		PUB	LIC DISCLOSURE COPY - STATE REGISTRAT		OMB No. 1545-0047							
_	00	חנ	Return of Organization Exempt From		0040							
Forr (Rev		ary 2020)	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		^{s)} ZU I 9							
Depa	rtment of t	the Treasury	Do not enter social security numbers on this form as it m		Open to Public							
		ue Service	► Go to www.irs.gov/Form990 for instructions and the la		Inspection							
				· · · · · · · · · · · · · · · · · · ·								
B C a	heck if pplicable:			D Employer identific	ation number							
_	Address		ICES AND ADVOCACY FOR GAY, LESBIAN, XUAL, AND TRANSGENDER ELDERS, INC.									
	_change Name			**-**765	. 7							
	⊥return/ termin-			G Gross receipts \$	17,284,845.							
	ated Amende		own, state or province, country, and ZIP or foreign postal code YORK, NY 10001									
-	_return ∏Applica-		nd address of principal officer: DAVID RIVERA-GARCIA	H(a) Is this a group re for subordinates								
	_ tion pending		AS C ABOVE	H(b) Are all subordinates ind								
<u> </u>			X 501(c)(3) $501(c)()$ (insert no.) 4947(a)(1) or	1	list. (see instructions)							
			SAGEUSA.ORG	H(c) Group exemption								
				Year of formation: 1978								
		Summary			etato en legar definiente, = t =							
	1 B	- Briefly describ	e the organization's mission or most significant activities: SAGE IS	THE COUNTRY'S	LARGEST							
jce			EST ORGANIZATION DEDICATED TO IMPROVI									
Governance	2 0	Check this bo	x x if the organization discontinued its operations or disposed of r	more than 25% of its net ass	ets.							
ver				3	26							
	4 N	Number of inc	lependent voting members of the governing body (Part VI, line 1b)		26							
ې د کې			of individuals employed in calendar year 2019 (Part V, line 2a)		102							
/itie			of volunteers (estimate if necessary)		1284							
Activities &					-1,012.							
	b١	let unrelated	business taxable income from Form 990-T, line 39		0.							
				Prior Year	Current Year							
Ð	8 C	Contributions	and grants (Part VIII, line 1h)	11,436,817.	16,534,347.							
Revenue			ce revenue (Part VIII, line 2g)	481,274.	536,248.							
Jev.			come (Part VIII, column (A), lines 3, 4, and 7d)	8,845.	39,562.							
ш.	11 C	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	175,081.	-221,730.							
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,102,017.	16,888,427.							
			nilar amounts paid (Part IX, column (A), lines 1-3)	547,426.	0.							
			to or for members (Part IX, column (A), line 4)	0.	0.							
es	15 S	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	6,607,810.	7,695,028.							
Expenses	16 a P	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) \blacktriangleright <u>1,833,242.</u>	83,383.	128,658.							
ц.	b	otal fundrais	ing expenses (Part IX, column (D), line 25) \blacktriangleright <u>1,033,242</u> .	E 200 062	E 275 064							
			es (Part IX, column (A), lines 11a-11d, 11f-24e)	5,389,062. 12,627,681.	<u>5,275,964</u> 13,099,650.							
		-	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	-525,664.	3,788,777.							
<u> </u>		revenue less	expenses. Subtract line 18 from line 12	Beginning of Current Year								
ets o	20 T	- otol oppoto (l	Part X lina 16)	20,076,151.	End of Year 27,035,354.							
Asse Bala	20 ⊺ 21 ⊺		Part X, line 16) ; (Part X, line 26)	7,895,119.	11,022,600.							
Net Assets or Fund Balances	22 N		fund balances. Subtract line 21 from line 20	12,181,032.	16,012,754.							
	art II	Signature		,_0,002.								
		-	I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of my	knowledge and belief, it is							
			. Declaration of preparer (other than officer) is based on all information of which pre									
				, , , , , , , , , , , , , , , , , , , ,								
Sig	,	Signatur	e of officer	Date								
Her		DAVI	D RIVERA-GARCIA, CHIEF FINANCIAL AND	ADM. OFFICER								

Here	DAVID RIVERA-GARCIA, CH	IEF FINANCIAL AND ADM. O	FFICER
	Type or print name and title		
		Preparer's signature Date	Check PTIN
Paid	MAGDALENA M. CZERNIAWSKI M	AGDALENA M. CZERNIA 04/0	
Preparer	Firm's name 🕒 MARKS PANETH LLP		Firm's EIN 🕨 **-**8842
Use Only	Firm's address 585 THIRD AVENUE		
	NEW YORK, NY 1001	7	Phone no. 212-503-8800
May the IF	RS discuss this return with the preparer shown above	e? (see instructions)	X Yes No
932001 01-20	0-20 LHA For Paperwork Reduction Act Notice	, see the separate instructions.	Form 990 (2019)

			-		
SEE SCHEDULE O	FOR	ORGANIZATION	MISSION	STATEMENT	CONTINUATION

	SERVICES AND ADVOCACY FOR GAY, LESBIAN,	
	990 (2019) BISEXUAL, AND TRANSGENDER ELDERS, INC. **-**7657 Page 2	
Par	t III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	
1		
	LGBT AGING.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	revenue, if any, for each program service reported.	
4a		
	SITES AROUND THE COUNTRY.	
	SAGE TRAINS PROVIDERS OF SERVICES TO ELDERLY POPULATIONS IN THE BEST	
	WAYS TO EFFECTIVELY SUPPORT AND ENGAGE LGBT ELDERS IN LONG TERM CARE	
	FACILITIES AND OTHER SETTINGS. OUR PREMIER LGBT CULTURAL COMPETENCE	
	TRAINING, SAGECARE, DRAWS FROM THE BEST MINDS IN THE FIELD AND HAS BEEN	
	SHOWN TO IMPROVE KNOWLEDGE AND SKILLS AMONG TRAINEES. SAGE ALSO RETAINS	
4b		
	OF LOCAL SAGE AFFILIATES NATIONWIDE TO PROVIDE SERVICES AND TO ENGAGE	
	IN POLICY ADVOCACY THAT IMPROVES THE LIVES OF THEIR LOCAL CONSTITUENTS.	
	IN THE PROCESS, WE BUILD A NATIONAL, GRASSROOTS MOVEMENT TO PROTECT THE	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe on Schedule O.)	
_	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 10,054,683.	
	Form 990 (2019)	
932002	<pre>decode the organization's mesion: E is THE COUNTRY'S LARGEST AND OLDEST ORGANIZATION DEDICATED TO ROVING THE LIVES OF LESEIAN, GAY, BIJEXUAL AND TRANSGENDER (LGBT) ER ADULTS. OUR MISSION IS TO LEAD IN ADDRESSING ISSUES RELATED TO T AGING. a drainization undertake any significant program services during the year which ware not listed on the 'mem 800 or 900 27?</pre>	

Form 990 (2019) BISEXUAL, AND TRANSGENDER ELDERS, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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		X
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		X
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, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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		X X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10	х	
	Schedule D, Parts XI and XII	12a	A	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		
a	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			
		14b		x
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

BISEXUAL, AND TRANSGENDER ELDERS, INC. Part IV Checklist of Required Schedules (continued)

