

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

ΑF	or the	e 2022 calendar year, or tax year beginning ar	nd ending		
	heck if	FUNDERS FOR LESBIAN AND GAY ISSUES, I	INC.	D Employer identific	cation number
	Addres change	DBA FUNDERS FOR LGBTQ ISSUES			
	Name change			13-41444	94
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 45 WEST 36TH ST, 8TH FLOOR	Room/suite	E Telephone number 212-475-	
_	termin ated	City or town, state or province, country, and ZIP or foreign postal code	<u>'</u>	G Gross receipts \$	3,804,298.
	Ameno	ded NEW YORK NIX 10010		H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: SAIDA AGOSTINI - BOS	STIC	for subordinates	
	pendir	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	—
<u>I</u> T	ax-exe	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(	1) or 527	1 ' '	list. See instructions
	Vebsit			H(c) Group exemptio	
<b>K</b> F	orm of	organization: X Corporation Trust Association Other	<b>L</b> Year	<del>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </del>	1 State of legal domicile: NY
	rt I	Summary			
	1	Briefly describe the organization's mission or most significant activities: $FUN$	DERS FO	R LGBTQ ISSU	JES WORK TO
Governance		INCREASE THE SCALE AND IMPACT OF PHILANT			
r a	2	Check this box if the organization discontinued its operations or disp	osed of more	than 25% of its net ass	sets.
Ş	3	- · · · · · · · · · · · · · · · · · · ·		3	15
		Number of independent voting members of the governing body (Part VI, line 1b)			15
ري س		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			13
ţį		Total number of volunteers (estimate if necessary)			15
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
ď		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		6,468,452.	3,617,739.
		Program service revenue (Part VIII, line 2g)		94,802.	41,882.
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		151,470.	88,678.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	1,955.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,714,724.	3,750,254.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		766,500.	460,000.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
(ر		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		1,678,759.	1,538,585.
se		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 266,	204.		
М		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		656,891.	1,269,382.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,102,150.	3,267,967.
		Revenue less expenses. Subtract line 18 from line 12		3,612,574.	482,287.
28			Ве	ginning of Current Year	End of Year
t Assets or nd Balances	20	Total assets (Part X, line 16)		6,232,846.	5,691,497.
Ass Bal	21	Total liabilities (Part X, line 26)		569,377.	270,110.
Elect Bet	22	Net assets or fund balances. Subtract line 21 from line 20		5,663,469.	5,421,387.
	rt II	Signature Block		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
Jnde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedu	les and statem	ents, and to the best of my	knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of		-	, , , , , , , , , , , , , , , , , , ,
		, , ,		•	
Sigr	า	Signature of officer		Date	
Here		SAIDA AGOSTINI-BOSTIC, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
aid		LAURA KIELCZEWSKI LAURA KIELCZEW	ski 1	.1/14/23 self-employ	P00740769
	arer	Firm's name COHNREZNICK LLP	<u> </u>		2-1478099
	Only	Firm's address 621 CAPITOL MALL, SUITE 2150			
•	•	SACRAMENTO, CA 95814		Phone no. 91	6-442-9100
Mav	the IF	RS discuss this return with the preparer shown above? See instructions		1	X Yes No

Form **990** (2022)

Check If Schedule Contains a response or note to say line in this Part III.    Beight describe the organization simplion:   PUNDERS FOR LGBTQ ISSUES WORK TO INCREASE THE SCALE AND IMPACT OF   PUNDERS FOR LGBTQ ISSUES WORK TO INCREASE THE SCALE AND IMPACT OF   PUNDERS FOR LGBTQ ISSUES WORK TO INCREASE THE SCALE AND IMPACT OF   PUNDERS FOR LGBTQ ISSUES AND AND GENERAL SCHOOL     GAY, BISEXUAL, TRANSGENDER AND QUEER COMMUNITIES, PROMOTING EQUITY,   AND ADVANCING RACIAL, ECONOMIC AND GENDER JUSTICE.   Did the organization undertake wis spignificant changes in the wise when it letted on the   prof Form 950 or 950 E27		t III   Statement of Program Service Accomplishments
1 Bieley describe the organizations mission: PUNDERS FOR LGBTQ ISSUES WORK TO INCREASE THE SCALE AND IMPACT OF PHILANTHROPIC RESOURCES AIMED AT ENHANCING THE WELL-BEING OF LESBIAN, AND ADVANCING RACIAL, ECONOMIC AND GENDER JUSTICE.  2 Did the organization undertake any significant programs services during the year which were not listed on the prior form 980 or 980-227  If "98", "describe these own services on Schedule O.  2 Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses.  3 Section 5016(8) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and  4 revenue, if any, for each programs service accomplishments for each of its three largest program services, as measured by expenses.  4 Section 5016(8) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and  4 revenue, if any, for each programs service secondly revenue, if any, for each programs service second revenue, if any, for each programs service and the amount of grants and allocations to others, the total expenses, and  4 revenue, if any, for each programs service accomplishments for each of its three largest program services, as measured by expenses.  4 Section 5016(8) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and  4 Section 5016(8) and 5016(4) organizations are required to report any and allocations to others, the total expenses, and  4 Section 5016(8) and 5016(4) organizations are required to report any any and allocations to others, the total expenses, and  4 Section 5016(8) and 5016(8) an	ı aı	
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0.000	4d	
	4e	Total program service expenses 2,778,863.

