Form 8868	Application for Automatic Extension of Time To File an
(Rev. January 2022)	Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type of print	r Name of exempt organization or other filer, see instru SERVICES AND ADVOCACY FOR O	Taxpayer	ridentificatio	on number (TIN)					
	BISEXUAL, AND TRANSGENDER B		13-29	47657					
File by th due date filing you return. Se	e for Number, street, and room or suite no. If a P.O. box, see instructions.								
instructio		oreign addi	ress, see instructions.						
Enter t	he Return Code for the return that this application is for (file	e a separa	e application for each return)			01			
Applic	ation	Return	Application			Return			
ls For		Code	Is For			Code			
Form 9	90 or Form 990-EZ	01	Form 1041-A			08			
Form 4	720 (individual)	03	Form 4720 (other than individual)			09			
Form 9	90-PF	04	Form 5227			10			
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 9	90-T (trust other than above)	06	Form 8870			12			
Form 9	90-T (corporation) DAVID RIVERA-G2	07							
 If th If th box 1 1<	request an automatic 6-month extension of time until he organization named above. The extension is for the org. ▶ calendar year or	Group Exe and atta MAX anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>X 15, 2024</u> , to file return for: d ending <u>JUN 30, 2023</u>	f this is fo all memb	r the whole (ers the exter npt organiza 	group, check this nsion is for.			
	f this application is for Forms 990-PF, 990-T, 4720, or 6069 my nonrefundable credits. See instructions.), enter the	tentative tax, less	3a	\$	0.			
b I	f this application is for Forms 990-PF, 990-T, 4720, or 6069 estimated tax payments made. Include any prior year overp			3b	\$	0.			
-	Balance due. Subtract line 3b from line 3a. Include your pa								
	Ising EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.			
	n: If you are going to make an electronic funds withdrawal								
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ctions.		Form 8	8868 (Rev. 1-2022)			

223841 04-01-22

			**PUB	BLIC DISCLOSU	RE COPY	** .	_		
	Δ	00	Return of Org	janization Exe	empt Fro	om Ir	ncome T	ax	OMB No. 1545-0047
Forr	пy	90	Under section 501(c), 527, or 4	4947(a)(1) of the Interna	I Revenue Co	de (exce	ept private fou	ndations)	2022
				I security numbers on th		•		,	Open to Public
		of the Treasury nue Service	Go to www.irs.g	ov/Form990 for instruct	ions and the l	atest in	formation.		Inspection
AF	or the	e 2022 calend	ar year, or tax year beginning	JUL 1, 2022	and end	ling J	UN 30, 2	2023	
Bc	heck if	C Name o	f organization				D Employer	identifica	tion number
а	pplicabl	IE: SERV	ICES AND ADVOCAC	Y FOR GAY, LE	ESBIAN,				
	Addre chang	BISE	XUAL, AND TRANSG	ENDER ELDERS,	INC.				
	Name chang	e Doing b	usiness as				13-29	4765	7
	Initial return	U	r and street (or P.O. box if mail is no	ot delivered to street address	s) Roo	om/suite	E Telephone	number	
	Final return	305	SEVENTH AVENUE,		15			741-2	2247
	termir	, 	own, state or province, country,				G Gross receipts		26,205,885.
	Amen return	ded NTETAT	YORK, NY 10001		0000		H(a) Is this a g		
	Applic		nd address of principal officer: D	AVID RIVERA-(GARCIA			dinates?	
	pendi		AS C ABOVE				H(b) Are all subor		
<u> </u>	ax-ex	empt status:) (insert no.)	4947(a)(1) or	527	.,		t. See instructions
	Vebsi		SAGEUSA.ORG) (113611110.)	4347 (d)(1) 01	021	H(c) Group ex		
			X Corporation Trust	Association Othe	r l	I Vear o			State of legal domicile: NY
Pa	art I	Summary			·]				
			be the organization's mission or n	nost significant activities:	THE COL	יאיזאו	V'S LARG	EST A	ND OLDEST
e	'		ATION DEDICATED						
Governance									
ern		Check this bo		iscontinued its operations					s. 27
Š			ting members of the governing b						27
ۍ ه			dependent voting members of the						149
Activities &			of individuals employed in calend						
ivit			of volunteers (estimate if necess						1200
Act			d business revenue from Part VII						0.
	b	Net unrelated	business taxable income from For	orm 990-T, Part I, line 11		<u></u>		. 7b	0.
							Prior Year		Current Year
e	8						<u>18,439,7</u>		16,798,033.
ent	9	•					700,9		905,053.
Revenue			come (Part VIII, column (A), lines				16,6		152,572.
	11	Other revenue	e (Part VIII, column (A), lines 5, 6d	d, 8c, 9c, 10c, and 11e)			10,9		-676,110.
	12		- add lines 8 through 11 (must ed				19,168,2		17,179,548.
			milar amounts paid (Part IX, colur				314,8		299,206.
		•	to or for members (Part IX, colum	(),)				0.	0.
es	15		r compensation, employee benef				9,492,0		12,215,009.
Expenses	16a	Professional f	undraising fees (Part IX, column ((A), line 11e)				0.	0.
, a	b	Total fundrais	ing expenses (Part IX, column (D)), line 25) <u>2</u> ,	154,648	•			
ш	1 17		es (Part IX, column (A), lines 11a-				7,020,4	.66.	8,445,630.
	18	Total expense	es. Add lines 13-17 (must equal P	art IX, column (A), line 25)		16,827,3		20,959,845.
		Revenue less	expenses. Subtract line 18 from	line 12			2,340,9		-3,780,297.
Net Assets or Fund Balances							jinning of Curren		End of Year
sets alan	20	Total assets (F	Part X, line 16)				<u>38,242,1</u>		35,953,099.
Ass	21	Total liabilities	s (Part X, line 26)				9,156,8	31.	10,603,698.
-Net	22	Net assets or	fund balances. Subtract line 21 f	from line 20			29,085,3	861.	25,349,401.
	art II	Signature	e Block						
Und	er pena	alties of perjury,	I declare that I have examined this re	turn, including accompanyin	ig schedules and	d stateme	nts, and to the be	st of my kr	nowledge and belief, it is
true,	correc	ct, and Peon figure	Declaration of preparer (other than o	officer) is based on all inform	nation of which p	preparer I	nas any knowledg	je.	
		DAVAD	el/15ka_Cakla				3/4/	2024	
Sig	n	Signature of of	ficer				Date		
Her		DAVID R		ECUTIVE VICE	PRESIDE	NT/C	FO		
	-	Type or print n					-		
		Print/Type pre	parer's name	Preparer's signature		D	ate	Check	PTIN
Paid				WILLIAM A.	LOUGHER	ay h	2/29/24	if self-employed	₽01603932
	arer	Firm's name	CLIFTONLARSONAL				Firm's		-0746749
	Only		3 150 S WARNER RO.)				
550	2		KING OF PRUSSIA		•		Phone	no (21	5) 643-3900

May the IRS dis	scuss this return with the preparer shown above? See instructions	
232001 12-13-22	LHA For Paperwork Reduction Act Notice, see the separate instructi	ons.