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part K, column (A), ine 2? If "Yes," complete Schedule I, A start I and III. 1 1 1 1 1 1 2 X 24 Did the organization answer" "Part I Soft IVI. Schedule I, Part I and III. 4 5 4 5 4 5 4 5 4 2 X 2 X 24 Did the organization answer" "Part I Soft IVI. Schedule I, Part I and III. 4 5 4 5 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 4 2 4 2 4 2 4 2 4 2 4 2 4 4 2 4 4 4 2 4 4 2 4 4 2 4 4 4 2 4 4 4 2 4 2		l (continued)		Yes	No
Part K, column (A), Ine 2? II "Yes," complete Schedule I, Parts I and III 22 X 23 Did the organization new? "IF "Yes" to Part IV, Schedule I, Parts I and IV, Schedule I, Parts I was its used after December 31. 2002? If "Yes," anomplete Schedule I, Part IV 23 X 24a Did the organization invest any proceeds of 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," anower lines 24b through 24d and complete Schedule I, Pints I was issued after December 31. 2002? If "Yes," anower lines 24b through 24d and complete Schedule I, Part I 24a X 25a Section 501(c)(3), 601(c)(4), and 501(c)(20) organizations. Did the organization areas an "on behalf of issuer for bonds outstanding at any time during the year I o defease any tax-exempt bonds? 24d X 25a Section 501(c)(3), 601(c)(4), and 501(c)(20) organizations. Did the organization angogie in an excess barrefit transaction with a disqualified perion in a prory year, and that the transaction was not been reported on any of the organization prior 500 cort 905 C2? If "Yes," complete Schedule L, Part I 25a X 25 Did the organization avance that the angel on an excess barrefit transaction with a disqualified perion in a prory year, and that the transaction was not been reported on any of the organization avance that the angel of any invest any of these perions? If "Yes," complete Schedule L, Part I 25a X 26 Did the organization avance banet or form of these perions? If "Yes," com	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	NO
22 Det the organization answer "Ves" to Part VII. Section A, Ine 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>III 'Yes," complete</i> Schedule J. 23 X 24 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 yes, it at was itsued after December \$1,2002" <i>III''se," answel ince 24 bit trough 24 did complete</i> Schedule K. <i>III 'No.'' go to line 25a</i> 24a X 24 Did the organization methan an externed bords beyond a temporary period exception? 24d X 24 Did the organization and an excerned bonds outstanding at any time during the year? 24d X 25 Section 50(163), 501(244), and 501(242) organizations. Did the organization ange in an exceed benefit transaction with a disqualified person in a prior year, and that the transaction have that the organization ange in an exceed benefit transaction with a disqualified person in a prior year, and that the transaction have not ther assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 26 X 27 Did the organization provide a grant or often is sistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 27 X 28 Was the organization provide a grant or often is 280 / I '''se, 'complete Schedule L, Part IV 28a X	~~		22		x
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 24a Dot the organization have a taxe-sempt bond issue with an outstanding principal amount of more than \$100,000 as of the tast day of the year, that was issued after December 31, 2002? If "Yes," <i>answel lines 24b through 24d and complete</i> Schedule J, IWo," got line are screw account other than a refunding escrew at any time during the year? 24a X 25a Did the organization mixed an accorse account other than a refunding escrew at any time during the year? 24d X 25a Section SO1(c)(A), and SO1(c)(A), and SO1(c)(A) and SO1(23				
Schedule J 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the stat 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 24b Did the organization maintain an escow account other than a refunding secow at any time during the year to delease any tax-exempt bonds? 24a X 25a Section 50(46), 501(42), 401(44), and 501(12) 200 angaizations. Dud the organization angain an excess benefit transaction with a disqualified person during the year? 24d 24d 25a Section 50(46), 501(42), 401(44), and 501(12) 200 angaizations. Dud the organization angain an excess benefit transaction with a disqualified person during the year? 24d 25a 25b Old the organization center that regaged in an excess benefit transaction with a disqualified person during the year? 25b X 25b Old the organization approximations. Dud the organization angain an excess benefit transaction with a disqualified person during the year? 25b X 25b Old the organization negot 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 395k controlled and thry of thems person? If 'Yes,' complete Schedule L, Part I 25b X 27b Old the organization neove that 325,000 in one-cash contribution or substantial contributor? Jf 'Yes,' complete Schedule L					
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100.000 as of the last aday of the yan; 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 paned acception? 24b 24c c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary paned acception? 24c 24c 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? I 'Yes,' complete Schedule L, Part I 25a 25a Did the organization avare that it engaged in an excess benefit transaction with a disqualified person during the year? I 'Yes,' complete Schedule L, Part I 25a 25b Did the organization proof any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustes, lew aphyse, errator or founder, substantial contributor, or 35K controlled entity or humber, entery of tampi member of any of these person? If 'Yes, 'complete Schedule L, Part II 26a X 26a Was the organization provide thereof, a ramity member of any of these person? If 'Yes, 'complete Schedule L, Part II 26a X 27a Was the organization provide thereof, a ramity numeriar of ramer officer, director, trustes, lew aphyse, creater or founder, substantial contributor, or substantial contributor or employee thereof, a grant schee acception? 27a X			23	х	
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 24a X Schedule K, If 'No," go to line 25a. 24b 24b D bd the organization maintain an escrow account other than a refunding scrow at any time during the year / defease any tax-seempt bonds? 24b d bid the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year / defease any tax-seempt bonds? 24c d bid the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year / defease any tax-seempt bonds? 24c d bid the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year / defease any tax-seempt bonds? 24c d bid the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a d bid the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a d bid the organization act as an 'on behalf of 'essuer for forms officer, froms 980 or 990-E27. If 'yes,' complete Schedule L, Part I 25a 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 35%, controlled entity or any inmember of any of these persons? // Yes,' complete Schedule L, Part I 26a 28 Was the organization reports and any individual described in line 28a7 // Yes,' complete Schedule L, Part I 28a X 29 Did the organization releave contribution of an in	24a				
Schedule K II 'No,' go to line 25a 24a X b Ddt the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24b c Dd the organization anistain an escrow account other than a refunding escrow at any time during the year to defease any trax-exempt bonds? 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person din ing the year? 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage 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 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 approvide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, 35% controlled entity or tamily member of any of these persons? If 'Yes,' complete Schedule L, Part II 28a X 28 Was the organization approve thereody or tamily member of any of these persons? If 'Yes,' complete Schedule L, Part II 28a X 29 Did the organization controlled entity of one ormer individual adord organization ceevine another assistance to any current or former o					
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any tax-exempt bonds? 24c Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? (""", "complete Schedule I, Part I 25a 25a Did the organization area 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-E27 ("", "exc," complete Schedule I, Part I 25a 25b Did the organization area that It engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction theme person or 100 reports and member of any of these persons?" ("", "exc," complete Schedule I, Part I 25a 27 Did the organization approved these persons?" ("Yes," complete Schedule I, Part I 26 28 Was the organization a party to a business transaction with one of the following parties (see Schedule I, Part II 27 28 A tarrent or forme officer, director, trustee, key employee, creator or founder, substantial contributor? ("", "exc," complete Schedule I, Part II 28a 29 Did the organization a party to a business transaction with one of the following parties (see Schedule I, Part II 28a 29 A tarrent or forme officer, director, trustee, key employee, creator or founder, or substantial contributor? (", "exc," complete Schedule I, Part II 20 Did the	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 244 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in a excess benefit 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 aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not any of the organization is prior forms 900 or 902-27 If "Yes," complete Schedule L, Part II 25a X 26 Did the organization proof 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 (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Was the organization provide thereof or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 X 28 Was the organization provide thereof or family member of any of these persons? If "Yes," complete Schedule L, Part IV 28 X 28 Was the organization provide thereof or family member of any of these person? If "Yes," complete Schedule L, Part IV 28 X 28 Was the organization receive entrop to family member of any of these person of I''''se," complete Schedule L, Part IV 28 X	с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
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instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? // # "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? // "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? // # "Yes," complete Schedule M Did the organization receive more than \$25,000 in non-cash contributions? // # "Yes," complete Schedule M Did the organization receive more than \$25,000 in non-cash contributions? // # "Yes," complete Schedule N, Part I Did the organization self, exchange, dispose of, or transfer more than 25% of its net assets? // # "Yes," complete Schedule N, Part I Did the organization self, exchange, dispose of, or transfer more than 25% of its net assets? // # "Yes," complete Schedule N, Part I Did the organization receive more than \$25,000 in non-cash contributions? // # "Yes," complete Schedule N, Part I Did the organization self, exchange, dispose of, or transfer more than 25% of its net assets? // # "Yes," complete Schedule N, Part I Did the organization related to any tax-exempt or taxable entity? // # "xes," complete Schedule R, Part I, III, or IV, and Part V, line 1 Did the organization nealed to any tax-exempt or axable entity? // # "xes," complete Schedule R, Part I, III, or IV, and Part V, line 1 Did the organization neetands of its activities through an entity that is not a related organization? 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? // "yes," complete Schedule R, Part V Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as	20		21		
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contributions? /f "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? /f "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? /f "Yes," complete 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.32 nf "Yes," complete Schedule R, Part I 32 X 34 Was the organization related to any tax-exempt or taxable entity? /f "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organization. Explore any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? 37 X 38 Did the organization complete Schedule Q. 37 X 36 X 39 Did the organization conduct more than 5% of its activities through an entity that is no	30				
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32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b f" Yes," complete Schedule R, Part V, line 2 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X Vesk if Schedule O contains a response or note to any line in this Part V Yes No 1a 155	31		31		X
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b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X Note: All Form 990 filers are required to complete Schedule O 38 X X Part V Statements Regarding Other IRS Filings and Tax Compliance 28 Yes No 1a 155 Yes No			34		<u> </u>
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36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 1f "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance 28 Check if Schedule O contains a response or note to any line in this Part V 1a 155 1a 155 14 155	b				37
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 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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>. 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Note: All Form 990 filers are required to complete Schedule O. 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 	36				v
and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	07		36		<u> </u>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance 38 X Check if Schedule O contains a response or note to any line in this Part V Yes No 1a 155 14 155	37		07		v
Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance V V Check if Schedule O contains a response or note to any line in this Part V V V 1a 155 V	20		31		
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a 155	30		20	x	
Check if Schedule O contains a response or note to any line in this Part V Yes No 1a 155 1a 155	Pa	t V Statements Regarding Other IRS Filings and Tax Compliance	1 30	17	<u> </u>
Yes No 1a 155					
1a 155 1a 155				Yes	No
	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
			-		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form 990 (2019)

1c

Form	990 (2019) BISEXUAL, AND TRANSGENDER ELDERS, INC. **-***76	557	P	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 102			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	L
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	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.	•		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a L	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
44	Section 501(c)(12) organizations. Enter:			
11				
a b	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 11a			
b	amounts due or received from them.) 11b			
1 2 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

SERVICES AND ADVOCACY FOR GAY, LESBIAN, BISEXUAL, AND TRANSGENDER ELDERS, INC.

-*7657 Page 6

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.

						Ă
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	1 a	26	-		
	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	26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?	-	-	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
			00000		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		C C			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? // ">					
	in Schedule O how this was done	, -		12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
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					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	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, AL, AK, AR, C	A,C	O,CT,FL,GA	,HI	,IL,	KS
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)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	n on Sa	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy, and	d finano	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					
	OTTO ROBERTS, DIR. OF FIN. AND CONTROLLER - 212-741	L-22	47			
	305 SEVENTH AVENUE 15TH FLOOR, NEW YORK, NY 10001					
				_	000	

Form 990 (2019)

SEE SCHEDULE O FOR FULL LIST OF STATES

SERVICES AND ADVOCACY FOR GAY, LES	BIAN,									
Form 990 (2019) BISEXUAL, AND TRANSGENDER ELDERS,	INC. **-***7657 Page 7									
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	es									
1a Complete this table for all persons required to be listed. Report compensation for the calendar year	ear ending with or within the organization's tax year.									
 List all of the organization's current officers, directors, trustees (whether individuals or organization) 	zations), regardless of amount of compensation.									
Enter -0- in columns (D), (E), and (F) if no compensation was paid.										

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and title Average hours per four deal month and mouth of the purpose to the purpo	(A)	(B)			(0	C)			(D)	(E)	(F)
Hours per week (list any hours for related organizations (l) ANDREW MERNER Doc. unserption is obtain the instant of instant organizations (l) ANDREW MERNER Compensation the organization (W2/1099-MISC) compensation the organizations (W2/1099-MISC) compensation the organizations (W2/1099-MISC) amount of other compensation from the organizations (1) ANDREW MERNER 1.00 X 0. 0. 0. (2) ANYHONY MEKKA HARBOUR 1.00 X 0. 0. 0. BOARD MEMBER 1.00 X 0. 0. 0. 0. BOARD MEMBER 1.00 X 0. 0. 0. 0. (3) BARBARA PEDA 1.000 X 0. 0. 0. 0. BOARD MEMBER 1.000	Name and title	Average	(do					ne	Reportable	Reportable	Estimated
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(1) ANDREW WEINER 1.00 BOARD MEMBER X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			ndivid	nstitu	Office	key er	Highe	-orme			e.gam_anone
(2) ANTHONY EMEKA HARBOUR 1.00 X 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0. 0. (3) BARBARA FEDA 1.00 X 0. 0. 0. 0. (4) BRUCE LEDERMAN 1.00 X 0. 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0. 0. BOARD MEMBER 1.00 X 0. 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0. 0. 0. BOARD MEMBER X 0.	(1) ANDREW WERNER	1.00									
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(17) JASON YOUNG 1.00			x						0.	0.	0.
		1.00	- -								
	BOARD MEMBER		x						0.	0.	0.

SERVICES AND ADVOCACY FOR GAY, LESBIAN, BISEXUAL, AND TRANSGENDER ELDERS, INC.