### 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		X
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		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	Х	
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f				
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Pai	t IV Checklist of Required Schedules (continued)			
	( Contract of the contract of		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	-110
22				х
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
254		25a		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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			7,
	Schedule L, Part I	25b		X
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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u		28a		х
<b>L</b>	"Yes," complete Schedule L, Part IV	28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			1,7
	"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? 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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	_ <u></u>		
	Part V, line 1	34		х
35.5	2111	35a		X
		JJa		<del></del>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
	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?			v
	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 on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule 0  't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 31			
	Enter the number of Forms W-2G included on 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	1		
J	(gambling) winnings to prize winners?	1c	Х	
00000	1 10 13 22			(2022)

DBA FUNDERS FOR LGBTO ISSUES 13-4144494 Page 5 Form 990 (2022) Part V Statements Regarding Other IRS Filings and Tax Compliance 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х 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? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 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.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 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. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

Form 990 (2022)

17

If "Yes," complete Form 6069

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

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

						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	15							
	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	15							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	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	e direc	t supervision							
	of officers, directors, trustees, or key employees to a management company or other person?			3		X				
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X				
6	Did the organization have members or stockholders?			6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or							
	more members of the governing body?			7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or							
	persons other than the governing body?			7b		_X_				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:							
а	The governing body?			8a	X					
b	Each committee with authority to act on behalf of the governing body?			8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)							
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		<u> </u>				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х	<u> </u>				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	⁄es," d	escribe							
	on Schedule O how this was done			12c	X	<u> </u>				
13	Did the organization have a written whistleblower policy?			13	Х	<u> </u>				
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 approva	l by in	dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official			15a	X	<u> </u>				
b	Other officers or key employees of the organization			15b	X					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a							
	taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	-							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ									
	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 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3)	only)	availal	ble				
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy, and	d financ	cial					
	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 boo	oks and	d records							
	STEPHEN SWITZER - 212-475-2930									
	45 WEST 36TH ST 8TH FLOOR NEW YORK NY 10018									

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<u> Page</u> **7** 

Form 990 (2022) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

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

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

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

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	o gu			C)	.,,,	-	(D)	(E)	(F)
Name and title	Average		Position (do not check more than one box, unless person is both an		Reportable	Reportable	Estimated			
	hours per					s both		compensation	compensation	amount of
	week (list any	tor						from the	from related organizations	other compensation
	hours for	r direc				pa		organization	(W-2/1099-MISC/	from the
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tr		oloyee	comp		1099-NEC)		and related
	below line)	ndividual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SAIDA AGOSTINI-BOSTIC	40.00	드	드	JO.	ᢌ	포등	윤			
PRESIDENT	1000			x				208,610.	0.	17,736.
(2) MARVIN WEBB	40.00									
CHIEF FINANCIAL OFFICER						x		165,908.	0.	9,836.
(3) ALEX LEE	40.00									-
DEPUTY DIRECTOR						Х		138,400.	0.	21,643.
(4) CHANTELLE FISHER-BORNE	40.00									
DIRECTOR OF SOUTH PROJECT						X		117,474.	0.	21,819.
(5) KRISTINA WERTZ	40.00									
INTERIM PRESIDENT				Х				75,225.	0.	14,282.
(6) RICKKE MANANZALA	1.00								_	_
BOARD CHAIR		Х		Х				0.	0.	0.
(7) CYNTHIA RENFRO	1.00	l								
VICE CHAIR	1 00	Х		Х				0.	0.	0.
(8) JASON MCGILL	1.00	ļ		l						
TREASURER	1 00	Х	_	Х				0.	0.	0.
(9) RYE YOUNG	1.00								•	•
SECRETARY	1 00	Х		Х				0.	0.	0.
(10) KAREN APPELBAUM	1.00	.,								•
BOARD MEMBER	1 00	Х						0.	0.	0.
(11) NAMITA CHAD	1.00	3,7							0	0
BOARD MEMBER	1 00	Х	_					0.	0.	0.
(12) ANA CONNER	1.00	<b>.</b>							0	0
BOARD MEMBER (13) ALDITO GALLARDO	1.00	Х						0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(14) PAULINA HELM-HERNNDEZ	1.00	Λ						0.	0.	· ·
BOARD MEMBER	1.00	Х						0.	0.	0.
(15) JONATHAN JAYES-GREEN	1.00	Λ	$\vdash$					0.	0.	<u></u>
BOARD MEMBER	1.00	Х						0.	0.	0.
(16) CATHY KAPUA	1.00	22							0.	
BOARD MEMBER	1.00	х						0.	0.	0.
(17) KELLI KING-JACKSON	1.00							· ·	•	-
BOARD MEMBER		х						0.	0.	0.
										Form 990 (2022)

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<b>(A)</b> Name and title	(B) (C) Average hours per hours per (do not check more than one box, unless person is both an							(D) (E) Reportable Reportab			( <b>F</b> ) stimat	
	week (list any hours for related organizations below line)				irecto	Highest compensated compound of some state of some source of source of the source of t	tee)	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	col oi a	mount other mpensa from th ganiza nd rela ganizat	ation ne tion ted
(18) BRE RIVERA	1.00											
BOARD MEMBER		Х						0.	0			0.
(19) WILLIAM (BILL) SMITH	1.00											
BOARD MEMBER	1 00	Х						0.	0	•		0.
(20) JUDY YU	1.00	37							0			^
BOARD MEMBER		X						0.	0	•		0.
1b Subtotal								705,617.	0		35,3	
c Total from continuation sheets to Part VI								0.	0		\	0.
d Total (add lines 1b and 1c)								705,617.	0	•   •	35,3	16.
2 Total number of individuals (including but no	ot limited to the	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			4
compensation from the organization											Yes	No
3 Did the organization list any former officer,	director, truste	ee. k	ev e	lame	ove	e. or	hia	hest compensated empl	ovee on			
line 1a? If "Yes," complete Schedule J for si										3		Х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual		4	X	
5 Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	lual for services			
rendered to the organization? If "Yes." com	plete Schedule	Jf	or su	ıch ı	oers	on .				5		X
Section B. Independent Contractors									100,000 (	,		
1 Complete this table for your five highest conthe organization. Report compensation for the	· ·	-							· · · · ·	Sation	rom	
(A)	ine calendar ye	oai C	ilali	ig w	iti i	)	T	(B)	car.		(C)	
Name and business	address	NC	ONE	3				Description of s	ervices		ensatio	n
							4					
							1					
							_					
2 Total number of independent contractors (in	actuding but a	at lin	nitor	l to	thoo	عنا م	tod	above) who received me	ore than			
\$100,000 of compensation from the organiz	· ·	) L III I	intec	0	(	_	ıeu	above, wito received file	no ulali			
									l e	Forn	990	(2022)