No

	SERVICES AND ADVOCACY FOR GAY, LESBIAN, 990 (2022) BISEXUAL, AND TRANSGENDER ELDERS, INC. 13-2947657 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	Briefly describe the organization's mission:
	SERVICES AND ADVOCACY FOR GAY, LESBIAN, BISEXUAL, AND TRANSGENDER
	ELDERS, INC. (SAGE) IS THE COUNTRY'S LARGEST AND OLDEST ORGANIZATION
	DEDICATED TO IMPROVING THE LIVES OF LGBTQ+ OLDER ADULTS. FOUNDED IN
	1978 AND HEADQUARTERED IN NEW YORK CITY, SAGE IS A NATIONAL
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
2	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	
4	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 12,793,362. including grants of \$ 194,298.) (Revenue \$ 931,478.)
4a	(Code:) (Expenses \$ 12, 793, 362. including grants of \$ 194, 298.) (Revenue \$ 931, 478.) SERVICES AND PROGRAMS: SAGE OFFERS INNOVATIVE SERVICES AND PROGRAMS TO
	NATIONALLY THROUGH OUR ONLINE PLATFORMS. FROM ARTS AND CULTURE, TO HEALTH AND WELLNESS, FINANCIAL WELLNESS, AND MUCH MORE, SAGE'S
	INNOVATIVE SERVICES AND PROGRAMS SUPPORT THOUSANDS OF LGBTQ+ OLDER
	PEOPLE AROUND THE COUNTRY. SAGE TRAINS AGING PROVIDERS ON LGBTQ+
	CULTURAL COMPETENCE AND BEST PRACTICES TO SUPPORT AND ENGAGE LGBTQ+
	ELDERS IN LONG-TERM CARE FACILITIES AND OTHER SETTINGS. OUR PREMIER
	LGBTQ+ CULTURAL COMPETENCE TRAINING PROGRAM, SAGECARE, DRAWS FROM THE
	BEST MINDS IN THE FIELD AND HAS BEEN SHOWN TO IMPROVE KNOWLEDGE AND
	SKILLS AMONG TRAINEES.
4	(Code:) (Expenses \$3,710,876 • including grants of \$104,908 • _) (Revenue \$0 • _)
4b	
	PUBLIC OUTREACH: SAGE ADVOCATES AT THE FEDERAL, STATE AND LOCAL LEVELS FOR PUBLIC POLICIES TO IMPROVE THE AGING EXPERIENCE AND ACCESS TO AGING
	SERVICES AMONG THE GROWING POPULATION OF LGBTQ+ OLDER PEOPLE AND OLDER PEOPLE LIVING WITH HIV. OUR FEDERAL POLICY PROGRAM WORKS TO ENSURE THAT
	POLICYMAKERS IN CONGRESS AND THE ADMINISTRATION ENACT POLICIES THAT
	ADDRESS THE NEEDS OF LGBTQ+ OLDER PEOPLE AND OLDER PEOPLE LIVING WITH
	HIV. ADDITIONALLY, SAGE WORKS WITH LOCAL LGBTQ+ ADVOCATES AROUND THE
	COUNTRY TO DEVELOP AND ACHIEVE THEIR LOCAL AND STATE POLICY AGENDAS.
	SAGE BUILDS THE CAPACITY OF LOCAL COMMUNITY-BASED ORGANIZATIONS
	NATIONWIDE TO PROVIDE SERVICES AND TO ENGAGE IN POLICY ADVOCACY THAT
	IMPROVES THE LIVES OF THEIR LOCAL CONSTITUENTS, BUILDING A NATIONAL
	LGBTQ+ AGING MOVEMENT.
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
÷υ	
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 16,504,238.
-10	Form 990 (2022)
232002	12-13-22

Form 990 (2022)

SERVICES AND ADVOCACY FOR GAY, LESBIAN,

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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
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,		v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		х
А	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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	11c		<u></u>
u		11d		х
~	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12u	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
232003	12-13-22	Form	990	(2022)

232003 12-13-22

4

SERVICES	AND	ADVOCACY	FOR	GAY,	LESBIAN,
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Form 990 (2022) BISEXUAL, AND TRANSGENDER ELDERS, INC.

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	1		
	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		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	<u>28a</u>		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	0		х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		22		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		34	х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>55a</u>		
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		<u> </u>
		38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
		_	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 142			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
232004	12-13-22	Form	990	(2022)
	5			

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^{2022.05060} SERVICES AND ADVOCACY FOR A1046681

	SERVICES AND ADVOCACY FOR GAY, LESBIAN,			
	990 (2022) BISEXUAL, AND TRANSGENDER ELDERS, INC. 13-2947	657	Р	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 149			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	L
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation 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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>x</u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
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		<u> </u>
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	<u>X</u>	┝──
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	┝──
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			37
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
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		├──
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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.	-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		├──
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		-
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) [11b]	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
р 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		_
a	Note: See the instructions for additional information the organization must report on Schedule O.	154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
D.	organization is licensed to issue qualified health plans			
<u>د</u>	Enter the amount of reserves on hand			
		14a		x
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u> </u>
15	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.	15		<u> </u>
16		16		x
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10		<u> </u>
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		1
	If "Yes," complete Form 6069.	.,		
232005	5 12-13-22	Form	990	(2022)
				()

13100229 131839 A104668

SERVICES AND ADVOCACY FOR GAY, LESBIAN,

Form 990 (2				TRANSGENDER				Page 6
Part VI	Governance,	Management, ar	nd Dise	closure. For each	′es" response to	lines 2 thro	ough 7b below, and for a "No" res	ponse

X

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 2'	7		
	If there are material differences in voting rights among members of the governing body, or if the governing	-		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 2'	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14		
D		7b		x
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
8		0-	X	
	The governing body?	8a 95	X	
-		<u>8b</u>		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	19	I	
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	
• -		40	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	17	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<u>11a</u>	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedSEESCHEDULE_O			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only)	availa	ole
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)			
9	X Own website Another's website Y Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finan	cial	
3		iu iirian	udi	
0	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records DAVID RIVERA-GARCIA - (212)741-2247			
	305 SEVENTH AVENUE, 15TH FLOOR, NEW YORK, NY 10001		990	

	SERVICES A	AND ADVOCACY FOR	K GAY, LESBIAN,					
Form 990 (2022)	BISEXUAL,	AND TRANSGENDER	R ELDERS, INC.	13-2947657	Pag			
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employees,	and Independent	Contractors						
Check if Sched	ule O contains a respor	nse or note to any line in this P	art VII		Г			