Form 990 (2019)

-*7657 Page **8**

Part VII Section & Officers Directors Trust												ιa	je U
		bloy	ees,			gnes	t C		. ,	<u> </u>		<u>(=)</u>	
(A)	(B)				C) itior	h		(D)	(E)			(F)	
Name and title	Average hours per		not cł	heck	more	than o		Reportable	Reportable			mated	
	week					is both pr/trus		compensation from	compensatior from related	1		ount of ther	í.
	(list any	tor						the	organizations	.		ensati	on
	hours for	direc				Ð		organization	(W-2/1099-MIS		•	m the	511
	related	ee or	Istee			insate		(W-2/1099-MISC)	(<i>'</i>		nizatio	n
	organizations	l trust	nal tru		oyee	ompe					and	related	Ł
	below	Individual trustee or director	Institutional trustee	Cer	Key employee	Highest compensated employee	ner				orgar	nization	າຣ
	line)	Indi	Insti	Officer	Key	High	Former						
(18) JEFFREY ERDMAN	1.00												
BOARD MEMBER	1 0 0	Х						0.		0.			0.
(19) JIM OBERGEFELL	1.00												~
BOARD MEMBER (OUTGOING)	1 0 0	Х						0.		0.			0.
(20) LAURIE PETER	1.00												~
BOARD MEMBER	1 0 0	Х				-		0.		0.			0.
(21) LINDA SCOTT	1.00												~
SECRETARY	1 0 0	Х		Х	<u> </u>	-		0.		0.			0.
(22) LISA DAVIS	1.00	37						0					^
CHAIR OF DEV. (OUTGOING)	1.00	Х				-		0.		0.			0.
(23) MADY SCHUMAN BOARD MEMBER	1.00	х						0.		0.			0.
(24) MARK SEXTON	1.00	Δ						0.		••			<u>.</u>
BOARD MEMBER	1.00	х						0.		0.			0.
(25) MICHAEL BURKE	1.00	л				+		0.		••			<u>.</u>
TREASURER	1.00	х		х				0.		0.			Ο.
(26) MOLLY LENORE	1.00			23				0.		••			<u>.</u>
BOARD MEMBER		х						0.		0.			0.
dh. Cuibtatal								0.		0.			0.
c Total from continuation sheets to Part VI								1,332,826.		0.	160		
d Total (add lines 1b and 1c)								1,332,826.		0.	160		
2 Total number of individuals (including but no										•••		/	<u> </u>
compensation from the organization		000	noto	u un		<i>,</i> , , , , , , , , , , , , , , , , , ,	010						7
											· ا	Y es	No
3 Did the organization list any former officer,	director. truste	ee. k	kev e	mpl	ove	e. or	hic	hest compensated empl	ovee on	ſ			
line 1a? If "Yes," complete Schedule J for si	-			•	•			······	2		3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	•		•					•	•		4	x	
5 Did any person listed on line 1a receive or a	,		•										
rendered to the organization? If "Yes." com	-							-		[5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest cor	npensated ind	lepe	nder	nt co	ontra	actor	s tł	hat received more than \$	100,000 of compe	ensat	ion fror	n	
the organization. Report compensation for t	he calendar ye	ear e	endin	ig w	rith c	or wi	thir	the organization's tax ye	ear.				
(A)								(B)			(C)		
Name and business	address							Description of s		С	ompens	sation	
GFP REAL ESTATE LLC								ADVERTISING/N	AILING				
PO BOX 432, EMERSON, NJ 0								COMPANY			210	<u>,99</u>	<u>7.</u>
N.CHENG LLP, 40 WALL STRE	ET, SUI	ΤE	3	2,	Ν	ΈW							_
YORK, NY 10005								ACCOUNTING SI			119	,32	<u>4.</u>
ALANIZ, LLC								ADVERTISING/N	ALLING			~ ~	4
PO BOX 799, MT PLEASSANT,	IA 526	41						COMPANY			111	, 39	⊥.

2 Total number of independent contractors (including but not limited to those listed above) who received more than

SERVICES AND ADVOCACY FOR GAY, LESBIAN, BISEXUAL, AND TRANSGENDER ELDERS, INC.

Form 990 BISEXUAL			ISG	EN	DE			DERS, INC.	**_**	7657
Part VII Section A. Officers, Directors, Tru									es (continued)	
(A) Name and title	(B)			(0	C) ition			(D) Reportable	(E)	(F) Estimated
Name and the	Average hours per	(cl	neck				y)	compensation from	Reportable compensation from related	amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) MYRON SULZBERGER ROLFE BOARD MEMBER	1.00	x						0.	0.	0.
(28) PHILIP LUMPKIN BOARD MEMBER	1.00	x						0.	0.	0.
(29) ROY WESLEY BOARD MEMBER (OUTGOING)	1.00	x						0.	0.	0.
(30) RUTH EISENBERG BOARD MEMBER	1.00	x						0.	0.	0.
(31) SCOTT BENNETT BOARD MEMBER	1.00	x						0.	0.	0.
(32) WILLIAM WEINBERGER 30ARD MEMBER (OUTGOING)	1.00	x						0.	0.	0.
33) DAVID RIVERA-GARCIA HIEF FINANCIAL AND ADM. OFFICER	35.00			x				78,449.	0.	6,460
(34) GREGORY MACIAS CHIEF OPERATING OFFICER (OUTGOING)	35.00			 X					0.	
(35) LYNN FARIA	35.00			 X				172,797.	0.	17,370
EXECUTIVE VICE PRESIDENT	35.00							202,010.		22,182
CHIEF EXECUTIVE OFFICER (37) DAVID VINCENT	35.00			X				353,623.	0.	42,132
CHIEF PROGRAM OFFICER (38) HILARY MEYER	35.00					X		160,286.	0.	20,149
CHIEF INNOVATION & IMPACT OFFICER (39) JESSE TUCKER	35.00					X		162,891.	0.	10,473
DIRECTOR OF IT (40) JOEY WASSERMAN	35.00					X		100,797.	0.	18,604
SENIOR DIRECTOR OF DEVELOPMENT						X		101,973.	0.	22,888
		-								
Fotal to Part VII, Section A, line 1c								1,332,826.		160,258.

SERVICES AND AD	VOCACY FOR	GAY,	LESBIAN,
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			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				or note to any inf	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
(0.40		_	Fordemeteral economic and					
s, Grants Amounts			Federated campaigns 1a	20,798.				
Gra			Membership dues 1b	-				
ts, An			Fundraising events 1c	1,100,546.				
Contributions, Gifts, and Other Similar Ar			Related organizations 1d					
ini,			Government grants (contributions)	4,377,954.				
tior S		f	All other contributions, gifts, grants, and					
ibu			similar amounts not included above 1f	11,035,049.				
d O		g	Noncash contributions included in lines 1a-1f	234,580.				
Co an		h	Total. Add lines 1a-1f	►	16,534,347.			
				Business Code				
ė	2	а	PROGRAM INCOME AND SERVICE FEES	624100	536,248.	536,248.		
vic		b						
Sei		с						
ane eve		d						
Be		е						
Program Service Revenue			All other program service revenue					
			Total. Add lines 2a-2f		536,248.			
	3	3	Investment income (including dividends, inter		,			
	Ŭ		other similar amounts)		40,574.			40,574.
	4		Income from investment of tax-exempt bond					
	5		-					
	Э		Royalties(i) Real	(ii) Personal				
	~			(II) Fersonal				
			Gross rents 6a					
			Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 15 ,165	•				
		b	Less: cost or other basis					
ne			and sales expenses	•				
/en		с	Gain or (loss)	•				
Revenue			Net gain or (loss)		-1,012.		-1,012.	
her			Gross income from fundraising events (not					
oŧ			including \$ 1,100,546. of					
			contributions reported on line 1c). See					
			Part IV, line 18	4 3,600.				
		b	Less: direct expenses 8					
			Net income or (loss) from fundraising events		-336,641.			-336,641.
			Gross income from gaming activities. See	F				
	-		Part IV, line 19	a				
		h	Less: direct expenses 9					
			Net income or (loss) from gaming activities_					
			Gross sales of inventory, less returns					
	10	u	and allowances <u>10</u>					
		h	Less: cost of goods sold					
		C	Net income or (loss) from sales of inventory	Business Code				
sn		_	OTHER INCOME	900099	11/ 011	11/ 011		
Miscellaneous Revenue	11			300033	114,911.	114,911.		
llan		b						
Se		с						
Mis			All other revenue		114 014			
		e	Total. Add lines 11a-11d		114,911.	CE4 450	1.010	000 005
	12		Total revenue. See instructions		16,888,427.	651,159.	-1,012.	-296,067.

SERVICES AND ADVOCACY FOR GAY, LESBIAN, Form 990 (2019) BISEXUAL, AND TRANSGENDER ELDERS, INC. Part IX Statement of Functional Expenses

Part IX Statement of Functional Expenses							
Secti	on 501(c)(3) and 501(c)(4) organizations must com	olete all columns. All othe	er organizations must con	nplete column (A).			
	Check if Schedule O contains a respor	nse or note to any line in			X		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations						
	and domestic governments. See Part IV, line 21 \dots						
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,		470 200	104 057			
	trustees, and key employees	875,655.	478,302.	194,057.	203,296.		
6	Compensation not included above to disqualified						
	persons (as defined under section $4958(f)(1)$) and						
_	persons described in section 4958(c)(3)(B)	5,279,493.	4,481,016.	256,703.	541,774.		
7	Other salaries and wages	5,215,455.	4,401,010.	230,703.	J41,//4•		
8	Pension plan accruals and contributions (include	124,988.	108,554.	4,748.	11,686.		
9	section 401(k) and 403(b) employer contributions) Other employee benefits	563,756.	458,223.	38,809.	66,724.		
9 10	Payroll taxes	851,136.	687,248.	61,476.	102,412.		
11	Fees for services (nonemployees):	031,130.	007,210.	01,170.	102,4120		
	Management						
b	Legal						
	Accounting						
	Lobbying	152,332.	152,332.				
	Professional fundraising services. See Part IV, line 17	128,658.			128,658.		
f	Investment management fees	150.		150.			
g	Other. (If line 11g amount exceeds 10% of line 25,						
	column (A) amount, list line 11g expenses on Sch 0.)	1,788,438.	1,492,195.	296,090.	<u> 153.</u> 23,550.		
12	Advertising and promotion	76,613.	37,809.	15,254.	23,550.		
13	Office expenses	388,635.		29,089.	210,791.		
14	Information technology	149,846.	127,451.	7,852.	14,543.		
15	Royalties	200 000	254 202	6.046	10 100		
16	Occupancy	372,230.	354,908.	6,846.	10,476.		
17	Travel	205,151.	121,575.	56,441.	27,135.		
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	262,701.	204,907.	28,897.	28,897.		
20	Interest	202,701.	204,907.	20,097.	20,097.		
21 22	Payments to affiliates Depreciation, depletion, and amortization	478,961.	413,875.	25,939.	39,147.		
22 23		40,047.	34,062.	2,098.	3,887.		
23 24	Insurance Other expenses. Itemize expenses not covered	10,01,0	51/0021	270501	570071		
24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)						
а	IND. FUNDRAISING EXP.	336,622.			336,622.		
b	FOOD AND ENTERTAINMENT	297,937.	252,868.	1,812.	43,257.		
с	OTHER	191,298.	100,081.	69,525.	21,692.		
d	SUPPLIES AND DECORATION	178,123.	168,800.	3,269.	6,054.		
е	All other expenses	356,880.	231,722.	112,670.	12,488.		
25	Total functional expenses. Add lines 1 through 24e	13,099,650.	10,054,683.	1,211,725.	1,833,242.		
26	$\ensuremath{\textbf{Joint costs}}$. 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)

SERVICES	AND .	ADVOCACY	FOR	GAY,	LESBIAN	,

BISEXUAL, AND TRANSGENDER ELDERS, INC.