Form 990 (2022) DBA FUN
Part VIII Statement of Revenue DBA FUNDERS FOR LGBTQ ISSUES

		Check if Cohedule O a	antaina a raananaa	or note to any lin	a in this Dort VIII			
		Check if Schedule O c	contains a response	or note to any iin	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
					Total Toveride	function revenue	business revenue	from tax under
								sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
ran	t	Membership dues	1b	506,759.				
۾, ۾		Fundraising events						
fts r A	,	Related organizations						
ig.	,	Government grants (contri		196,400.				
Sin			· -	150,100.				
utic er	T	All other contributions, gifts,		014 500				
호된		similar amounts not included		914,580.				
Contributions, Gifts, Grants and Other Similar Amounts	ç	Noncash contributions included in I	lines 1a-1f 1g \$					
<u>2</u> <u>p</u>	r	Total. Add lines 1a-1f			3,617,739.			
				Business Code				
ø	2 a	PROGRAM FEES		713990	41,882.	41,882.		
, vic	b		_					
Ser	c							
m Ver								
gra Re		1						
Program Service Revenue		All - 11						
ъ.		All other program service			41 000			
		Total. Add lines 2a-2f			41,882.			
	3	Investment income (includ	ling dividends, intere	est, and	112 500			440 500
					113,720.			113,720.
	4	Income from investment o	f tax-exempt bond p	roceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	6a					
		Less: rental expenses	6b					
		Rental income or (loss)	6c					
		Net rental income or (loss)						
			(i) Securities	(ii) Other				
	/ a	Gross amount from sales of						
		assets other than inventory	7a 29,002.					
	b	Less: cost or other basis						
nue		and sales expenses	7b 54,044.					
Revenue	C	Gain or (loss)	7c - 25,042.					
Re	c	Net gain or (loss)	<u></u>		-25,042.			-25,042.
Jer	8 a	Gross income from fundraising	ng events (not					
₹		including \$	of					
		contributions reported on	line 1c). See					
		Part IV, line 18	, l					
	r	Less: direct expenses						
		Net income or (loss) from t						
	9 2	Gross income from gamin						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from (						
	10 a	a Gross sales of inventory, le	ess returns					
		and allowances	10a	1				
	b	Less: cost of goods sold		)				
		Net income or (loss) from s						
		-: () :: one		Business Code				
ns	11 a							
eo ue								
Miscellaneous Revenue	b							
sce Se	C			900099	1 055	1 055		
Σ	•	All other revenue			1,955.	1,955.		
	e	Total. Add lines 11a-11d			1,955.	42.005	^	00 650
	12	Total revenue. See instruction	ns		3,750,254.	43,837.	0.	88,678.

### Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons	se or note to any line in t	his Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations	460,000.	460,000.		
_	and domestic governments. See Part IV, line 21	400,000.	400,000.		
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,	315,852.	251,805.	29,373.	34,674
•	trustees, and key employees	313,632.	231,003.	49,373.	34,074
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	005 244	722 440	94 400	07 21/
7	Other salaries and wages	905,244.	723,440.	84,490.	97,314
8	Pension plan accruals and contributions (include	41 272	22 102	2 715	E 26E
	section 401(k) and 403(b) employer contributions)	41,273.	32,193.	3,715. 21,116.	5,365 30,501
9	Other employee benefits	234,623.	183,006.	21,110.	30,501
10	Payroll taxes	41,593.	32,443.	3,743.	5,407
11	Fees for services (nonemployees):	646 420	F.C.F. 0.1.0	25 154	45 252
а	Management	646,439.	565,912.	35,174.	45,353
b	Legal	22 112	00 005	1 000	
С	Accounting	33,110.	28,985.	1,802.	2,323
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	29,177.	29,177.		
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	52,623.	38,415.	7,893.	6,315
14	Information technology	25,889.	18,900.	3,883.	3,106
15	Royalties				
16	Occupancy	36,453.	26,611.	5,468.	4,374
7	Travel	189,130.	172,618.	6,757.	9,755
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	124,508.	102,800.	8,880.	12,828
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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	BAD DEBT EXPENSES	57,500.	57,500.		
b	PRINTING AND DESIGN	12,369.	9,956.	987.	1,426
С	POSTAGE AND MAILING	7,792.	5,687.	1,169.	936
d		_,			
е	All other expenses	54,392.	39,415.	8,450.	6,527
25	Total functional expenses. Add lines 1 through 24e	3,267,967.	2,778,863.	222,900.	266,204
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)				