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unle	ss pe	rson i	s botł	n an	compensation	compensation	amount of
	week		cer ar	nd a d I	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		Voldr	t con	_	1099-1120)		organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MICHAEL ADAMS	35.00	-	-		-					
CHIEF EXECUTIVE OFFICER		1		x				374,513.	0.	40,111.
(2) LYNN FARIA	35.00									
EXECUTIVE VICE PRESIDENT				Х				274,470.	0.	22,959.
(3) DAVID RIVERA-GARCIA	35.00									
EXECUTIVE VICE PRESIDENT/CFO				Х				260,457.	0.	16,939.
(4) DAVID PAUL VINCENT	35.00									
CHIEF PROGRAM OFFICER						X		182,173.	0.	16,806.
(5) CHRISTINA DACOSTA	35.00									
CHIEF EXPERIENCE OFFICER						X		150,433.	0.	20,470.
(6) AARON TAX	35.00									
DIRECTOR OF IT						X		141,416.	0.	7,979.
(7) ESTHER ALIX	35.00									
SENIOR DIRECTOR OF DEVELOPMENT						X		145,840.	0.	2,579.
(8) JOEY WASSERMAN	35.00									
DIR OF MAJOR GIFTS/LEGACY PLANNING						X		132,936.	0.	8,792.
(9) RUTH EISENBERG	1.00									-
CO-CHAIR		х		X				0.	0.	0.
(10) KEVIN WILLIAMS	1.00									-
CO-CHAIR		х		X				0.	0.	0.
(11) SCOTT BENNETT	1.00									_
SECRETARY (AS OF OCT '22)		Х		х				0.	0.	0.
(12) BRUCE LEDERMAN	1.00									-
TREASURER		Х		X				0.	0.	0.
(13) LINDA SCOTT	1.00									-
SECRETARY THEN BOARD MEMBER		х		X				0.	0.	0.
(14) IAN LEE BROWN	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(15) DARRELL BURKS	1.00								-	
BOARD MEMBER		Х			<u> </u>			0.	0.	0.
(16) LORRAINE CARLSON	1.00								-	<u> </u>
BOARD MEMBER		Х			<u> </u>		<u> </u>	0.	0.	0.
(17) JONATHAN CARTER	1.00								•	<u>^</u>
BOARD MEMBER		Х						0.	0.	0 •

232007 12-13-22

Form 990 (2022)

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								Y, LESBIAN,						
								DERS, INC.	13-2947	7657 Page 8				
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee	s (continued)					
(A) Name and title	(B) Average hours per week	box offi	not c , unle	ss per	ition more rson is	than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other				
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	IISC/ 1099-NEC) organi					
(18) RAHUL CULAS	1.00													
BOARD MEMBER	1 00	Х						0.	0.	0.				
(19) DAVID DE FIGUEIREDO	1.00							0	0	0				
BOARD MEMBER (AS OF DEC '22)	1 00	Х						0.	0.	0.				
(20) JEFFREY ERDMAN	1.00							0	0	0				
BOARD MEMBER (21) DAWN FISCHER	1.00	Х						0.	0.	0.				
	1.00	v						0	0	0.				
BOARD MEMBER X O. O. (22) ROY JIMENEZ 1.00 I I									0.					
BOARD MEMBER	1.00	x						0.	0.	0.				
(23) ZAK KARIM	1.00	^						0.	0.	0.				
BOARD MEMBER	1.00	x						0.	0.	0.				
(24) MOLLY LENORE	1.00	- 23												
BOARD MEMBER	1.00	x						0.	0.	0.				
(25) PHIL LUMPKIN	1.00													
BOARD MEMBER		x						0.	0.	0.				
(26) LOREN OSTROW	1.00								•					
BOARD MEMBER (AS OF MAY '23)							0.							
1b Subtotal	1							1,662,238.	0.					
c Total from continuation sheets to Part VI								0.	0.					
d Total (add lines 1b and 1c)								1,662,238.	0.	136,635.				
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed ab	ove) wh	o re	eceived more than \$100,	000 of reportable					
compensation from the organization										25				
										Yes No				
3 Did the organization list any former officer,	director, trust	ee, ⊧	key e	empl	oyee	e, or	hig	hest compensated emp	oyee on					
line 1a? If "Yes," complete Schedule J for s										3 X				
4 For any individual listed on line 1a, is the su										37				
and related organizations greater than \$150			•							4 X				
5 Did any person listed on line 1a receive or a	-				-			-		5 X				
rendered to the organization? <i>If "Yes." corr</i> Section B. Independent Contractors	plete Schedule	e <i>J f</i>	or sı	<u>ich r</u>	pers	on .				5 X				
1 Complete this table for your five highest co	mponsatod inc	lono	ndo	nt co	ontro	otor	c +	ant received more than ¢	100 000 of compone	ation from				
the organization. Report compensation for	•	•												
(A)	the calcindar ye		- Tun	ig w				(B)		(C)				
Name and business	address							Description of s	ervices	Compensation				
LENZ'S FOOD & CATERING														
514 E. 20TH STREET, NEW YORK, NY 10009 FOOD SERVICE 501,238.														
GFP REAL ESTATE LLC ADVERTISING &														
P.O. BOX 432, EMERSON, NJ	07360							MAILING		226,512.				
MILBERT GROUP INC DBA SPO	TLESS S	ER	VI	CE	s									
55 WEST 39TH STREET, NEW								CLEANING SER	VICES	226,190.				
MMI DIRECT, 7160 COLUMBIA	GATEWA	Y	DR	IV	Е,									
COLUMBIA, MD 21046								IT		174,499.				
CAREY FORWARD LLC, 29L AT		AV	EN	UE	,									
<u>#122, OCEAN VIEW, DE 1997</u>								CONSULTANCY		155,000.				
2 Total number of independent contractors (independent contractors)	ncluding but n	nt lir	niter	t ot h	thos	e list	hed	above) who received mo	ore than					

\$100,000 of compensation from the organization 7 SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