-*7657 Page 11

		Check if Schedule O contains a response or note to any line in this Part X			
		Check in confeque o contains a response of hote to any line in this Part A	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	1,700,388.	1	4,901,582.
	2	Savings and temporary cash investments		2	2,326,327.
	3	Pledges and grants receivable, net		3	6,429,566.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,		_	
	_	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
	_	(0, 0)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	326,053.
		Land, buildings, and equipment: cost or other		_	
			24.		
	ь	basis. Complete Part VI of Schedule D 10a 16,757,62 Less: accumulated depreciation 10b 4,161,65	10,822,698.	10c	12,595,932.
	11	Investments - publicly traded securities	27,979.	11	12,595,932. 20,771.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	435,123.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	27,035,354.
	17	Accounts payable and accrued expenses		17	1,004,049.
	18	Grants payable		18	
	19	Deferred revenue		19	265,161.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
lide		controlled entity or family member of any of these persons		22	
Ľ	23	Secured mortgages and notes payable to unrelated third parties	6 097 616	23	8,188,349.
	24	Unsecured notes and loans payable to unrelated third parties		24	1,329,660.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	193,052.		235,381.
	26	Total liabilities. Add lines 17 through 25	7,895,119.	26	11,022,600.
		Organizations that follow FASB ASC 958, check here 🕨 🗴			
ses		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	8,281,820.	27	10,655,968.
Bal	28	Net assets with donor restrictions	3,899,212.	28	5,356,786.
pu		Organizations that do not follow FASB ASC 958, check here 🕨 📃			
Ъ		and complete lines 29 through 33.			
S OL	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	12,181,032.	32	16,012,754.
_	33	Total liabilities and net assets/fund balances		33	27,035,354.

Form 990 (2019)

Form 990 (2019) Part X Balance Sheet

	SERVICES AND ADVOCACY FOR GAY, LESBIAN,				
	990 (2019) BISEXUAL, AND TRANSGENDER ELDERS, INC.	**_*	**7657	Paç	_{ge} 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	·····	<u></u>		
			1 6 0 0 0		~ -
	Total revenue (must equal Part VIII, column (A), line 12)	1	16,888		
	Total expenses (must equal Part IX, column (A), line 25)	2	13,099	<u> </u>	
	Revenue less expenses. Subtract line 2 from line 1	3	3,788		
	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,181	<u> </u>	
	Net unrealized gains (losses) on investments	5	42	2,9	45.
	Donated services and use of facilities	6			
	Investment expenses	7			
	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	16,012	2,7	54.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C) .			
	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				
	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			X	

Form **990** (2019)

SCHEDULE A	Dublic Ch	arity Status or		lia Cu	unnart		OMB No. 1545-0047
(Form 990 or 990-EZ)		arity Status ar					2010
		1947(a)(1) nonexempt cha	aritable tru	st.			2013
Department of the Treasury Internal Revenue Service	-	Attach to Form 990 or gov/Form990 for instructi			formation		Open to Public Inspection
Name of the organizatio		ADVOCACY FOR				Employer	identification number
	BISEXUAL, AND	TRANSGENDER	ELDERS	S, INC	· ·		*-**7657
Part I Reason for	or Public Charity Status	(All organizations must c	omplete thi	s part.) Se	e instructions	3.	
The organization is not a	private foundation because it is	: (For lines 1 through 12, c	heck only o	one box.)			
	vention of churches, or associa				l)(A)(i).		
	ribed in section 170(b)(1)(A)(ii)				••		
	cooperative hospital service o earch organization operated in t	•			•	Viii) Entor	the hospital's name
city, and state	•		lacombea	in Sectio			the hospital s hame,
	n operated for the benefit of a	college or university owned	d or operate	ed by a go	vernmental u	nit describe	ed in
section 170(b	b)(1)(A)(iv). (Complete Part II.)						
	e, or local government or gover	nmental unit described in	section 17	'0(b)(1)(A)	(v).		
•	n that normally receives a subs	stantial part of its support f	rom a gove	rnmental	unit or from th	ne general p	oublic described in
)(1)(A)(vi). (Complete Part II.)						
	rust described in section 170 research organization describ			d in aanii	notion with o	land grant	
	r a non-land-grant college of ag					· ·	•
university:	a normana grant conege or ag			iame, ony	, and state of	the conege	
·	n that normally receives: (1) mo	ore than 33 1/3% of its sup	port from c	ontributio	ns, membersl	nip fees, an	d gross receipts from
activities relate	ed to its exempt functions - sub	ject to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	ts support f	from gross investment
	nrelated business taxable incor	ne (less section 511 tax) fro	om busines	ses acqui	red by the org	ganization a	after June 30, 1975.
	09(a)(2). (Complete Part III.)						
	n organized and operated excl	•	•			rn out the	nurnance of one or
8	n organized and operated excl supported organizations descri	•	-			•	
	ugh 12d that describes the type						
	pporting organization operated					-	giving
the supporte	ed organization(s) the power to	regularly appoint or elect a	a majority o	f the direc	tors or truste	es of the su	upporting
Ē Š	. You must complete Part IV,						
	ipporting organization supervis				-		•
	anagement of the supporting o (s). You must complete Part I	-	ame persor	is that co	ntrol or manag	ge the supp	Dorted
<u> </u>	ctionally integrated. A suppor	•	in connect	ion with. a	and functional	lv integrate	ed with.
	d organization(s) (see instructio					, ,	,
d 🗌 Type III non	-functionally integrated. A su	pporting organization ope	rated in cor	nnection w	ith its suppor	ted organiz	zation(s)
	inctionally integrated. The orga	• •	-			I an attentiv	/eness
	(see instructions). You must c						
	ox if the organization received				Type I, Type	II, Type III	
•	integrated, or Type III non-func f supported organizations						
	ig information about the suppo						
(i) Name of suppor		(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governin	nization listed ng document?	(v) Amount of	-	(vi) Amount of other
organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
			7				
Total							
					•		•

Schedule A	A (Form 990 or 990-EZ) 2019	BISEXUAL,	AND	TRANSGENDER	ELDERS,	INC.	**-***7657	Page 2
Part II	Support Schedule for	or Organizations	Desc	cribed in Sections	170(b)(1)(A)(i	v) and 1	70(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	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	11563458.	8642002.	12872442.	11436817.	16534347.	61049066.		
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	11563458.	8642002.	12872442.	11436817.	16534347.	61049066.		
	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)						1426462.		
6	Public support. Subtract line 5 from line 4.						59622604.		
	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
		11563458.	8642002.	12872442.	11436817.	16534347.			
	Gross income from interest,								
•	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	141.136.	146,495.	6,819.	9,547.	40,574.	344,571.		
a	Net income from unrelated business		110,1901	0,0191	570170	10,0,11	011/0/11		
5	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.)	707 413	653 485	475 247	686,231.	158 511	2680887.		
44	Total support. Add lines 7 through 10	707,413.	055,405.	1/3/21/0	000,251.		64074524.		
	Gross receipts from related activities,						,874,749.		
12	First five years. If the Form 990 is for	•	,	d fourth or fifth to			,011,119.		
13	organization, check this box and stop	-			•				
Sec	tion C. Computation of Publi								
	Public support percentage for 2019 (I			olump (f))		14	93.05 %		
15	Public support percentage from 2018					15	91.27 %		
	33 1/3% support test - 2019. If the c					· · · ·			
104	stop here. The organization qualifies								
h	33 1/3% support test - 2018. If the of		-		line 15 is 33 1/3%				
U.									
170	and stop here. The organization qual		••••		12 160 or 16b				
17 a	10% -facts-and-circumstances test	-							
	and if the organization meets the "fac			-	-	-			
1-	meets the "facts-and-circumstances"	•	• •		•				
a	10% -facts-and-circumstances test	-							
	more, and if the organization meets the						" ⊾ □		
40	organization meets the "facts-and-circ								
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2019 BISEXUAL, AND TRANSGENDER ELDERS, INC. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
	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						
	Public support. (Subtract line 7c from line 6.)						
		(-) 0015	(1-) 0010	(-) 0017	(-1) 0010	(.).0010	(0) Takal
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 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						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	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 five years. If the Form 990 is for	0			-		
<u> </u>	check this box and stop here						>
	ction C. Computation of Public						
	Public support percentage for 2019 (li		•	column (f))		15	%
-	Public support percentage from 2018					16	%
	ction D. Computation of Inves					1 1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2019. If the						/ is not
b	more than 33 1/3%, check this box an 33 1/3% support tests - 2018. If the						▶∟
~	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization						

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Schedule A (Form 990 or 990-EZ) 2019 BISEXUAL, AND TRANSGENDER ELDERS, INC.

Part IV Supporting Organizations

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

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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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.)

3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

1

2

3a

3b

Yes

No

**_	* *	*7657	Page 5
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Sche	dule A (Form 990 or 990 EZ) 2019 BISEXUAL, AND TRANSGENDER ELDERS, INC. **-**	*765	7 Ра	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	0		
2	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (0) did the organization's supported organizations have a	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
' a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
00000	5 09-25-19 Schedule & (Form 9	00 00		2010

	SERVICES AND ADVOCACY FO	R GZ		
	dule A (Form 990 or 990-EZ) 2019 BISEXUAL , AND TRANSGENDE	R El	LDERS, INC.	**-**7657 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must com	plete S	ections 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):			
a	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			

8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally i	ntegra	ted Type III supporting organ	nization (see

2

3

4

5

6

7

instructions).

factors (explain in detail in Part VI):

Recoveries of prior-year distributions

3 Subtract line 2 from line 1d.

see instructions).

6 Multiply line 5 by .035.

7

2 Acquisition indebtedness applicable to non-exempt-use assets

5 Net value of non-exempt-use assets (subtract line 4 from line 3)

4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,

SERVICES AND ADVOCACY FOR GAY, LESBIAN, Schedule A (Form 990 or 990-EZ) 2019 BISEXUAL, AND TRANSGENDER ELDERS, INC.