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Part X Balance Sheet

Part /	^	balance Sneet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			811,832.	1	963,924.
	2	Savings and temporary cash investments			0	2	200,2220
		Pledges and grants receivable, net			924,750.	3	198,500.
		Accounts receivable, net	56,180.	4	803,500.		
		Loans and other receivables from any current				5557555	
`		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		· ·		5	
6	6	Loans and other receivables from other disqua	•				
		under section 4958(f)(1)), and persons describ	,		6		
" l		Notes and loans receivable, net				7	
#   .		Inventories for sale or use				8	
Y Y	9	Prepaid expenses and deferred charges			46,086.	9	0.
		Land, buildings, and equipment: cost or other			•		
"	-	basis. Complete Part VI of Schedule D		67,751.			
	b	Less: accumulated depreciation		67,751.	0.	10c	0.
1.		Investments - publicly traded securities			4,389,799.	11	3,723,837.
12		Investments - other securities. See Part IV, line			•	12	, ,
13		Investments - program-related. See Part IV, lin		13			
14	4	Intangible assets		14			
15	5	Other assets. See Part IV, line 11		4,199.	15	1,736	
16	6	Total assets. Add lines 1 through 15 (must ed		6,232,846.	16	5,691,497.	
17	7	Accounts payable and accrued expenses			372,977.	17	270,110.
18		Grants payable			18		
19	9	Deferred revenue		19			
20	0	Tax-exempt bond liabilities			20		
2		Escrow or custodial account liability. Complete				21	
ω 22	2	Loans and other payables to any current or fo	mer offic	er, director,			
i <u>a</u> ∣		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of th	ese pers	ons		22	
⊐ັ∣23	3	Secured mortgages and notes payable to unre	lated thi	d parties		23	
24	4	Unsecured notes and loans payable to unrelat	ed third p	oarties	196,400.	24	
25	5	Other liabilities (including federal income tax, p	oayables	to related third			
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D				25	
26	6	Total liabilities. Add lines 17 through 25			569,377.	26	270,110.
		Organizations that follow FASB ASC 958, cl	neck her	e X			
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.					
<u>k</u> 27	7	Net assets without donor restrictions			4,843,493.	27	3,447,974.
සි   28	8	Net assets with donor restrictions		<u></u>	819,976.	28	1,973,413.
힡		Organizations that do not follow FASB ASC	958, che	eck here			
년		and complete lines 29 through 33.					
ō <u>ε</u> 29	9	Capital stock or trust principal, or current fund				29	
ĕ   30	0	Paid-in or capital surplus, or land, building, or	equipme	nt fund		30	
₹   3.		Retained earnings, endowment, accumulated				31	
를   32	2	Total net assets or fund balances			5,663,469.	32	5,421,387.
33	3	Total liabilities and net assets/fund balances			6,232,846.	33	5,691,497.

Form **990** (2022)

Form 990 (2022)

<u>Form</u>	1990 (2022) DBA FUNDERS FOR LGBIQ ISSUES	T 2 -	41444	± 7 4	Pa	ge 12		
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>54.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3 ,			<u>67.</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3				87 <b>.</b>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		5,663,46				
5	Net unrealized gains (losses) on investments	5	_	-724,36				
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain 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	5 ,	<u>, 42</u> :	<u>1,3</u>	<u>87.</u>		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					<u>Ш</u>		
			_		Yes	No		
1	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 on Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	<u> </u>			
	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							
С	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?		L	2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.						
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	За		X		

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

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

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

### **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.

FUNDERS FOR LESBIAN AND GAY ISSUES,

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

DBA FUNDERS FOR LGBTQ ISSUES 13-4144494 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2022

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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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2871112.	1903437.	2817684.	6707894.	3617739.	17917866.
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	2871112.	1903437.	2817684.	6707894.	3617739.	17917866.
	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)						4954395.
6	Public support. Subtract line 5 from line 4.						12963471.
	etion B. Total Support						<u></u>
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	2871112.	1903437.	2817684.	6707894.	3617739.	17917866.
	Gross income from interest.	20,11111		202,0010	0,0,0,1	30277331	
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	15,592.	14,529.	24 008.	133,198.	113 720.	301 047.
9	Net income from unrelated business	13,3321	11/3231	21,0001	133/1301	113/1200	301/01/1
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)					1,955.	1,955.
44	Total support. Add lines 7 through 10						18220868.
	• • • • • • • • • • • • • • • • • • • •	oto (ooo inatruotia	.no/			12	420,547.
	Gross receipts from related activities, First 5 years. If the Form 990 is for the			ourth or fifth toy		<u> </u>	420,3476
13	organization, check this box and stop	-					
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		14	71.15 %
	Public support percentage from 2021					15	70.88 %
	<b>33 1/3% support test - 2022.</b> If the o					<u> </u>	
	<b>stop here.</b> The organization qualifies						77
h	<b>33 1/3% support test - 2021.</b> If the c		-				
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
174	and if the organization meets the fact	_					
	meets the facts-and-circumstances te					_	
h	10% -facts-and-circumstances test	•	•			7a and line 15 is	
b	more, and if the organization meets the	_					10/0 01
	· · · · · · · · · · · · · · · · · · ·				-		
19	organization meets the facts-and-circu				•		
ΙŐ	Private foundation. If the organization	iii did fiot check a t	JUX UITIIIIE 13, 162	i, 100, 178, 01 170	, check this box ar		/Form 000\ 0000

Schedule A (Form 990) 2022

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Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T			
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•		· —
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I	, (,,	,	( //		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	•			no 13 column (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from :					18   3 1/3% and line 1	7 is not
198	33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						
i.	line 18 is not more than 33 1/3%, che						
20	<b>Private foundation</b> If the organization						

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#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	V	NI.
	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c		
00		
6		
0		
7		
8		
9a		
9b		
9c		
10a		
104		
10b		
ıle Δ (Forn	n aan)	2022