232008 12-13-22

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

13-2947657

Part VII Section A. Officers, Directors, Trust (A) Name and title Name and title or (27) BARBARA PEDA BOARD MEMBER 0 (28) CINDY RIZZO BOARD MEMBER 0 (29) MADY SCHUMAN BOARD MEMBER 0 (30) ELLIOTT SERNEL BOARD MEMBER 0 (31) MARK SEXTON BOARD MEMBER 0 (32) TERESA VERGES BOARD MEMBER 0 (33) ANDREW WERNER BOARD MEMBER 0 (34) SUE WILDER	tees, Key En (B) Average hours per week (list any hours for related organizations below line) 1.00	stee or director		(C Posi	;) tion			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
(A) Name and title Name and title (27) BARBARA PEDA BOARD MEMBER (28) CINDY RIZZO BOARD MEMBER (29) MADY SCHUMAN BOARD MEMBER (30) ELLIOTT SERNEL BOARD MEMBER (31) MARK SEXTON BOARD MEMBER (32) TERESA VERGES BOARD MEMBER (33) ANDREW WERNER BOARD MEMBER	(B) Average hours per week (list any hours for related organizations below line)	(cł	heck	(C Posi	;) tion	appl		(D) Reportable compensation from	(E) Reportable compensation from related	Estimated amount of other
Name and title (27) BARBARA PEDA BOARD MEMBER (28) CINDY RIZZO BOARD MEMBER (29) MADY SCHUMAN BOARD MEMBER (30) ELLIOTT SERNEL BOARD MEMBER (31) MARK SEXTON BOARD MEMBER (32) TERESA VERGES BOARD MEMBER (33) ANDREW WERNER BOARD MEMBER	Average hours per week (list any hours for related organizations below line)		heck	Posi	tion	appl	y)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
(27) BARBARA PEDA BOARD MEMBER (28) CINDY RIZZO BOARD MEMBER (29) MADY SCHUMAN BOARD MEMBER (30) ELLIOTT SERNEL BOARD MEMBER (31) MARK SEXTON BOARD MEMBER (32) TERESA VERGES BOARD MEMBER (33) ANDREW WERNER BOARD MEMBER	hours per week (list any hours for related organizations below line)			all t	hat		y)	from	from related	other
(27) BARBARA PEDA BOARD MEMBER (28) CINDY RIZZO BOARD MEMBER (29) MADY SCHUMAN BOARD MEMBER (30) ELLIOTT SERNEL BOARD MEMBER (31) MARK SEXTON BOARD MEMBER (32) TERESA VERGES BOARD MEMBER (33) ANDREW WERNER BOARD MEMBER	week (list any hours for related organizations below line)	ividual trustee or director	nal trustee			ployee				
(27) BARBARA PEDA BOARD MEMBER (28) CINDY RIZZO BOARD MEMBER (29) MADY SCHUMAN BOARD MEMBER (30) ELLIOTT SERNEL BOARD MEMBER (31) MARK SEXTON BOARD MEMBER (32) TERESA VERGES BOARD MEMBER (33) ANDREW WERNER BOARD MEMBER	(list any hours for related organizations below line)	ividual trustee or director	nal trustee			ployee		week by the organization organization week		
(27) BARBARA PEDA BOARD MEMBER (28) CINDY RIZZO BOARD MEMBER (29) MADY SCHUMAN BOARD MEMBER (30) ELLIOTT SERNEL BOARD MEMBER (31) MARK SEXTON BOARD MEMBER (32) TERESA VERGES BOARD MEMBER (33) ANDREW WERNER BOARD MEMBER	hours for related organizations below line)	ividual trustee or direct	nal trustee						organizations	compensation from the
(27) BARBARA PEDA BOARD MEMBER (28) CINDY RIZZO BOARD MEMBER (29) MADY SCHUMAN BOARD MEMBER (30) ELLIOTT SERNEL BOARD MEMBER (31) MARK SEXTON BOARD MEMBER (32) TERESA VERGES BOARD MEMBER (33) ANDREW WERNER BOARD MEMBER	related organizations below line)	ividual trustee or	nal trustee			d em		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
(27) BARBARA PEDA BOARD MEMBER (28) CINDY RIZZO BOARD MEMBER (29) MADY SCHUMAN BOARD MEMBER (30) ELLIOTT SERNEL BOARD MEMBER (31) MARK SEXTON BOARD MEMBER (32) TERESA VERGES BOARD MEMBER (33) ANDREW WERNER BOARD MEMBER	below line)	ividual trust	al tr			en sate				and related
BOARD MEMBER (28) CINDY RIZZO BOARD MEMBER (29) MADY SCHUMAN BOARD MEMBER (30) ELLIOTT SERNEL BOARD MEMBER (31) MARK SEXTON BOARD MEMBER (32) TERESA VERGES BOARD MEMBER (33) ANDREW WERNER BOARD MEMBER	line)	ividua			oyee	ompe				organizations
BOARD MEMBER (28) CINDY RIZZO BOARD MEMBER (29) MADY SCHUMAN BOARD MEMBER (30) ELLIOTT SERNEL BOARD MEMBER (31) MARK SEXTON BOARD MEMBER (32) TERESA VERGES BOARD MEMBER (33) ANDREW WERNER BOARD MEMBER	,		titutio	Officer	Key employee	hest c	Former			
BOARD MEMBER (28) CINDY RIZZO BOARD MEMBER (29) MADY SCHUMAN BOARD MEMBER (30) ELLIOTT SERNEL BOARD MEMBER (31) MARK SEXTON BOARD MEMBER (32) TERESA VERGES BOARD MEMBER (33) ANDREW WERNER BOARD MEMBER	1.00	Ind	Inst	Offi	Key	Hig	For			
(28) CINDY RIZZO BOARD MEMBER (29) MADY SCHUMAN BOARD MEMBER (30) ELLIOTT SERNEL BOARD MEMBER (31) MARK SEXTON BOARD MEMBER (32) TERESA VERGES BOARD MEMBER (33) ANDREW WERNER BOARD MEMBER										
BOARD MEMBER (29) MADY SCHUMAN BOARD MEMBER (30) ELLIOTT SERNEL BOARD MEMBER (31) MARK SEXTON BOARD MEMBER (32) TERESA VERGES BOARD MEMBER (33) ANDREW WERNER BOARD MEMBER	1 0.0	Х						0.	0.	0.
(29) MADY SCHUMAN BOARD MEMBER (30) ELLIOTT SERNEL BOARD MEMBER (31) MARK SEXTON BOARD MEMBER (32) TERESA VERGES BOARD MEMBER (33) ANDREW WERNER BOARD MEMBER	1.00									
BOARD MEMBER (30) ELLIOTT SERNEL BOARD MEMBER (31) MARK SEXTON BOARD MEMBER (32) TERESA VERGES BOARD MEMBER (33) ANDREW WERNER BOARD MEMBER	1 0 0	Х	\square					0.	0.	0.
(30) ELLIOTT SERNEL BOARD MEMBER (31) MARK SEXTON BOARD MEMBER (32) TERESA VERGES BOARD MEMBER (33) ANDREW WERNER BOARD MEMBER	1.00							0	0	0
BOARD MEMBER (31) MARK SEXTON BOARD MEMBER (32) TERESA VERGES BOARD MEMBER (33) ANDREW WERNER BOARD MEMBER	1 0 0	X	\vdash		_			0.	0.	0.
(31) MARK SEXTON BOARD MEMBER (32) TERESA VERGES BOARD MEMBER (33) ANDREW WERNER BOARD MEMBER	1.00	37						0	0	0
BOARD MEMBER (32) TERESA VERGES BOARD MEMBER (33) ANDREW WERNER BOARD MEMBER	1.00	X	\vdash		_			0.	0.	0.
(32) TERESA VERGES BOARD MEMBER (33) ANDREW WERNER BOARD MEMBER	1.00	х						0.	0.	0.
BOARD MEMBER (33) ANDREW WERNER BOARD MEMBER	1.00	Λ	\vdash					0.	0.	0.
(33) ANDREW WERNER BOARD MEMBER	1.00	x						0.	0.	0.
BOARD MEMBER	1.00	Λ	\vdash					0.	0.	0.
	1.00	х						0.	0.	0.
(34) SUE WILLDER	1.00								••	
BOARD MEMBER	1.00	х						Ο.	0.	0.
(35) CARLENE JADUSINGH (CJ)	1.00								•••	
BOARD MEMBER (UNTIL OCT '22)		х						Ο.	0.	0.
(36) LAURIE PETER	1.00									
BOARD MEMBER (UNTIL OCT '22)		х						Ο.	Ο.	0.
(37) STACI ALEXANDER	1.00		\square							
BOARD MEMBER (AS OF DEC '22)		Х						0.	0.	0.
_										
			\vdash		_					
-										
			\vdash		_					
F										
			\vdash		_					
-										
			┝─┤							
			, I							
F			┞─┤							
Total to Part VII, Section A, line 1c										

