7-A ann Check	if total contributio \$25,000 <u>and</u> the contributions duri	organization did not ng this fiscal year.	ncluding residents, engage a professi	foundations, corpora onal fund raiser (PFR	or fund raising couns	
	federated fund, U \$25,000 or 2) it re	nited Way or incorp	orated community ntially all of its con	appeal and contribut	ions from other sourc	ved an allocation from a ses did not exceed which it submitted an
b. EPTL annual re Check		TL registrants and o id not exceed \$25,0		arket value) did not ex	ceed \$25,000 at any	time during this fiscal year.
report exemptions	under both laws, sim	ply complete part 1 (G	eneral Information), p	part 2 (Certification) and	re registered and for dua part 3 (Annual Report E) nit any attachments to	al registrants claiming the annual xemption Information) above. o this form.
4. Article 7-A Sche	odules			Bocquirile		
•	on use a professional	•		the following for this rcial co-venturer for fund	fiscal year: fraising activity in NY St	tate? Yes* X No
b. Did the organization of the best but the but the best but the but the best but the best but the best but the best but the best but the best but the best but the best but the best but the best but the best but the best but the best but the best but the but the best but the best but the best but the best but the best but the best but the best but the best but the best but the best but the best but the best but the but the best but the best but the best but the best but the best but the best but the		t contributions (grants)?			Yes* X No

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments 📥 📥 🗖

368451 11-25-13 1019 CHAR500 - 2013

5. Fee Submitted: See last page for summary of fee requirements. Indicate the filing fee(s) you are submitting along with this form:

b. EPTL filing fee

a. Article 7-A filing fee

25.

250.

275.

Submit only one check or money order for the

total fee, payable to "NYS Department of Law"

FUNDERS FOR LESBIAN AND GAY ISSUES, INC.

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type		Fee Instructions			
•	Article 7-A Calculate the Article 7-A filling fee using the table in part a below. The EPTL filling fee is \$0.				
•	EPTL	Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0.			
•	Dual	Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a <u>single</u> check or money order for the total fee.			

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee	
more than \$250,000	\$25	
up to \$250,000 *	\$10	

Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers						
Filing Fee						
X Single check or money order payable to	X Single check or money order payable to "NYS Department of Law"					
Copies of Internal Revenue Service Forms	Copies of Internal Revenue Service Forms					
X IRS Form 990	IRS Form 990-EZ	IRS Form 990-PF				
All required schedules (including Schedule B)	All required schedules (including Schedule B)	All required schedules (including Schedule B)				
IRS Form 990-T	IRS Form 990-T	IRS Form 990-T				
Additional Article 7-A Document Attachment Requirement						
Independent Accountant's Report						
X Audit Report (total support & revenue more than \$250,000)						
Review Report (total support & revenue \$100,001 to \$250,000)						
No Accountant's Report Required (total support & revenue not more than \$100,000)						

1019

CHAR500 - 2013