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1 Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11b blow, the governing body of a supported organization?  b A family member of a person described on line 11a above?  c A 35% controlled entity of a person described on line 11a above?  c A 35% controlled entity of a person described on line 11b above?  b A family member of a person described on line 11a above?  c A 35% controlled entity of a person described on line 11a blowe?  b A family member of a person described on line 11b above?  1 Did the governing body, members of the governing body, efficiers acting in their official capacity, or membership of one or more supported organization above the power to regulatly appoint or elect at least a majority of the organization is officers, directors, or rustees set all times during the tax appoint or elect at least a majority of the organization is officers, directors, or rustees were allocated among the supported organization and what confidence or estimation are even to regulate and or memore appointed organization and what confidence or estimation are even to report and or memore appointed organization and what confidence or estimations are expected organizations and what confidence or estimations are expected organizations and what confidence or estimations are expected organizations and the confidence or estimations are expected organizations and expected organizations and expected organizations and expected organizations are expected organizations and expected organizations are expected organizations.  1 Were a majority of the organization is directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of	Par	t IV   Supporting Organizations <sub>(continued)</sub>			
a A person who directly or indirectly controls, either abone or together with persons described on lines 11b and 11b below, the governing body of a supported organization?  A 35% controlled entity of a person described on line 11a above?  A 35% controlled entity of a person described on line 11a above?  A 35% controlled entity of a person described on line 11a above?  Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations of organization share the power to regularly appoint or elect at least a majority of the organization of organization, describe how the powers to appoint and/or remove officers, directively operated organization, describe how the movems to appoint and/or remove officers, directively operated, supervised, or controlled the supported organization other than the supported organization operated to the benefit of any supported organization other than the supported organization operated to the benefit of any supported organization other than the supported organization operated, supervised, or controlled the supported organization other than the supported organization operated by the propring organizations.  Section C. Type II Supporting Organizations  Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the supporting organization was vested in the same persons that controlled or management of the supporting Organization was vested in the same persons that controlled or management of the supporting Organization was vested in the same persons that controlled or management of the supporting Organization was vested in the same persons that controlled or management of the supported organization provide to see and continuous working relationship to the disc of notification, and (ii) copies of the organization provides organization organization				Yes	No
1 Lebelow, the governing body of a supported organization?  A A family member of a person described on line 11 a above?  A 39% controlled entity of a person described on line 11 a or 11 b above? If "Yes" to line 11a, 11b, or 11c, provide  Section B: Type I Supporting Organizations  1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or exit at least a majority of the organization is continued to the organization supported organization and what conditions or restrictions. If the organization had more than the supported organizations of the complex provided to supported organization and what conditions or restrictions. If the organization of the than the supported organization of the than the supported organization of the than the supported organization or	11	Has the organization accepted a gift or contribution from any of the following persons?			
b. A a S9% controlled entity of a person described on line 11a above? If "Yes" to line 11a, 11b, or 11c, provide described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide described by the remains of the powering body, members of the operation of the line	а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
b. A a S9% controlled entity of a person described on line 11a above? If "Yes" to line 11a, 11b, or 11c, provide described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide described by the remains of the powering body, members of the operation of the line		11c below, the governing body of a supported organization?	11a		
e. A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.  Section B. Type I Supporting Organizations  1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization sofficers, affectively operated, supported, or controlled the organization. Section B. Type II supported organization organization, applied to such powers during the tax year.  2 Did the organization operate for the benefit of any supported organization organization, and accorditions or resistations, and applied to such powers during the tax year.  2 Did the organization operate for the benefit of any supported organization organization or the year.  2 Did the organization operate for the benefit of any supported organization o			11b		
Section B. Type I Supporting Organizations    1   Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of officers, directors, or trustees at all times during the tax year? If "No," describe in PRT VI Now the supported organizations of escribed and organization of secribed the powers to appoint and/or renove officers, directors, or trustees were all closected among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year and the supported organization operated for the benefit of any supported organization of the supported organization of the powers to appoint and/or renove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.    2		·			
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization so officers, effectively operated, upenited, or controlled the power to regularly appoint or elect at least a majority of the organization officers, effectively operated, upenited, or controlled the power to regularly appoint or elect at least a majority of the organization officers, effectively operated, upenited, or controlled the power to appoint antifor remove officers, directors, or furches were afficiated among the supported organization (describe how the powers to appoint antifor remove officers, directors, or furches were afficiated among the supported organization (describe how the powers to appoint antifor remove officers, directors, or furches were afficiated among the supported organization (describe how the powers to appoint antifor remove officers, directors, or furches were afficiated among the supported organization (describe) that operated, supported organizations (describe) that operated organizations (describe) that operat			110		
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the devening body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organization have the power to regularly appoint or elect at least a majority of the organizations, discorbed and properties of the control of				Vas	No
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a	Sect	tion E. Type III Functionally Integrated Supporting Organizations			
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<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			3a		
		, ,			
of its supported organizations: If yes, describe in Fart vi the role played by the organization in this regard.		of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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	dule A (Form 990) 2022 DBA FUNDERS FOR LGBTQ IS			13-4144494 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g 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 must	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		
c	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-functionally	/ integrat	ed Type III supporting org	anization (see
	instructions).	-		·

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 **a** From 2017 **b** From 2018 c From 2019 **d** From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3 and 4c. 8 Breakdown of line 7:

Schedule A (Form 990) 2022

a Excess from 2018
 b Excess from 2019
 c Excess from 2020
 d Excess from 2021
 e Excess from 2022

# FUNDERS FOR LESBIAN AND GAY ISSUES, INC.

Schedule A	(Form 990) 2022	DBA	FUNDERS	FOR	LGBTQ	ISSUES		13-4144494	Page 8
Part VI	Part IV, Section A, li line 1; Part IV, Section	ines 1, 2, 3b, 3d on D, lines 2 an	c, 4b, 4c, 5a, 6, d 3; Part IV, Se	9a, 9b, ection E,	9c, 11a, 11b , lines 1c, 2a,	, and 11c; Part 2b, 3a, and 3b	IV, Section B, ; Part V, line 1;	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section Part V, Section B, line 1e; Par Idditional information.	C, t 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

2022
Open to Public Inspection

Name of the organization

FUNDERS FOR LESBIAN AND GAY ISSUES, INC. DBA FUNDERS FOR LGBTQ ISSUES

Employer identification number 13-4144494

Schedule D (Form 990) 2022

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ilar Funds or Ad	counts. Complete if the
		(a) Donor advised fu	ınds	(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 w	riting that the assets held in	n donor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant f	funds can be used o	nly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any ot	her purpose conferr	ing
	impermissible private benefit?			Yes No
Pai			n Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizatio	`		
	Preservation of land for public use (for example, recreat	ion or education)	reservation of a histo	orically important land area
	Protection of natural habitat	Pı	reservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution	n in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired at			
_	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or term	inated by the organi	ization during the tax
	year			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the periodic little and		•	
•	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and e	nforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforc	ing conservation ea	sements during the year
		3	3	J ,
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of	section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue	and expense statem	nent and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's fina	ancial statements the	at describes the
_	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of		ires, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for publ			nce of public
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or res	search in furtherance	e 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 trea			provide
	the following amounts required to be reported under FASB AS			•
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