232201 04-01-22

			SEF	RVI	CES A	ND	ADVOCACY	FOR	GAY, I	LESBIAN,		
						AND	TRANSGE	NDER	ELDERS	S, INC.	13-2947	657 Page 9
Pa	rt V	/111	Statement of Re	ven	ue							
			Check if Schedule O	conta	ins a res	oonse	or note to any lin	<u>e in this F</u>	Part VIII			
									(A) revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ល្អស	1	а	Federated campaigns		1a							
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues									
, G		с	Fundraising events			:	1,416,154.					
àifts ar A			Related organizations			I						
s, G milå			Government grants (conti				6,751,064.					
ion		f	All other contributions, gifts,	grant	s, and							
but			similar amounts not included	d abov	e 1f		8,630,815.					
d O		g	Noncash contributions included in	lines 1	a-1f 1 g	\$	42,133.					
aCo		h	Total. Add lines 1a-1f					16,	798,033.			
							Business Code					
e	2	а	PROGRAM INCOME AND	SERV	ICE FEE	S	624100		905,053.	905,053.		
ervi		b										
am Ser evenue		С										
Jev		d										
Program Service Revenue		е										
с.			All other program service						905,053.			
	~	g	Total. Add lines 2a-2f						905,055.			
	3		Investment income (inclue						150,165.			150,165.
	4		other similar amounts) Income from investment				rooodo		130,103.			130,103.
	- 5		Royalties		-							
	3		noyanies		(i) Re	al	(ii) Personal					
	6	а	Gross rents	6a	()							
	Ŭ	b	Less: rental expenses	6b								
			Rental income or (loss)	6c								
			Net rental income or (loss	s)								
	7		Gross amount from sales of		(i) Secu	rities	(ii) Other					
		assets other than inventory 7a 8,123,133.										
		b	Less: cost or other basis									
nue			and sales expenses	7b	8,120							
ven		с	Gain or (loss)	7c	2	,407.						
Re		d	Net gain or (loss)						2,407.	2,407.		
Other Reve	8	а	Gross income from fundraisi									
ō			including \$ 1,									
			contributions reported on		,		005 400					
			Part IV, line 18									
			Less: direct expenses				905,611.		700,128.			-700,128.
	0		Net income or (loss) from Gross income from gamir						,, 120.			,00,120.
	9	a	Part IV, line 19									
		h	Less: direct expenses									
			Net income or (loss) from									
	10		Gross sales of inventory,									
	-		and allowances			10a						
		b	Less: cost of goods sold									
			Net income or (loss) from									
(0							Business Code					
e out	11	а	DEVELOPERS FEE				531390		20,599.	20,599.		
ane		b	MISCELLANEOUS				561439		3,419.	3,419.		
cell }ev		с										
Miscellaneous Revenue			All other revenue									
-		e	Total. Add lines 11a-11d						24,018.			
	12		Total revenue. See instructi	ons	<u></u>			17,	179,548.	931,478.	0.	-549,963.
23200	9 12-	13-	22									Form 990 (2022)

Form 990 (2022)

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

<u>13-2947657</u> Page **10**

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	X
<u> </u>	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX	(C)	<u>A</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	194,298.	194,298.		
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	104,908.	104,908.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	990,300.	604,997.	157,303.	228,000
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	9,090,912.	7,776,712.	416,681.	897,519
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	227,409.	197,762.	8,583.	21,064
9	Other employee benefits	1,155,081.	965,946.	63,102.	126,033
0	Payroll taxes	751,307.	625,586.	42,316.	83,405
1	Fees for services (nonemployees):				
а					
b		21,520.	17,216.	4,304.	
с	Accounting	79,969.	24,099.	55,839.	31
	Lobbying	174,784.	174,784.		
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
3	column (A), amount, list line 11g expenses on Sch 0.)	3,031,882.	1,749,864.	1,130,110.	151,908
2	Advertising and promotion	436,700.	375,176.	42,335.	19,189
3	Office expenses	690,559.	360,465.	17,970.	312,124
4	Information technology	348,922.	292,515.	19,786.	36,621
5	Royalties	,			,
16		585,303.	558,474.	10,650.	16,179
7	Occupancy	292,526.	164,807.	74,014.	53,705
8	Travel Payments of travel or entertainment expenses	25275201	101/00/0	/1/0110	
0	for any federal, state, or local public officials				
0	Conferences, conventions, and meetings	137,398.	44,814.	85,283.	7,301
9		345,561.	279,996.	25,074.	40,491
20	Interest Payments to affiliates	545,501.	215,550.	23,0740	40,491
21 22	Depreciation, depletion, and amortization	757,557.	636,519.	48,415.	72,623
		94,942.	79,055.	5,347.	10,540
3	Other expenses. Itemize expenses not covered	Ji, Ji2.	15,055.	5,517.	10,540
4	above. (List miscellaneous expenses nol covered line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	FOOD AND ENTERTAINMENT	721,270.	678,661.	10,639.	31,970
a b	REPAIRS AND MAINTENANCE	400,720.	333,665.	22,570.	44,485
с С	CLIENT RESPITE	171,563.	171,563.	22,5700	11,100
d	STAFF TRAINING	79,803.	58,139.	20,204.	1,460
	All other expenses	74,651.	34,217.	40,434.	1,400
	Total functional expenses. Add lines 1 through 24e	20,959,845.	16,504,238.	2,300,959.	2,154,648
2 <u>5</u>		20,757,0 1 3.	10,301,2300	<u> </u>	2,131,040
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

232010 12-13-22

12 2022.05060 SERVICES AND ADVOCACY FOR A1046681

Form 990 (2022)

Form 990 (2022)

SERVICES AND ADVOCACY FOR GAY, LESBIAN,

BISEXUAL, AND TRANSGENDER ELDERS, INC.