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
_7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
0	and 4c.			
	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018 Excess from 2019			
-				

SERVICES AND ADVOCACY FOR GAY, LESBIAN, <u>Schedule A (Form 990 or 990-EZ) 2019</u> BISEXUAL, AND TRANSGENDER ELDERS, INC. **-**7657 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME	
2015 AMOUNT: \$	46,129.
2016 AMOUNT: \$	9,811.
2017 AMOUNT: \$	172,731.
2018 AMOUNT: \$	184,931.
2019 AMOUNT: \$	114,911.
FUNDRAISING INCO	ME
2015 AMOUNT: \$	661,284.
2016 AMOUNT: \$	643,674.
2017 AMOUNT: \$	302,516.
2018 AMOUNT: \$	501,300.
2019 AMOUNT: \$	43,600.

Scł	nedu	ile B
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(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

* *	PUBLIC	DISCLOSURE	COPY

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

GAY, LES	SBIAN,	
ELDERS,	INC.	**-

*-***7657

Organization	type	(check	one):
or gameadon	.,	(011001(0110).

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

SERVICES AND ADVOCACY FOR

AND TRANSGENDER

BISEXUAL,

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of crueity to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributed.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$405,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ <u>1,176,297.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3 -		\$ <u>500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>4</u> –		\$ 1,199,763.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$ <u>3,306,553.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> </u>		\$579,616.	Person X Payroll Noncash (Complete Part II for

Name of organization

SERVICES AND ADVOCACY FOR GAY, LESBIAN, BISEXUAL, AND TRANSGENDER ELDERS, INC.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Employer identification number

-*7657

Part I

		\$ 635,000.	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06-	-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Part I

(a)

No.

7

SERVICES AND ADVOCACY FOR GAY, LESBIAN, BISEXUAL, AND TRANSGENDER ELDERS, INC.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Employer identification number

(d)

Type of contribution

Х

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Person

(c)

Total contributions

	CES AND ADVOCACY FOR GAY, LESBIAN, JAL, AND TRANSGENDER ELDERS, INC.		**-***7657
Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	

923453 11-06-19

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4					
	organization		Emplo	oyer identification number					
	CES AND ADVOCACY FOR GAT								
	UAL, AND TRANSGENDER EL			-***7657					
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a			more than \$1,000 for the year					
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	ess for the year. (Enter this info. once.)						
	Use duplicate copies of Part III if additional	space is needed.	1						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held					
Part I									
		(e) Transfer of gif	I						
		(e) transier of gir							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor	to transferee					
(a) No. from	(h) Dumpers of sift		(d) Description	of how with in hold					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held					
	(e) Transfer of gift								
			B 1 1 1 1 1 1						
	Transferee's name, address, a		Relationship of transferor	to transferee					
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held					
		(e) Transfer of gif							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor	to transferee					
(a) No.									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held					
<u> </u>									
		(e) Transfer of gif							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor	to transferee					

SCHEDULE C	OMB No. 1545-0047							
(Form 990 or 990-EZ)								
	For Organizations Exempt From Income Tax Under section 501(c) and section 527							
Department of the Treasury Internal Revenue Service	-	if the organization is described to Go to www.irs.gov/Form990 for in			EZ. Open to Public Inspection			
		n Form 990, Part IV, line 3, or Form			•			
-	-	plete Parts I-A and B. Do not comp		io (i ontiour oumpuign				
)1(c)(3)) organizations: Complete Pa		o not complete Part I-B.				
 Section 527 organiz 								
If the organization answ	vered "Yes," or	n Form 990, Part IV, line 4, or Form	n 990-EZ, Part VI, line	e 47 (Lobbying Activitie	s), then			
 Section 501(c)(3) org 	anizations that	have filed Form 5768 (election unde	er section 501(h)): Con	plete Part II-A. Do not co	omplete Part II-B.			
		have NOT filed Form 5768 (election						
If the organization answ	vered "Yes," or	n Form 990, Part IV, line 5 (Proxy 1	Tax) (see separate ins	structions) or Form 990	-EZ, Part V, line 35c (Proxy			
Tax) (see separate inst	ructions), then							
 Section 501(c)(4), (5) 		tions: Complete Part III.						
Name of organization		S AND ADVOCACY FOR		-	ployer identification number			
		L, AND TRANSGENDER			**-**7657			
Part I-A Compl	ete if the org	anization is exempt under	section 501(c) or	r is a section 527 o	rganization.			
		ation's direct and indirect political						
		ures		►	\$			
3 Volunteer hours for	political campai	gn activities						
Part I-B Compl	ete if the ord	anization is exempt under	section 501(c)(3)	•				
		incurred by the organization under		▶	\$			
		incurred by organization managers						
	•	n 4955 tax, did it file Form 4720 for						
4a Was a correction m		·			Yes No			
b If "Yes," describe ir	Part IV.							
Part I-C Compl	ete if the org	janization is exempt under	section 501(c), e	xcept section 501(c)(3).			
1 Enter the amount d	irectly expended	d by the filing organization for section	on 527 exempt functio	n activities	\$			
2 Enter the amount o	f the filing organ	ization's funds contributed to othe	r organizations for sec	tion 527				
exempt function ac	tivities			►	\$			
		. Add lines 1 and 2. Enter here and						
line 17b				►	\$			
4 Did the filing organ	zation file Form	1120-POL for this year?			Yes No			
5 Enter the names, a	ddresses and en	nployer identification number (EIN)	of all section 527 polit	cal organizations to which	ch the filing organization			
made payments. Fo	or each organiza	tion listed, enter the amount paid fr	rom the filing organizat	tion's funds. Also enter t	he amount of political			
		omptly and directly delivered to a s		· · ·	ate segregated fund or a			
political action com	mittee (PAC). If	additional space is needed, provide	e information in Part IV					
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid from filing organization's				

(a) Name	(b) Address	filing organization's contribution funds. If none, enter -0 promptly delivered political of		(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

Schedule C (Form 990 or 990-EZ) 2019		D ADVOCACY I			**7657 Page 2
Part II-A Complete if the org					
section 501(h)).					
A Check if the filing organization	ation belongs to an affi re of excess lobbying e	• • •	Part IV each affiliated	group member's name	e, address, EIN,
B Check 🕨 📃 if the filing organiza	ation checked box A ar	nd "limited control" pro	visions apply.		
	its on Lobbying Expe ditures" means amou	nditures ınts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (arassroots lobbvina)		33,073.	
b Total lobbying expenditures to influ				119,259.	
c Total lobbying expenditures (add li	•			152,332.	
d Other exempt purpose expenditure				12,947,318.	
e Total exempt purpose expenditure				13,099,650.	
f Lobbying nontaxable amount. Enter	,	,		804,983.	
If the amount on line 1e, column (a) of		bying nontaxable am		, , , , , , , , , , , , , , , , , , , ,	
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000		00 plus 15% of the exce	ess over \$500.000.		
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exce			
Over \$1,500,000 but not over \$17.		00 plus 5% of the exces			
Over \$17,000,000	\$1,000,				
g Grassroots nontaxable amount (er	nter 25% of line 1f)			201,246.	
h Subtract line 1g from line 1a. If zer	o or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero	o or less, enter -0-			0.	
j If there is an amount other than ze	ro on either line 1h or	line 1i, did the organiza	tion file Form 4720		
reporting section 4911 tax for this	year?	-			Yes No
(Some organizations t	hat made a section 5	eraging Period Under 01(h) election do not I ate instructions for lin	nave to complete all	of the five columns be	low.
	Lobbying Expe	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
	1	1	1	1	

706,898.

94,346.

176,725.

20,740.

787,729.

126,900.

196<u>,932</u>.

33,808.

656,565.

27,511.

164,141.

Schedule C (Form 990 or 990-EZ) 2019

804,983. 2,956,175.

152,332.

201,246.

33,073.

4,434,263.

401,089.

739,044.

87,621.

1,108,566.

2a Lobbying nontaxable amountb Lobbying ceiling amount

(150% of line 2a, column(e))

d Grassroots nontaxable amounte Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

c Total lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2019 BISEXUAL, AND TRANSGENDER ELDERS, INC. **-***7657 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)	, or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		. 1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		. 2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No" OR (b) Part I	II-A, line	3, is
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)				
Par					
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A,	lines 1 a	nd 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