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

	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othei	r Simila	ar Asset	S (contin	ued)	<u>.gc</u>
3	Using the organization's acquisition, accession								(0000000		
	collection items (check all that apply):	,	•	•	· ·		Ü				
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е									
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how th	ev further th	ne organizatio	on's exen	npt purp	ose in Part	XIII.		
5	During the year, did the organization solicit or	·		•	· ·						
	to be sold to raise funds rather than to be ma				•			Г	Yes		No
Par	t IV Escrow and Custodial Arrang										-
	reported an amount on Form 990, Par			3				,	,		
1a	Is the organization an agent, trustee, custodia	an or other intermed	iarv for o	contribution	s or other as	sets not i	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
_	gg								Amount		
С	Beginning balance						1c				
	Additions during the year										
e	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.						•				
Par											
		(a) Current year		rior year	(c) Two yea			years back	(e) Four	years l	back
1a	Beginning of year balance	( )		, , , , , , , , , , , , , , , , , , , ,			. ,		, ,	,	
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
C											
f	Administrative expenses										
	End of year balance										
g 2	Provide the estimated percentage of the curr	ont year and halance	. (lipo 1e	r column (a	// hold as:						
	Board designated or quasi-endowment	ent year end balance	%	y, coluitiii (a	III rielu as.						
a	Permanent endowment	%									
D		<sup>70</sup> %									
С											
2-	The percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentage and author and a percentage a	•	tion tha	t are bold or	ad administa	rad far th					
Sa	Are there endowment funds not in the posses	ssion of the organiza	uon ma	t are neid ai	na aaministei	rea for th	ie		Г	Yes	No
	organization by:								0-(:)	103	110
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
									3b		
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment t	unas.							
ı uı	Complete if the organization answered		) Dart IV	/ line 11a S	See Form 990	) Dart Y	lina 10				
	<del>-</del>					i i		L1	(-I) DI		
	Description of property	(a) Cost or o basis (investre			t or other (other)		ccumulatori preciation		(d) Book	value	;
		<u> </u>	neni)	Dasis	(Other)	ue	preciation				
_	Land										
b	Buildings										
C	Leasehold improvements	<b>I</b>		-	7,751.		67,7	, <sub>51</sub>			0.
d	Equipment				1,101.		01,1	71.			<u> </u>
	Other		V	(D) " 1	0 - 1	I					0.
ı otal	. Auu iiiles Ta iiiil0uuli Te. (Column (d) must ei	guai Form 990. Part	x colum	nn (K) line 1	UC 1						•

Schedule D (Form 990) 2022

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X. column (B), line 10c.)

	FOR LGBTQ IS	20F2 12	-4144494 Page 3
Part VII Investments - Other Securities.	on France 2000, Don't IV. Hina	11h Cas Faura 000 Bart V line 10	
Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(1) Financial derivatives	(b) Book value	(e) meaned of valuation, cost of one	a or your market value
(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.		•	
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	T
(a) [	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	<u>15.)</u>		
	on Form 000. Dort IV line	11 av 11f Can Farm 000 Dart V line 05	
Complete if the organization answered "Yes" of a Description of liability	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line 25	(b) Book value
			(b) book value
(1) Federal income taxes			
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9)	05.)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2. Liability for uncertain tax positions. In Part XIII, provide t			hat raparta the
2. Liability for uncertain tax positions. In Part XIII, provide t	ine text of the foothote to	o une organization s ilhanciai statements t	настероніз іне