<u>13-2947657</u> Page **11**

Par	tХ	Balance Sheet						
		Check if Schedule O contains a response or note	to any	/ line in this Part X				
					(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			5,716,451.	1	1,518,246	
	2	Savings and temporary cash investments			4,704,498.	2	3,748,957	
	3	Pledges and grants receivable, net			9,612,881.	3	10,454,347	
	4	Accounts receivable, net			231,532.	4	263,656	
	5	Loans and other receivables from any current or						
		trustee, key employee, creator or founder, substa						
		controlled entity or family member of any of these	e perso	ons		5		
	6	Loans and other receivables from other disqualified	ed per	sons (as defined				
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6		
s,	7	Notes and loans receivable, net				7		
Assets	8		ventories for sale or use					
¥ ∣	9	_			138,053.	9	208,211	
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	18,712,879.				
	b	Less: accumulated depreciation	10b	6,243,669.	12,912,384.	10c	12,469,210	
	11	Investments - publicly traded securities				11		
	12	Investments - other securities. See Part IV, line 17	I		4,620,392.	12	5,782,448	
	13	Investments - program-related. See Part IV, line 1	1			13		
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11			306,001.	15	1,508,024	
	16	Total assets. Add lines 1 through 15 (must equa	l line 3	3)	38,242,192.	16	35,953,099	
	17	Accounts payable and accrued expenses			1,321,970.	17	1,619,421	
	18	Grants payable				18		
	19	Deferred revenue	167,768.	19	343,942			
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Complete P	art IV o	of Schedule D		21		
2	22	Loans and other payables to any current or forme	er offic	er, director,				
Ĭ		trustee, key employee, creator or founder, substa	intial c	ontributor, or 35%				
		controlled entity or family member of any of these		F		22		
-	23	Secured mortgages and notes payable to unrelat			7,386,356.	23	7,143,228	
	24	Unsecured notes and loans payable to unrelated				24		
	25	Other liabilities (including federal income tax, pay						
		parties, and other liabilities not included on lines	17-24)	. Complete Part X				
		of Schedule D		····· -	280,737.	25	1,497,107	
_	26	Total liabilities. Add lines 17 through 25			9,156,831.	26	10,603,698	
σ		Organizations that follow FASB ASC 958, chec	k here	e X				
2	~=	and complete lines 27, 28, 32, and 33.			21,760,176.		20 216 201	
ala	27				7,325,185.	27 28	20,316,301 5,033,100	
ם ס	28				7,525,105.	28	5,055,100	
5		Organizations that do not follow FASB ASC 95	o, cne					
5	20	and complete lines 29 through 33.				29		
2	29 30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equ				<u>29</u> 30		
	30 31	Retained earnings, endowment, accumulated inc		Г		30 31		
Net Assets or Fund Balances	32	Total net assets or fund balances		E E E E E E E E E E E E E E E E E E E	29,085,361.	32	25,349,401	
z	32 33	Total liabilities and net assets/fund balances			38,242,192.	33	35,953,099	
	00				~~, , . , . ,	00	Form 990 (202	

232011 12-13-22

SERVICES AND ADVOCACY FOR GAY, LESBIAN, Form 990 (2022) BISEXUAL, AND TRANSGENDER ELDERS, INC. 13-2947657 Pa										
	BISEXUAL, AND TRANSGENDER ELDERS, INC.	12-	294/0	57	Pa	_{ge} 12				
I U	Check if Schedule O contains a response or note to any line in this Part XI					X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,	179	. 5	48.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,							
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,							
	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 29									
5										
6										
7	Investment expenses	7								
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain on Schedule O)	9		- 9),9	41.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,									
	column (B))	10	25,	349),4	01.				
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII									
			_		Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	_							
	separate basis, consolidated basis, or both:		_							
	Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?			2b	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	_							
	consolidated basis, or both:		_							
	X Separate basis Consolidated basis Both consolidated and separate basis									
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				37					
	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 Sch	edule O								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				v					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	Х	<u> </u>				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required			~	v					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X					

Form 990 (2022)

SCHEDULE A Public Charity Status and Public Support								OMB No. 1545-0047				
(Form 990)			anization is a section 50					2022				
		•	4947(a)(1) nonexempt ch					ZUZZ				
Department of the Treasury Internal Revenue Service			Attach to Form 990 or F					Open to Public				
		-	ov/Form990 for instruction				F	Inspection				
Name of the organization	10		ADVOCACY FOR	-		-		identification number				
Part I Reason f	or Public (AUAL, AND	TRANSGENDER • (All organizations must		5, IN(L	3-2947657				
			: (For lines 1 through 12,				15.					
			tion of churches describe			()(A)(i)						
			. (Attach Schedule E (For		,(u)(U)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
			rganization described in)(b)(1)(A)(ii	ii).						
	•	•	conjunction with a hospita			•)(iii). Enter	the hospital's name,				
city, and state):											
5 An organizatio	on operated fo	or the benefit of a	college or university owne	d or operat	ed by a go	overnmental u	nit describe	ed in				
section 170(section 170(b)(1)(A)(iv). (Complete Part II.)											
	6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 X An organizatio	on that norma	Ily receives a subs	stantial part of its support	from a gov	ernmental	unit or from th	ne general	oublic described in				
	section 170(b)(1)(A)(vi). (Complete Part II.)											
		-	b)(1)(A)(vi). (Complete Pa	-								
-												
· · · · · ·	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or											
	university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
	activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.											
See section 509(a)(2). (Complete Part III.)												
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).												
more publicly	supported org	ganizations descri	bed in section 509(a)(1)	or section	509(a)(2).	See section	509(a)(3).	Check the box on				
lines 12a thro	ugh 12d that o	describes the type	e of supporting organization	n and com	plete lines	12e, 12f, and	12g.					
a 🔄 Type I. A su	pporting orga	anization operated	, supervised, or controlled	l by its sup	ported org	anization(s), t	ypically by	giving				
the support	ed organizatic	on(s) the power to	regularly appoint or elect	a majority o	of the direc	tors or truste	es of the su	upporting				
		•	Sections A and B.									
		-	ed or controlled in connect			-		•				
	-		rganization vested in the	same perso	ns that co	ntrol or mana	ge the supp	ported				
	. ,	•	V, Sections A and C. ting organization operated	l in connoc	tion with	and functional	lu intograto	ad with				
	-		ns). You must complete				iy integrate	a with,				
	•	. , .	pporting organization ope			-	ted organi:	zation(s)				
	-	-	nization generally must sa				J. J					
		•	omplete Part IV, Sectior			•						
e Check this	oox if the orga	anization received	a written determination fr	om the IRS	that it is a	Туре I, Туре	II, Type III					
functionally	integrated, or	r Type III non-funct	tionally integrated suppor	ing organiz	ation.							
f Enter the number of	of supported o	organizations										
			rted organization(s).	(iv) is the oro	anization listed							
(i) Name of suppo organization	rtea	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount o support (see ir		(vi) Amount of other support (see instructions)				
	above (see instructions)) Yes No support (see instructions) support (see instructions)											
					<u> </u>							
		1		1								
								ļ				
Total												

SERVICES AND ADVOCACY FOR GAY, LESBIAN,

					,			
Schedule A	(Form 990) 2022	BISEXUAL,	AND	TRANSGENDER	ELDERS,	INC.	13-2947657	Page 2
Part II	Support Schedule for	or Organization	s Des	cribed in Sections	170(b)(1)(A)(iv) and 1	170(b)(1)(A)(vi)	