(Form 990) Description of the transmitter of the organization answered "Yes" on Form 990, Description of the transmitter of the transmitter of the organization answered "Yes" on Form 990, Description of the organization answered "Yes" on Form 990, Description of the organization number of the organization answered "Yes" on Form 990, Description of the organization number of the organization answered "Yes" on Form 990, Description of the organization answered "Yes" on Form 990, Description of the organization answered "Yes" on Form 990, Description of the organization answered "Yes" on Form 990, Description of Other Similar Funds or Accounts. Complete fittle organization answered "Yes" on Form 990, Description of Other Similar Funds or Accounts. Complete fittle organization answered "Yes" on Form 990, Description of Other Similar Funds or Accounts. Complete fittle organization answered "Yes" on Form 990, Part N, line 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (b) Funds and other accounts 3 Aggregate value at end of year (a) Donor advised funds 4 Aggregate value at end of year (b) Funds and one advisors in writing that the assets held in donor advisor funds 5 Did the organization inform all donors and donor advisors writing that guant funds can be used only for charinable purposes and not for the benefit of the donor or donor advisor, or orally other purpose conferring importmatible purposes and not for the escriptie, ecreation or education of a cartified historic structure 9 Portectorion of and for public use of resemple, ecreation or education in the form 900, Part N, line 7. 9	SC	SCHEDULE D Supplemental Financial Statements					OMB No. 1545-0047		
Dependent the training Dependent to the training the second training training the second training tr		Form 990) Complete if the organization answered "Yes" on Form 990,						2019	
International solution Implexition Name of the organization SEVICES AND DAVOCACY FOR GAY. LESS IAN. Entigex violation Entigex violation Part Organization measured 'Yes' on Form 900, Part IV, line 6. (a) Donor advised funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 900, Part IV, line 6. 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of contributions to (during year) 5 Did the organization inform all donors and door advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization seculave legal control? 6 Potential grantes, donors and door advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the organization inform all donor advisor in writing that grant funds can be used only for charitable purposes and not for the benefit of the organization inform all grantes, donors advisor in writing that apply. Prevention of land for public use (for example, recreation or education) Protocol on durusin habitat Protocol on ordurusin papee 2 2 1 Protocol on ordurusin beaments held a qualified conservation conservation assements 2 2 2 2 2 2 2 3 2 4 4 4 4 5		, , , , , , , , , , , , , , , , , , , ,	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11 Attach to For	c, 11d, 11	e, 11f, 12a, or 1	Źb.		Open to Public
BISEXUAL, AND TRANSCENDER ELDERS, INC. **-**7657 Part Organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts (a) Aggregate value of contributions to (during year) (b) Funds and other accounts (c) Dott to organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for chartable purposes and not for the banefit of the donor or donor advisor, or for any other purpose conterning impermissible private benefit? Purposel(s) of conservation easements. Complete if the organization (check all that apply) Preservation of all donors and doner advisors in writing that that apply Protection of alural habitat Protection of alural habitat Protection of alural habitat Protection of a bitorically important land area Protection of alural habitat Protection of a certified historic structure Reservation of all on the page restricted by conservation easements a total number of conservation easements held a qualified conservation contribution in the form of a conservation easements boas each conservation easements included in (c) acquired after 7/25/06, and not on a historic structure <u>za</u> total number of conservation easements included in (c) acquired after 7/25/06, and not on a historic gonservation easements during the year Nother of conservation easements included in (c) acquired after 7/25/06, and not on a historic gonservation easements during the year Staff and volatites here property subject to conservation easem			Go to www.irs.gov/Form9	90 for instruct	ions and				Inspection
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 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▲ ▲ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▲ ▲ B 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 easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X (ii) Assets included in Form 990, Part X 				, 3 -	,	,,	3		g
 violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$	4	Number of states v	where property subject to conservation eas	ement is locat	ed 🕨 _				
 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▲ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▲ S 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 easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part XIII, line 1 (ii) Assets included in Form 990, Part X 	5	Does the organizat	tion have a written policy regarding the per	iodic monitorir	ıg, inspec	tion, handling of			
 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$		violations, and enfo	orcement of the conservation easements it	holds?					Yes 🗌 No
 \$	6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of vic	lations, a	nd enforcing con	servatio	n ease	ments during the year
 \$		▶							
 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)?	7		es incurred in monitoring, inspecting, hand	ling of violatio	ns, and er	nforcing conserva	ation eas	ement	ts during the year
 and section 170(h)(4)(B)(ii)?	-						()) () ())	••	
 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the foot public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 	8		• • • • • • • • •		•				
 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part XIII, line 1 \$ \$ b \$ (ii) Assets included in Form 990, Part X 	0								
organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	9	,	0						
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X			· · · ·			S interioral Statem			
 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 	Pa			Art, Histor	ical Tre	asures, or O	ther S	imila	r Assets.
 of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 		Complete if	the organization answered "Yes" on Form	990, Part IV, I	ne 8.				
 service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 	1a	If the organization	elected, as permitted under FASB ASC 95	8, not to repor	t in its rev	enue statement a	and bala	nce sh	neet works
 b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 		of art, historical tre	easures, or other similar assets held for pub	lic exhibition,	education	, or research in f	urtheran	ce of p	public
 art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 		service, provide in	Part XIII the text of the footnote to its finar	icial statement	s that des	scribes these iten	ns.		
provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	b	If the organization	elected, as permitted under FASB ASC 95	8, to report in	ts revenu	e statement and	balance	sheet	works of
(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ (ii) Assets included in Form 990, Part X ▶ \$		art, historical treas	ures, or other similar assets held for public	exhibition, ed	ucation, o	r research in furt	herance	of put	olic service,
(ii) Assets included in Form 990, Part X		-							
		(i) Revenue inclue	ded on Form 990, Part VIII, line 1						\$
2 If the organization received or held works of art historical treasures or other similar assets for financial gain, provide		.,	, , , , , , , , , , , , , , , , , , , ,						
	2	•		-			al gain, p	provide)
the following amounts required to be reported under FASB ASC 958 relating to these items:		-			-			•	*
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. Schedule D (Form 990) 2019	-						<u></u>		

		S AND ADVOC		-			
-		L, AND TRAN			**-	-***7657	Page 2
Par	t III Organizations Maintaining C					•	ed)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significant use o	f its	
	collection items (check all that apply):						
а	Public exhibition	d	Loan or exc	hange program			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's ex	empt purpose in	Part XIII.	
5	During the year, did the organization solicit or	r receive donations o	f art, historical treas	sures, or other simil	ar assets		
	to be sold to raise funds rather than to be ma					Yes	No No
Par	t IV Escrow and Custodial Arrang		te if the organizatio	n answered "Yes"	on Form 990, Par	t IV, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.					
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	s or other assets no	ot included		
	on Form 990, Part X?					Yes	No No
b	If "Yes," explain the arrangement in Part XIII a						
						Amount	
с	Beginning balance				1c		
	Additions during the year						
	Distributions during the year						
f	Ending balance						
2a	Did the organization include an amount on Fo					🔄 Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided on Part X	III		
Par	t V Endowment Funds. Complete in	f the organization and	swered "Yes" on Fo	rm 990, Part IV, lin	e 10.		
		(a) Current year	(b) Prior year	(c) Two years back		back (e) Four ye	ears back
1a	Beginning of year balance	2,566,579.	3,604,611.	2,842,079	. 2,540,3	311.	
	Contributions	1,045,732.		762,532	. 301,7	768. 2,5	40,311.
	Net investment earnings, gains, and losses						
	Grants or scholarships						
	Other expenditures for facilities						
-	and programs		1,038,032.				
f	Administrative expenses						
	End of year balance	3,612,311.	2,566,579.	3,604,611	. 2,842,0)79. 2,5	40,311.
2	Provide the estimated percentage of the curr	, ,	· ·	, ,	- , ,	,	,
- a	Board designated or quasi-endowment	100.00	%				
h	Permanent endowment	%					
0	· · · · · · · · · · · · · · · · · · ·	%					
U	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should						
20	Are there endowment funds not in the posses		tion that are hold an	d administored for	the organization		
Ja	. '				the organization		es No
	by: (i) Uprolated organizations						X
	(i) Unrelated organizations						X
L	(ii) Related organizations						
-						3b	
4 Par	t VI Land, Buildings, and Equipm		vment lunds.				
1 41			Dart IV line 11a C	an Farm 000 Dart	V line 10		
	Complete if the organization answered						
	Description of property	(a) Cost or of	• •		Accumulated	(d) Book v	alue
<u> </u>		basis (investm	Dasis	(other) (depreciation		
-	Land		10 10	1 007 0	225 726		251
b	Buildings				<u>,235,736.</u>		
	Leasehold improvements			8,176.	441,791.	-	<u>,385.</u>
	Equipment			4,443.	628,865.		<u>,578.</u>
	Other			3,918.	855,300.		
Tota	I . Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part)	K <u>. column (B), line 1</u>	0 <u>c.)</u>	🕨	12,595,	,932.

Schedule D (Form 990) 2019

BISEXUAL, AND TRANSGENDER ELDERS, INC.

Schedule D (Form 990) 2019 BISEXUAL , Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on 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-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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. ((Column (b) must equal Form 990. Part X. col. (B) line 15.)	
Part		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED COMPENSATION	224,693.
(3)	DEFERRED RENT	10,688.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

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

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

235,381.

	SERVICES AND ADVOCACY FOR	GAY, L	ESBIAN,			
_	dule D (Form 990) 2019 BISEXUAL, AND TRANSGENDER				***7657	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.				
1	Total revenue, gains, and other support per audited financial statements			1	17,459	<u>,917.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	42,945.	_		
b	Donated services and use of facilities	2b	875,699.	_		
С	Recoveries of prior year grants	2c		_		
d	Other (Describe in Part XIII.)	2d	-347,004.			
е	Add lines 2a through 2d			2e		,640.
3	Subtract line 2e from line 1			3	16,888,	<u>,277.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	150.	_		
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		150.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	16,888	, <u>427.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Stater		Expenses per l	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12					
1	Total expenses and losses per audited financial statements			1	13,628	<u>,195.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	875,699.	-		
b	Prior year adjustments	2 b		-		
С	Other losses	2c		-		
d	Other (Describe in Part XIII.)	2d		-		
е	Add lines 2a through 2d			2e		,699.
3	Subtract line 2e from line 1			3	12,752	<u>,496.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b		150.	-		
b	Other (Describe in Part XIII.)	4b	347,004.	-		
С	Add lines 4a and 4b			4c		,154.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	13,099	,650.
Pa	t XIII Supplemental Information.					

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 V, LINE 4:

THE BOARD-DESIGNATED FUNDS CONSIST OF THE FOLLOWING FOUR FUNDS:

WORKING CAPITAL RESERVE

THE WORKING CAPITAL RESERVE IS INTENDED TO PROVIDE CASH NEEDED TO ENSURE

SAGE IS ABLE TO MAINTAIN A "MINIMUM CASH ON HAND" TARGET IN ITS ANNUAL

OPERATING ACCOUNT. THIS RESERVE OFFSETS SHORT-TERM NEGATIVE CASH FLOW,

WHEN EXPENDITURES FROM THE ANNUAL OPERATING ACCOUNT TEMPORARILY OUTPACE

CASH RECEIPTS.

OPERATING RESERVE

THE OPERATING RESERVE IS INTENDED TO BE AN INTERNAL SOURCE OF FUNDS FOR

SERVICES AND ADVOCACY FOR GAY, LESBIAN, Schedule D (Form 990) 2019 BISEXUAL, AND TRANSGENDER ELDERS, INC. **-**7657 Page 5 Part XIII Supplemental Information (continued)

SITUATIONS SUCH AS A SUDDEN INCREASE IN EXPENSES, ONE-TIME UNBUDGETED

EXPENSES, UNANTICIPATED LOSS IN FUNDING, OR UNINSURED LOSSES.

BUILDING AND CAPITAL ASSET RESERVE

THE BUILDING AND CAPITAL ASSET RESERVE IS INTENDED TO PROVIDE A READY

SOURCE OF FUNDS FOR REPAIR OR ACQUISITION OF BUILDINGS, LEASEHOLD

IMPROVEMENTS AND FURNITURE, FIXTURES AND EQUIPMENT, NECESSARY FOR THE

EFFECTIVE OPERATION OF THE ORGANIZATION AND PROGRAMS.

STRATEGIC PLAN AND OPPORTUNITY RESERVE

THE STRATEGIC PLAN AND OPPORTUNITY RESERVE IS INTENDED TO PROVIDE FUNDS TO MEET INITIATIVES UNDER THE STRATEGIC PLAN OR SPECIAL TARGETS OF OPPORTUNITY OR NEED THAT FURTHERS THE MISSION OF THE ORGANIZATION. THE STRATEGIC PLAN AND OPPORTUNITY RESERVE IS ALSO INTENDED AS A SOURCE OF INTERNAL FUNDS FOR THE ORGANIZATIONAL CAPACITY BUILDING SUCH AS STAFF DEVELOPMENT, RESEARCH AND DEVELOPMENT, OR INVESTMENT IN INFRASTRUCTURE THAT WILL BUILD LONG-TERM CAPACITY AND ENHANCE REVENUE.