Schedule D (Form 990) 2022

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

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ra	rt XI R	econciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	turn.	
	Co	omplete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total reve	enue, gains, and other support per audited financial statements			1	2,996,708.
2	Amounts	included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrea	alized gains (losses) on investments	. 2a	-724,369.		
b	Donated s	services and use of facilities	. 2b			
С	Recoverie	es of prior year grants	. 2c			
d	Other (De	scribe in Part XIII.)	2d			
е	Add lines	2a through 2d			2e	-724,369.
3	Subtract I	line 2e from line 1			3	3,721,077.
4		included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investmer	nt expenses not included on Form 990, Part VIII, line 7b	4a	29,177.		
b	Other (De	scribe in Part XIII.)	. 4b			
С	Add lines	4a and 4b			4c	29,177.
5	Total reve	enue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		<u></u>	5	3,750,254.
ra		econciliation of Expenses per Audited Financial Statem		Expenses per F	Returr	າ.
ra	Co	omplete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Co		a.		Returr	3,238,790.
	Co Total expe Amounts	omplete if the organization answered "Yes" on Form 990, Part IV, line 12a enses and losses per audited financial statements included on line 1 but not on Form 990, Part IX, line 25:	a. 			
1	Co Total expe Amounts	omplete if the organization answered "Yes" on Form 990, Part IV, line 12a enses and losses per audited financial statements	a. 			
1 2	Total expe Amounts Donated s	omplete if the organization answered "Yes" on Form 990, Part IV, line 12a enses and losses per audited financial statements included on line 1 but not on Form 990, Part IX, line 25:	2a 2			
1 2	Total expe Amounts Donated s Prior year	omplete if the organization answered "Yes" on Form 990, Part IV, line 12a enses and losses per audited financial statements included on line 1 but not on Form 990, Part IX, line 25: services and use of facilities	2a 2b			
1 2 a b	Total expe Amounts Donated s Prior year Other loss	omplete if the organization answered "Yes" on Form 990, Part IV, line 12a enses and losses per audited financial statements included on line 1 but not on Form 990, Part IX, line 25: services and use of facilities	2a 2b 2c			3,238,790.
1 2 a b c	Total expe Amounts Donated s Prior year Other loss Other (De	omplete if the organization answered "Yes" on Form 990, Part IV, line 12a enses and losses per audited financial statements included on line 1 but not on Form 990, Part IX, line 25: services and use of facilities adjustments	2a 2b 2c 2d			3,238,790.
1 2 a b c	Total expo Amounts Donated s Prior year Other loss Other (De Add lines	omplete if the organization answered "Yes" on Form 990, Part IV, line 12a enses and losses per audited financial statements included on line 1 but not on Form 990, Part IX, line 25: services and use of facilities adjustments ses	2a 2b 2c 2d		1	3,238,790.
1 2 a b c d	Total experience Amounts Donated s Prior year Other loss Other (De Add lines Subtract I Amounts	emplete if the organization answered "Yes" on Form 990, Part IV, line 12a enses and losses per audited financial statements included on line 1 but not on Form 990, Part IX, line 25: services and use of facilities adjustments sees escribe in Part XIII.)  2a through 2d line 2e from line 1 included on Form 990, Part IX, line 25, but not on line 1:	2a   2b   2c   2d		1 2e	3,238,790.
1 2 a b c d e 3	Total experience Amounts Donated s Prior year Other loss Other (De Add lines Subtract I Amounts	emplete if the organization answered "Yes" on Form 990, Part IV, line 12a enses and losses per audited financial statements included on line 1 but not on Form 990, Part IX, line 25: services and use of facilities adjustments ses escribe in Part XIII.)  2a through 2d line 2e from line 1	2a   2b   2c   2d		1 2e	3,238,790.
1 2 a b c d e 3 4	Total experience Amounts Donated s Prior year Other loss Other (De Add lines Subtract I Amounts Investmen	emplete if the organization answered "Yes" on Form 990, Part IV, line 12a enses and losses per audited financial statements included on line 1 but not on Form 990, Part IX, line 25: services and use of facilities adjustments sees escribe in Part XIII.)  2a through 2d line 2e from line 1 included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a		1 2e	3,238,790. 0. 3,238,790.
1 2 a b c d e 3 4 a b	Total expo Amounts Donated s Prior year Other loss Other (De Add lines Subtract I Amounts Investmer Other (De	emplete if the organization answered "Yes" on Form 990, Part IV, line 12a enses and losses per audited financial statements included on line 1 but not on Form 990, Part IX, line 25: services and use of facilities adjustments ses escribe in Part XIII.)  2a through 2d line 2e from line 1 included on Form 990, Part IX, line 25, but not on line 1: int expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d 4a 4b	29,177.	1 2e	3,238,790. 0. 3,238,790. 29,177.
1 2 a b c d e 3 4 a b c 5	Total experience Amounts Donated s Prior year Other loss Other (De Add lines Subtract I Amounts Investmer Other (De Add lines Total experience	emplete if the organization answered "Yes" on Form 990, Part IV, line 12a enses and losses per audited financial statements included on line 1 but not on Form 990, Part IX, line 25: services and use of facilities adjustments ses escribe in Part XIII.)  2a through 2d line 2e from line 1 included on Form 990, Part IX, line 25, but not on line 1: int expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.)	2a   2b   2c   2d   4a   4b	29,177.	2e 3	3,238,790. 0. 3,238,790.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART X, LINE 2:

FUNDERS FOR LGBTO ISSUES IS TAX-EXEMPT UNDER INTERNAL REVENUE CODE SECTION 501 (C)(3) AND IS REQUIRED TO OPERATE IN CONFORMITY WITH THE INTERNAL REVENUE CODE TO MAINTAIN THIS QUALIFICATION. FUNDERS FOR LGBTQ ISSUES HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAXEXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION

Part XIII Supplemental Information (continued)
BY THE INTERNAL REVENUE SERVICE OR OTHER APPLICABLE TAXING AUTHORITIES.
MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY FUNDERS FOR LGBTQ
ISSUES AND HAS DETERMINED THAT AS OF DECEMBER 31, 2022, THERE WERE NO
MATERIAL UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD
REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL
STATEMENTS.
GENERALLY, TAX YEARS FROM DECEMBER 31, 2019 THROUGH THE CURRENT YEAR
REMAIN OPEN TO EXAMINATION BY THE INTERNAL REVENUE SERVICE. FUNDERS FOR
LGBTQ ISSUES DOES NOT BELIEVE THAT THE RESULTS FROM ANY EXAMINATION OF
THESE OPEN YEARS WOULD HAVE A MATERIAL ADVERSE EFFECT ON THE ORGANIZATION.

#### 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.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

•		N AND GAY I BTQ ISSUES	SSUES, INC	•			Employer identification number 13-4144494
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records to criteria used to award the grants or assis     Describe in Part IV the organization's propert II    Grants and Other Assistance to III    Grants III    Gra	stance? ocedures for monit	oring the use of grant	funds in the United	States.			Yes X No
recipient that received more than \$						,,,,,,,,,	,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ALTERNATE ROOTS							
1270 CAROLINE ST ATLANTA, GA 30307	58-1318198	501(C)(3)	50,000.	0.			SOUTHERN RE-GRANTING PROJECT
ARKANSAS COMMUNITY FOUNDATION 5 ALLIED DRIVE LITTLE ROCK, AR 72202	52-1005574	501(C)(3)	50,000.	0.			SOUTHERN RE-GRANTING PROJECT
BLACK BELT COMMUNITY FOUNDATION PO BOX 2020 SELMA, AL 36702	63-1270745	501(C)(3)	17,500.	0.			SOUTHERN RE-GRANTING PROJECT
CAMPAIGN FOR SOUTHERN EQUALITY PO BOX 364 ASHEVILLE, NC 28802	27-4064401	501(C)(3)	80,000.	0.			SOUTHERN RE-GRANTING PROJECT
COMMUNITY FOUNDATION FOR GREATER BIRMINGHAM - 2100 FIRST AVE N STE 700 - BIRMINGHAM, AL 35203	63-1209631	501(C)(3)	60,000.	0.			SOUTHERN RE-GRANTING PROJECT
COMMUNITY FOUNDATION FOR MISSISSIPPI - 525 E. CAPITOL ST, STE 5B - JACKSON, MS 39201	64-0845750	501(C)(3)	35,000.	0.			SOUTHERN RE-GRANTING PROJECT
<ul> <li>2 Enter total number of section 501(c)(3) at</li> <li>3 Enter total number of other organizations</li> </ul>	nd government org	ganizations listed in th	· · ·				11.