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

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

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	<u>11436817.</u>	<u>16534347.</u>	22412309.	<u>18439777.</u>	<u>16868081.</u>	85691331.			
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									
	Total. Add lines 1 through 3	11436817.	16534347.	22412309.	18439777.	16868081.	85691331.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						3786469.			
	Public support. Subtract line 5 from line 4.						81904862.			
	ction B. Total Support	1	1	1	1	1				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
7	Amounts from line 4	11436817.	16534347.	22412309.	18439777.	16868081.	85691331.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources \dots	9,547.	40,574.	23,222.	18,068.	150,165.	241,576.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)	686,231.	158,511.	46,559.	9,505.		924,824.			
11	Total support. Add lines 7 through 10						86857731.			
12	Gross receipts from related activities,	etc. (see instructio	ons)			12				
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section /	01(c)(3)				
_	organization, check this box and sto		-							
Sec	ction C. Computation of Publi	ic Support Per	centage							
	Public support percentage for 2022 (I		•			14	94.30 %			
	Public support percentage from 2021					15	93.89 %			
16a	33 1/3% support test - 2022. If the									
	stop here. The organization qualifies		Ũ							
b	33 1/3% support test - 2021. If the									
	and stop here. The organization qua									
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,										
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation			
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization					
b	10% -facts-and-circumstances test	t - 2021. If the org	anization did not	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or			
	more, and if the organization meets the				•					
	organization meets the facts-and-circ	umstances test. Th	ie organization qu	alifies as a publicly	supported organiz	zation				
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s			
						Schedule A	(Form 990) 2022			

232022 12-09-22

	SERVICES	AND ADVOC	ACY FOR	GAY, LE	SBIAN,		
Schedule A (Form 990) 2022	BISEXUAL,				INC.	13-2947657	Page 3
Part III Support Schedule fo	r Organization	s Described i	1 Section 50	09(a)(2)			
(Complete only if you checl	ked the box on line	10 of Part I or if th	e organization	failed to qualify	under Part II	. If the organization fails	to

gualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disgualified 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.)						
	tion B. Total Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	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						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	e organization's fi	rst. second. third.	fourth. or fifth tax	vear as a section 5	01(c)(3) organiz	ation.
	check this box and stop here	-			•		
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the						e 17 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins		
23202	3 12-09-22		17			Schedul	e A (Form 990) 2022

SERVICES AND ADVOCACY FOR GAY, LESBIAN,

BISEXUAL, AND TRANSGENDER ELDERS, INC. 13-2947657 Page 4

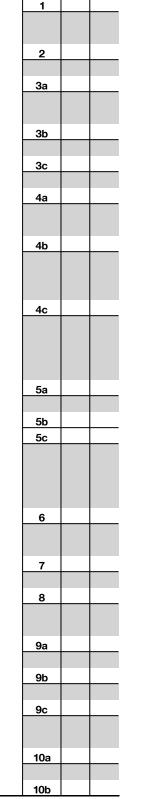
Schedule A (Form 990) 2022 BISI Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

232024 12-09-22



Yes No

Schedule A (Form 990) 2022

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SERVICES AND ADVOCACY FOR GAY, LESBIAN,

Schedule A (Form 990) 2022 BISEXUAL, AND TRANSGENDER ELDERS, INC. 13-2947657 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Yes No a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a 11a

- **b** A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
 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. Section C. Type II Supporting Organizations

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 Image: Control organization or trustees during the tax year also a majority of the directors or trustees of each of the organization was vested in the same persons that controlled or managed
 Image: Control organization or trustees during the tax year also a majority of the directors or trustees of each of the organization was vested in the same persons that controlled or managed
 Image: Control organization or trustees during the tax year also a majority of the directors or trustees of each of the organization was vested in the same persons that controlled or managed
 Image: Control organization or trustees during the tax year also a majority of the directors or trustees of each of the organization was vested in the same persons that controlled or managed
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Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- 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 governmental entity (see instructions)).
------------	--	---	--	----

19

- 2 Activities Test. Answer lines 2a and 2b below.
- **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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

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.*

 Yes
 No

 2a
 ...

 2a
 ...

 2b
 ...

 3a
 ...

 3b
 ...

Schedule A (Form 990) 2022

11b

11c

1

2

Yes No

No

232025 12-09-22

SERVICES AND ADVOCACY FOR GAY, LESBIAN,

Schedule A	(Form 990) 2022	BISEXUAL,	AND	TRANSGENDER	ELDERS,	INC.	13-2947657	Page 6
Part V	Type III Non-Function	onally Integrate	d 509(a)(3) Supporting O	rganizations			

1	Check here if the organization satisfied	the Integral Pa	rt Test as a	qualifying tru	ist on Nov. 20	, 1970 (<i>explain in</i> Part VI).	See instructions.
	All other Type III non-functionally integ	rated supporting	g organizati	ons must cor	nplete Section	is A through E.	

Sect	on 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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	Ilv integrate	d Type III supporting orga	nization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

232026 12-09-22

SERVICES AND ADVOCACY FOR GAY, LESBIAN,

Sche	Schedule A (Form 990) 2022 BISEXUAL, AND TRANSGENDER ELDERS, INC. 13-2947657 Page 7						
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Or	ganizations (continu	ued)			
Secti	on D - Distributions				Current Year		
_1	Amounts paid to supported organizations to accomplish exe	empt purposes		1			
2	Amounts paid to perform activity that directly furthers exemption	pt purposes of supported					
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizat	ions	3			
4	Amounts paid to acquire exempt-use assets		4				
5	Qualified set-aside amounts (prior IRS approval required - pl	rovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which t	he organization is respons	sive				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
а	From 2017						
b	From 2018						
с	From 2019						
d	From 2020						
е	From 2021						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2022 distributable amount						
i	Carryover from 2017 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2022 distributable amount						
с	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
	Excess from 2022						

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 SERVICES AND ADVOCACY FOR GAY, LESBIAN, BISEXUAL, AND TRANSGENDER ELDERS, INC. 13-2947657 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:
REALIZED GAIN ON INVESTMENTS
2020 AMOUNT: \$ -1,614.
2021 AMOUNT: \$ -1,438.
FUNDRAISING INCOME
2021 AMOUNT: \$ 1.
OTHER
2018 AMOUNT: \$ 686,231.
2019 AMOUNT: \$ 158,511.
2020 AMOUNT: \$ 48,173.
2021 AMOUNT: \$ 10,942.
2022 AMOUNT: \$ 24,018.

Schedule B (Form 990) Department of the Treasury	Schedule of Contributors Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047					
Internal Revenue Service							
	SERVICES AND ADVOCACY FOR GAY, LESBIAN,	Employer identification number					
Organization type (chec	BISEXUAL, AND TRANSGENDER ELDERS, INC. k one):	13-2947657					
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						
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Pula Sacinetructions					
General Rule							
-	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tota any one contributor. Complete Parts I and II. See instructions for determining a contribu-						
Special Rules							
sections 509(a) contributor, du	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, ing the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on EZ, line 1. Complete Parts I and II.	and that received from any one					
contributor, du literary, or educ	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro ing the year, total contributions of more than \$1,000 exclusively for religious, charitable, ational purposes, or for the prevention of cruelty to children or animals. Complete Parts n (b) instead of the contributor name and address), II, and III.	, scientific,					
year, contributi is checked, ent	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro ons <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled er here the total contributions that were received during the year for an <i>exclusively</i> relig complete any of the parts unless the General Rule applies to this organization because	d more than \$1,000. If this box ious, charitable, etc.,					

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

religious, charitable, etc., contributions totaling \$5,000 or more during the year _____ \$ _____