PART X, LINE 2:

THE ORGANIZATION BELIEVES IS HAS NO UNCERTAIN TAX POSITIONS AS OF JUNE 30,

2020 AND 2019, IN ACCORDANCE WITH THE PROVISIONS OF FASB ASC 740, INCOME TAXES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INDIRECT FUNDRAISING EXPENSES

-347,004.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INDIRECT FUNDRAISING EXPENSES

SCHEDULE G	Suppleme	ental Information Regard	ing Fun	draisi	ing or Gaming A		s	OMB No. 1545-0047			
(Form 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2019			
Department of the Treasury		Attach to Form	990 or Fo	rm 99	0-EZ.			Open to Public			
Internal Revenue Service	► Go	o to www.irs.gov/Form990 for i	instructio	ns and	the latest informati	on.		Inspection			
Name of the organization		S AND ADVOCACY F					ployer ide	entification number			
	BISEXUA	L, AND TRANSGEND	ER EL	DER	S, INC.	* *	-***7	657			
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.											
	-	sed funds through any of the foll	-								
a X Mail solicitat				-	overnment grants						
	email solicitations			-	mment grants						
c X Phone solici		g X Sp	ecial fundr	aising	events						
d X In-person so											
•		or oral agreement with any indivi	•	Ũ		tees, or					
		Part VII) or entity in connection w			•		X Yes				
	•	viduals or entities (fundraisers) p	ursuant to	agree	ments under which t	he fundrai	ser is to be	Э			
compensated at le	ast \$5,000 by the	organization.									
(i) Name and addres or entity (func		(ii) Activity		Did raiser custody ntrol of	(iv) Gross receipts from activity	tò (or ret fund	ount paid tained by) traiser	(vi) Amount paid to (or retained by)			
, , , , , , , , , , , , , , , , , , , ,			contril	outions?	,	listed i	n col. (i)	organization			
TRIPI CONSULTING AS	SSOCIATES,		Yes	No	_						
INC 255 PLUTARCH	H ROAD,	FUNDRAISING COUNSEL		x	0.		92,640.	0.			
GRAHAM PELTON - 39	BEECHWOOD										
ROAD, SUMMIT, NJ (07901	FUNDRAISING COUNSEL		x	0.		36,018.	0.			
Total							128,658.				
	ch the organizatio	on is registered or licensed to sol	licit contrit	outions	or has been notified			gistration			

or licensing.

AL,AK,AZ,AR,CA,CO,CT,DE,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY

SERVICES AND ADVOCACY FOR GAY, LESBIAN, Schedule G (Form 990 or 990-EZ) 2019 BISEXUAL, AND TRANSGENDER ELDERS, INC. **-**7657 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ. lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro	oss income on Form 990			ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
Revenue			SAGE AWARDS			col. (c))
			(event type)	(event type)	(total number)	(-)/
	1	Gross receipts	1,144,146.			1,144,146.
	2	Less: Contributions	1,100,546.			1,100,546.
	3	Gross income (line 1 minus line 2)	43,600.			43,600.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	81,678.			81,678.
	7	Food and beverages	272,109.			272,109.
	8	Entertainment	6,500.			6,500.
	9	Other direct expenses				6,500. 19,954.
	10	Direct expense summary. Add lines 4 through			· · · · · · · · · · · · · · · · · · ·	380,241.
	11	Net income summary. Subtract line 10 from li			••••••••••••••••••••••••••••••••••••••	-336,641.
Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than						
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
			(,	bingo/progressive bingo	(0) 0 0 0 0 900 0 0 9	col. (a) through col. (c))
Seve						
_	1	Gross revenue				
Direct Expenses						
	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
		I	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	□ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)						
~	- ·		and a second second second			
 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? 						
b If "No," explain:						
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?						
b If "Yes," explain:						Yes No
	_					

932082 09-11-19

	SERVICES AND ADVOCACY FOR GAY, LESBIAN,
	edule G (Form 990 or 990-EZ) 2019 BISEXUAL, AND TRANSGENDER ELDERS, INC. **-**7657 Page 3
	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed
12	to administer charitable gaming? Yes No Indicate the percentage of gaming activity conducted in:
	The organization's facility
	An outside facility 13b 9
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name
	Address
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
h	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount
	of gaming revenue retained by the third party \triangleright \$
с	If "Yes," enter name and address of the third party:
	Name
	Address
40	
16	Gaming manager information:
	Name
	Gaming manager compensation
	Description of services provided 🕨
	Director/officer Employee Independent contractor
17	Mandatory distributions:
	s the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
	organization's own exempt activities during the tax year 🕨 \$
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
sc	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:
<u>bc</u>	HEDDEL C, TAKI I, EINE 2D, EIGI OF TEN HIGHEDT TAID TONDKAIDEND:
<u>(I</u>) NAME OF FUNDRAISER: TRIPI CONSULTING ASSOCIATES, INC.
<u>(I</u>) ADDRESS OF FUNDRAISER: 255 PLUTARCH ROAD, HIGHLAND, NY 12528

Schedule G	(Form 990 or 990-EZ) Supplemental Inforr	SERVICES BISEXUAL	AND AND	ADVOCACY FOR TRANSGENDER	GAY, LE ELDERS,	SBIAN, INC.	**-**7657	Page 4
Part IV	Supplemental Inform	nation (continue	ed)					

SC	SCHEDULE J Compensation Information							
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	ſ		10			
-	-	Compensated Employees		1	19			
Depar	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.	Ор	en to	Public	5		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		nspec				
Nam	e of the organization		Employer identifi			ber		
		BISEXUAL, AND TRANSGENDER ELDERS, INC.	**-**7	657				
Ра	rt I Question	s Regarding Compensation						
			F		Yes	No		
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form 99) 0,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c	, i i i i i i i i i i i i i i i i i i i						
	Travel for com		lence					
		ation and gross-up payments Health or social club dues or initiation fees	0					
		spending account Personal services (such as maid, chauffeur,	chet)					
ь.	If any of the here-	an line to ave shealed, did the exemplastics follows within a slice recording and the						
a	•	on line 1a are checked, did the organization follow a written policy regarding payment or		1b				
ŋ	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain							
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		~				
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?	·····	2				
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's						
3		ector. Check all that apply. Do not check any boxes for methods used by a related organization	to					
		ation of the CEO/Executive Director, but explain in Part III.	10					
	Compensatior							
	·	compensation consultant X Compensation survey or study						
	·	ther organizations \boxed{X} Approval by the board or compensation cor	nmittee					
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 re							
а	-	e payment or change-of-control payment?		4a		х		
		ceive payment from, a supplemental nonqualified retirement plan?		4b		X		
		ceive payment from, an equity-based compensation arrangement?		4c		Х		
Ŭ		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the r							
а	The organization?			5a		Х		
		ation?		5b		Х		
		or 5b, describe in Part III.						
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the r	net earnings of:						
а	The organization?			6a		Х		
		ation?		6b		Х		
		or 6b, describe in Part III.						
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
	not described on lir	nes 5 and 6? If "Yes," describe in Part III	L	7		X		
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
				8		X		
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in						
	Regulations section	1 53.4958-6(c)?		9				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedule J ((Form	990) (2019		

SERVICES AND ADVOCACY FOR GAY, LESBIAN,

Schedule J (Form 990) 2019

BISEXUAL, AND TRANSGENDER ELDERS, INC. 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.

-7657

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) GREGORY MACIAS	(i)	172,797.	0.	0.	7,009.	10,361.	190,167.	0.	
CHIEF OPERATING OFFICER (OUTGOING)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) LYNN FARIA	(i)	202,010.	0.	0.	8,223.	13,959.	224,192.	0.	
EXECUTIVE VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) MICHAEL ADAMS	(i)	353,623.	0.	0.	29,067.	13,065.	395,755.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) DAVID VINCENT	(i)	160,286.	0.	0.	5,578.	14,571.	180,435.	0.	
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) HILARY MEYER	(i)	162,891.	0.	0.	6,668.	3,805.	173,364.	0.	
CHIEF INNOVATION & IMPACT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Page 3

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 J (Form 990) 2019

	HEDULE M		Nonc	ash Contri	ibutions		OMB No. 1	545-004	F2
(Fo	rm 990)						20	10	1
		Complete if the org	anizations a	20	IJ	,			
	ment of the Treasury I Revenue Service	 Attach to Form 990 Go to www.irs.gov/ 		Open to Inspe		iC			
Name	e of the organizatior			r identificatio	on nur	nber			
	U U	BISEXUAL, AN			*_**7				
Par	rt I Types of	Property							
			(a)	(b)	(c)		(d)		
			Check if	Number of contributions or	Noncash contribution amounts reported on		d of determin	0	_
			applicable		Form 990, Part VIII, line 1g	noncash co	ontribution ar	nount	3
1	Art - Works of art								
2	Art - Historical trea								
3	Art - Fractional inte	erests							
4		tions							
5		ehold goods							
6		nicles							
7									
8		ty							
9		y traded	X	13	234,580.	FMV			
10		/ held stock							
11	Securities - Partner	rship, LLC, or							
	trust interests								
12	Securities - Miscell	aneous							
13	Qualified conserva	tion contribution -							
	Historic structures								
14	Qualified conserva	tion contribution - Other							
15	Real estate - Resid	ential							
16	Real estate - Comr	nercial							
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical	l supplies							
21	Taxidermy								
22	Historical artifacts								
23	Scientific specime	ns							
24	Archeological artifa	acts							
25	Other 🕨 ()							
26	Other 🕨 ()							
27	Other 🕨 ()							
28	Other 🕨 ()							
29		8283 received by the organiz							
	for which the organ	nization completed Form 82	83, Part IV, I	Donee Acknowledg	jement 29				
. -								Yes	No
30a		-	-	•••••	orted in Part I, lines 1 through				
		•			which isn't required to be us				v
-	exempt purposes for the entire holding period?						<u>30a</u>		X
		he arrangement in Part II.			f on a nonstandard			v	
31					of any nonstandard contributi	UNS ?	31	X	
32a	-	tion hire or use third parties		-					v
							<u>32a</u>		X
	If "Yes," describe i		olumn (-) f-	rotupo of prosect	for which column (-) :	(od			
33		uiun i report an amount in c		a type of property	for which column (a) is chec	veu,			
	describe in Part II.	Doduction Act Nation	the Instance	tions for Farm 000		Cal	dulo M /Carr	n 000)	2010
LHA	For Paperwork	Reduction Act Notice, see		uons for Form 990		Sche	dule M (Forn	11 990)	2019

SERVICES AND ADVOCACY FOR GAY, LESBIAN, BISEXUAL, AND TRANSGENDER ELDERS, INC.