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

Schedule I (Form 990) 2022

Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant noncash (book, FMV, assistance appraisal, other) EAGLE MARKET DEVELOPMENT CORP 70 S MARKET STREET SOUTHERN RE-GRANTING ASHEVILLE, NC 28801 58-2140995 501(C)(3) 17,500 0. PROJECT PROTEUS FUND 15 RESEARCH DRIVE, SUITE B SOUTHERN RE-GRANTING AMHERST, MA 01002 04-3243004 501(C)(3) 37,500 0. PROJECT SOUTHERN VISION ALLIANCE PO BOX 51698 SOUTHERN RE-GRANTING 61-1639641 501(C)(3) DURHAM, NC 27717 30,000 0. PROJECT SPARTANBURG COUNTY FOUNDATION SOUTHERN RE-GRANTING 424 E. KENNEDY STREET SPARTANBURG, SC 29302 57-0351398 501(C)(3) 32,500. 0. PROJECT THE DALLAS FOUNDATION 3963 MAPLE AVENUE, SUITE 390 SOUTHERN RE-GRANTING 75-2890371 501(C)(3) DALLAS, TX 75219 0. PROJECT 50,000.

# FUNDERS FOR LESBIAN AND GAY ISSUES, INC.

Schedule I (Form 990) 2022 DBA FUNDERS FOR LGBTQ ISSUES

13-4144494

Page 2

(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
Supplemental Information. Provide the informa	tion required in Part I, line	e 2; Part III, columi	n (b); and any other ad	ditional information.	

#### SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

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

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

omplete if the organization answered "Yes" on Form 990, Part IV, line 2 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

FUNDERS FOR LESBIAN AND GAY ISSUES, INC. DBA FUNDERS FOR LGBTQ ISSUES

Employer identification number 13-4144494

Pa	art I Questions Regarding Compensation							
			Yes	No				
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,							
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or charter travel Housing allowance or residence for personal use							
	Travel for companions Payments for business use of personal residence							
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees							
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)							
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or							
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain							
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  2							
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?							
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's							
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to							
	establish compensation of the CEO/Executive Director, but explain in Part III.							
	Compensation committee Written employment contract							
	Independent compensation consultant  X Compensation survey or study							
	X Form 990 of other organizations X Approval by the board or compensation committee							
4	During the year did any nersen listed on Form 000 Part VIII Coation A line 1s with respect to the filing							
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:							
•		4a		х				
a h	Receive a severance payment or change-of-control payment?  Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X				
c		4c		X				
·	Farticipate in or receive payment from an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	The state of the s							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	contingent on the revenues of:							
а	The organization?	5a		X				
b	Any related organization?	5b		Х				
	If "Yes" on line 5a or 5b, describe in Part III.							
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	contingent on the net earnings of:							
а	The organization?	6a		X				
b	Any related organization?	6b		Х				
	If "Yes" on line 6a or 6b, describe in Part III.							
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			Х				
	not described on lines 5 and 6? If "Yes," describe in Part III							
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37				
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
	Regulations section 53.4958-6(c)?	9		<u> </u>				

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) SAIDA AGOSTINI-BOSTIC	(i)	208,610.	0.	0.	2,766.	14,970.	226,346.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) MARVIN WEBB	(i)	165,908.	0.	0.	9,836.	0.	175,744.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) ALEX LEE	(i)	138,400.	0.	0.	6,672.	14,971.	160,043.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2022

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

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FUNDERS FOR LESBIAN AND GAY ISSUES, INC. DBA FUNDERS FOR LGBTO ISSUES

Employer identification number 13-414494

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENHANCING THE WELL-BEING OF LESBIAN, GAY, BISEXUAL, TRANSGENDER AND

QUEER COMMUNITIES, PROMOTING EQUITY, AND ADVANCING RACIAL, ECONOMIC AND

GENDER JUSTICE.

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

FINANCE AND AUDIT COMMITTEE AND THE FULL BOARD REVIEWS THE 990 PRIOR TO ITS FILING WITH THE IRS.

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

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:

THE UNITED PHILANTHROPY FORUM PRODUCES 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 PRESIDENT, SENIOR STAFF, AND EXECUTIVE COMMITTEE AS

APPROPRIATE FOR VARIOUS POSITIONS TO ENSURE THAT THE ORGANIZATION'S

SALARIES REMAIN CONSISTENT WITH THE FILED.

FORM 990, PART VI, SECTION C, LINE 19:

BOARD MEMBERS AND STAFF ARE ASKED ANNUALLY TO DISCLOSE ANY CONFLICTS OF

INTEREST THAT THEY MAY HAVE BASED ON THE ORGANIZATION'S EXISTING POLICY

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lame of the organization FUNDERS FOR LESBIAN AND GAY ISSUES, INC.  DBA FUNDERS FOR LGBTQ ISSUES	Employer identification number 13-4144494
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
FINANCE AND AUDIT COMMITTEE AND THE FULL BOARD REVIEWS THE	990 PRIOR TO
ITS FILING WITH THE IRS.	
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