 Schedule M (Form 990) 2019
 BISEXUAL, AND TRANSGENDER ELDERS, INC.
 -7657
 Page 2

 Part II
 Supplemental Information.
 Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTORS.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

SERVICES AND ADVOCACY FOR GAY, LESBIAN,

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

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

AND TRANSGENDER ELDERS,



-7657

TNC.

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

GAY, BISEXUAL AND TRANSGENDER (LGBT) OLDER ADULTS. THE MISSION IS TO

LEAD IN ADDRESSING ISSUES RELATED TO LESBIAN, GAY, BISEXUAL AND

TRANSGENDER (LGBT) AGING.

BISEXUAL

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

A TRAINING CORPS OF MORE THAN 40 CULTURAL COMPETENCE EXPERTS THROUGHOUT

THE US. AS OF DECEMBER 31, 2019, SAGE HAS TRAINED OVER 106,000 CARE

PROFESSIONALS NATIONALLY.

SAGE'S NATIONAL RESOURCE CENTER ON LGBT AGING CURATES HUNDREDS OF ONLINE RESOURCES AND FREE PRESENTATION MATERIALS FOR DOWNLOADING AND OFFERS LOCAL RESOURCE CONNECTIONS BY GEOGRAPHICAL AREA. THE WEBSITE IS ACCESSED BY THOUSANDS OF VISITORS EVERY MONTH.

SAGE CREATES ONLINE CONSUMER RESOURCES FOR LGBT OLDER PEOPLE AROUND THE COUNTRY TO ASSIST THEM IN MAKING BETTER CHOICES ABOUT THEIR HEALTH, RETIREMENT, CAREGIVING OPTIONS AND MORE. SAGE'S ONLINE OUTLETS HAVE REACHED 6 MILLIONS IMPRESSIONS, OVER 218 THOUSAND ENGAGEMENTS WITH ROUGHLY 53 THOUSAND FOLLOWERS ACROSS OUR SOCIAL MEDIA PAGES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

RIGHTS AND IMPROVE THE QUALITY OF LIFE OF LGBT ELDERS. FROM RURAL TO

URBAN SETTINGS, IN EVERY REGION OF THE COUNTRY, SAGENET LEADERS ARE

CREATING LOCAL SUPPORTS FOR LGBT OLDER PEOPLE IN THEIR COMMUNITIES,

TRAINING THEIR AGING SERVICE NETWORKS, AND REACHING OUT TO GOVERNMENT

LEADERS TO ADDRESS THE PUBLIC POLICIES THAT AFFECT LGBT ELDERS. SAGE

Schedule O (Form 990 or 990-EZ) (2019) Page 2										
Name of the organization	SERVICES	AND ADVO	CACY FOR	GAY, L		Employer identification number				
	BISEXUAL,	AND TRA	NSGENDER	ELDERS	, INC.		**-**7657			
RICO. THROUGH	SAGENET,	SAGE AND	ITS AFFI	LIATES	ENGAGED	MORE	E THAN 13,000			
LGBT OLDER ADU	JLTS IN 20	19.								

SAGE IS FULLY COMMITTED TO DIVERSITY AND EQUITY AND IS IN THE MIDST OF A MULTI-YEAR DIVERSITY AND EQUITY INITIATIVE THAT FOCUSES ON RACIAL, GENDER, AND OTHER FORMS OF EQUITY.

SAGE PARTNERS WITH LEADERS IN THE AGING FIELD AND THE LGBT MOVEMENT TO BROADEN OUR COLLECTIVE REACH, INCREASE AWARENESS OF THE NEEDS OF LGBT ELDERS AMONG POLICYMAKERS AND PROVIDERS THROUGH EDUCATION AND TRAINING, AND INFORM ONE ANOTHER'S APPROACHES TO IMPROVING THE LIVES OF LGBT OLDER PEOPLE. SAGE RECOGNIZES THE TREMENDOUS VALUE OF PARTNERSHIP AND COALITION BUILDING. THIS IS EVIDENT ACROSS ALL OF OUR ACTIVITIES, INCLUDING IN THE WORK OF A HISTORIC DIVERSE ELDERS COALITION COMPRISING NATIONAL ORGANIZATIONS REPRESENTING ELDERS FROM DIVERSE AND UNDER-REPRESENTED ETHNIC AND RACIAL GROUPS AS WELL AS LGBT ELDERS.

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

THE 990 IS PREPARED BY AN INDEPENDENT ACCOUNTANT AND REVIEWED BY THE CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER, THE TREASURER AND THE CHIEF EXECUTIVE OFFICER. PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE, THE RETURN IS PROVIDED TO THE AUDIT COMMITTEE AND TO THE FULL BOARD.

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

SAGE HAS AN ESTABLISHED CONFLICT OF INTEREST POLICY. BOARD MEMBERS ARE

REQUIRED TO COMPLETE AN ANNUAL QUESTIONAIRE THAT DISCLOSE A BUSINESS OR

FAMILY RELATIONSHIP WITH ANY OTHER OFFICER, DIRECTOR, TRUSTEE OR KEY

 Schedule O (Form 990 or 990-EZ) (2019)
 Page 2

 Name of the organization
 SERVICES AND ADVOCACY FOR GAY, LESBIAN, BISEXUAL, AND TRANSGENDER ELDERS, INC.
 Employer identification number **-***7657

 EMPLOYEE OF THE ORGANIZATION. BOARD MEMBERS ARE ALSO ASKED DISCLOSE IF THEY

 OR ANY FAMILY MEMBER HAS HAD ANY BUSINESS TRANSACTION WITH THE ORGANIZATION

 OR ARE EMPLOYED BY THE ORGANIZATION. ANY POSSIBLE CONFLICT MUST BE BROUGHT

 TO THE ATTENTION OF AT LEAST ONE OF THE BOARD CO-CHAIRS AND THE CHIEF

 EXECUTIVE OFFICER.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE OF THE BOARD IS AUTHORIZED AND DESIGNATED BY THE BOARD OF DIRECTORS AS THE "APPROVAL BODY" FOR THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER. A COMPENSATION POLICY HAS BEEN ESTABLISHED BY THE EXECUTIVE COMMITTEE FOR THIS POSITION. THE POLICY INCLUDES USING IMPARTIAL DECISION MARKERS, COMPARABILITY DATA AND CONCURRENT DOCUMENTATION. ONCE ESTABLISHED, A CO-CHAIR WILL NEGOTIATE THE PACKAGE WITH THE INDIVIDUAL WHICH IS THEN PRESENTED TO THE APPROVAL BODY FOR RATIFICATION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: NY,AL,AK,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,NH,NJ,NM,NC ND,OH,OK,OR,PA,SC,RI,TN,TX,UT,VA,VT,WA,WV,WI

\mathbf{P}
FORM 990, PART VI, SECTION C, LINE 19:
SAGE'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE
AVAILABLE TO THE PUBLIC UPON REQUEST. FINANCIAL STATEMENTS ARE MADE
AVAILABLE TO THE PUBLIC VIA THE ORGANIZATION'S WEBSITE AND ANNUAL REPORT
AND CAN BE OBTAINED UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING:

PROGRAM SERVICE EXPENSES

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization SERVICES AND ADVOCACY FOR GAY, LESBIAN, BISEXUAL, AND TRANSGENDER ELDERS, INC.	Page 2 Employer identification number **-**7657
MANAGEMENT AND GENERAL EXPENSES	59,138.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,064,482.
PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	486,851.
MANAGEMENT AND GENERAL EXPENSES	236,952.
FUNDRAISING EXPENSES	153.
TOTAL EXPENSES	723,956.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,788,438.

Internal Reve	D) Com of the Treasury nue Service he organization SERVICES AND	tion SERVICES AND ADVOCACY FOR GAY, LESBIAN, BISEXUAL, AND TRANSGENDER ELDERS, INC.								
Part I	Identification of Disregarded Entities. Complete	ete if the organization answered "Yes"	on Form 990, Part IV, line 33	3.						
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	r (d) Total inco	(e) me End-of-year a		(f) controlling entity	9		
		_								
Part II	Identification of Related Tax-Exempt Organiz organizations during the tax year.	ations. Complete if the organization a	nswered "Yes" on Form 990), Part IV, line 34, t	because it had one or	more related tax-ex	empt			
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?		
		_			501(c)(3))		Yes	No		

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

Schedule R (Form 990) 2019

SERVICES AND ADVOCACY FOR GAY, LESBIAN,

Schedule R (Form 990) 2019 BISEXUAL, AND TRANSGENDER ELDERS, INC.

-7657 Page 2

Part III

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, unrelated, excluded from tax under	(related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca	ortionate itions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10	
	-											
	-											
	4											
	4											
	4											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(cont	(b)(13) trolled
		country)				455015		nip controll entity Yes	No
SAGE CROTONA LLC - 82-1137303									
305 SEVENTH AVENUE, 15TH FL									
NEW YORK, NY 10001	REAL ESTATE	NY	SAGE	C CORP	0.	Ο.	100%	X	
	-								
	-								
	-								

SERVICES AND ADVOCACY FOR GAY, LESBIAN,

BISEXUAL, AND TRANSGENDER ELDERS, INC. Schedule R (Form 990) 2019

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Yes No During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity х 1a Х **b** Gift, grant, or capital contribution to related organization(s) 1b Х c Gift, grant, or capital contribution from related organization(s) 1c Х d Loans or loan guarantees to or for related organization(s) 1d Х e Loans or loan guarantees by related organization(s) 1e х f Dividends from related organization(s) 1f Х g Sale of assets to related organization(s) 1g х h Purchase of assets from related organization(s) 1h Х i Exchange of assets with related organization(s) 1i j Lease of facilities, equipment, or other assets to related organization(s) Х 1j

k Lease of facilities, equipment, or other assets from related organization(s)	1	1k		Х		
I Performance of services or membership or fundraising solicitations for related organization(s)						
m Performance of services or membership or fundraising solicitations by related organization(s)						
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)						
o Sharing of paid employees with related organization(s)						
p Reimbursement paid to related organization(s) for expenses	1	1p		Х		
q Reimbursement paid by related organization(s) for expenses		1q		Х		
r Other transfer of cash or property to related organization(s)	1	1r		Х		
s Other transfer of cash or property from related organization(s)		1s		Х		

If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 2

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>			
(2)			
<u>(3)</u>			
(4)			
(5)			
(6)			

1

SERVICES AND ADVOCACY FOR GAY, LESBIAN, Schedule R (Form 990) 2019 BISEXUAL, AND TRANSGENDER ELDERS, INC.

-*7657 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d) Predominant income	(e) Are a partners 501(c) orgs.) all	(f) Share of	(g) Share of		h) ropor-	(i) Code V-UBI	(j) General	(k)
of entity	i initialy dorivity	(state or foreign country)		501(c) orgs.		total	end-of-year assets	Dispr tion alloca		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin partner	ownership
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Schedule R (Form 990) 2019