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

Schedule B (Form 990) (2022)

Name of orga			Employer identification number
	S AND ADVOCACY FOR GAY, LESBIAN, L, AND TRANSGENDER ELDERS, INC.		13-2947657
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
<u>1</u> _		\$ <u>4,781,3</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) DNS Type of contribution
2 _		\$1,000,0	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
3		\$694,8	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
4 _		\$501,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Dns Type of contribution
<u>5</u> _		\$447,(Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
<u> </u>		\$412,5	500. Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

24 2022.05060 SERVICES AND ADVOCACY FOR A1046681

223452 11-15-22

Schedule E	3 (Form 990) (2022)		Page 3
Name of or			Employer identification number
	CES AND ADVOCACY FOR GAY, LESBIAN,		13-2947657
-	JAL, AND TRANSGENDER ELDERS, INC.		•
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	3.
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
Part I			.,
		- - - - - - - - - - - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$	

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223453 11-15-22

Schedule I	B (Form 990) (2022)				Page 4	
	rganization				Employer identification number	
	CES AND ADVOCACY FOR GAY UAL, AND TRANSGENDER ELI				13-2947657	
Part III	Exclusively religious, charitable, etc., contributi	ons to organizations described	in section 501()(7), (8), or (10) tha		
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of	through (e) and the following line the the the the the the the the the th	ne entry. For orga)0 or less for the v	anizations /ear. (Enter this info. or	nce.) \$	
	Use duplicate copies of Part III if additional	space is needed.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desci	ription of how gift is held	
-		(e) Transfer (of gift			
-	Transferee's name, address, a	nd ZIP + 4	Rel	ationship of tran	nsferor to transferee	
(a) No.		-				
from Part I	(b) Purpose of gift	(b) Purpose of gift (c) Use of gift		(d) Desci	ription of how gift is held	
-						
		(e) Transfer (-			
-	Transferee's name, address, a	nd ZIP + 4	Rel	ationship of tran	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desci	ription of how gift is held	
-		(e) Transfer (of gift			
-	Transferee's name, address, a	nd ZIP + 4	Rel	ationship of tran	nsferor to transferee	
		_				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held	
		(e) Transfer (of gift			
-	Transferee's name, address, a	nd ZIP + 4	Rel	ationship of trar	nsferor to transferee	
		_				
223454 11-15	5-22				Schedule B (Form 990) (2022)	

			ndlabbying	a Activitico	OMB No. 1545-0047		
SCHEDULE C (Form 990)	PC	olitical Campaign a	ηα Γορρλιμά	g Activities			
. ,		anizations Exempt From Income			2022		
Department of the Treasury Internal Revenue Service	-	if the organization is described b o to www.irs.gov/Form990 for ins			· Open to Public Inspection		
-		ı Form 990, Part IV, line 3, or Forı		e 46 (Political Campaign	Activities), then		
	-	plete Parts I-A and B. Do not comp		Do not complete Dort I B			
 Section 501(c) (other Section 527 organiz 		01(c)(3)) organizations: Complete Part I-A only	arts I-A and C below. I	Do not complete Part I-B.			
-	-	Form 990, Part IV, line 4, or Form	m 990-EZ, Part VI, lin	e 47 (Lobbying Activitie	s), then		
-		nave filed Form 5768 (election und					
		nave NOT filed Form 5768 (election					
If the organization ans Tax) (See separate inst		Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	structions) or Form 990	-EZ, Part V, line 35c (Proxy		
		ions: Complete Part III.					
Name of organization	-	S AND ADVOCACY FOR	R GAY, LESB	IAN, Em	ployer identification number		
	BISEXUA	L, AND TRANSGENDE	R ELDERS, II	NC.	13-2947657		
Part I-A Compl	ete if the org	anization is exempt under	section 501(c) o	r is a section 527 o	rganization.		
		ation's direct and indirect political			<u> </u>		
10	, ,	ures gn activities			\$		
	pontiour ourripu						
Part I-B Compl	ete if the org	anization is exempt under	section 501(c)(3	-			
	•	incurred by the organization under			\$		
		incurred by organization managers					
3 If the organization i 4a Was a correction m		n 4955 tax, did it file Form 4720 fo					
b If "Yes," describe in							
		anization is exempt under	section 501(c), e	except section 501(c)(3).		
		by the filing organization for section			\$		
	5 5	ization's funds contributed to othe	5				
exempt function ac		. Add lines 1 and 2. Enter here and			\$		
		. Add lines 1 and 2. Enter here and	,		\$		
		1120-POL for this year?			Yes No		
		nployer identification number (EIN)		tical organizations to which	ch the filing organization		
		tion listed, enter the amount paid f					
		omptly and directly delivered to a s additional space is needed, provide			ate segregated fund or a		
(a) Nam	. ,	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political		
	-			filing organization's	contributions received and		
				funds. If none, enter -0-	promptly and directly delivered to a separate		
					political organization.		
					If none, enter -0		

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

Schedule C (Form 990) 2022

232041 11-08-22

Schedule C (Form 990) 2022	BISEXUAL, A	ND ADVOCACY	DER ELDERS,	INC. 13-2	947657 Page 2	
Part II-A Complete if the org section 501(h)).	janization is exe	mpt under sectior	n 501(c)(3) and file	ed Form 5768 (ele	ction under	
	tion bolonge to on of	filiated group (and list in	Port IV coop offiliated	aroup mombor's pomo		
	re of excess lobbying		Part iv each anniated	group member s name	e, address, Elin,	
	, ,	and "limited control" pro	visions apply			
Limi	its on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals	
1a Total lobbying expenditures to infl	1a Total lobbying expenditures to influence public opinion (grassroots lobbying)					
b Total lobbying expenditures to infl				53,085. 121,699.		
c Total lobbying expenditures (add l	-	• • • •		174,784.		
d Other exempt purpose expenditur				20,785,061.		
e Total exempt purpose expenditure	es (add lines 1c and 1	d)		20,959,845.		
f_Lobbying nontaxable amount. Ent	er the amount from th	e following table in both	n columns.	1,000,000.		
If the amount on line 1e, column (a) o	or (b) is: The lo	bbying nontaxable am	ount is:			
Not over \$500,000	20% 0	f the amount on line 1e.				
Over \$500,000 but not over \$1,00	0,000 \$100,0	00 plus 15% of the exc	ess over \$500,000.			
Over \$1,000,000 but not over \$1,5	500,000 \$175,0	000 plus 10% of the exc	ess over \$1,000,000.			
Over \$1,500,000 but not over \$17	,000,000 \$225,0	000 plus 5% of the exce	ss over \$1,500,000.			
Over \$17,000,000	\$1,000	,000.				
				050.000		
g Grassroots nontaxable amount (er				250,000.		
h Subtract line 1g from line 1a. If zer				0.		
i Subtract line 1f from line 1c. If zero				0.		
j If there is an amount other than ze		r line 1i, did the organiza	ation file Form 4/20	Г		
reporting section 4911 tax for this			0	L	Yes No	
(Some organizations t	hat made a section	veraging Period Under 501(h) election do not l rate instructions for lir	have to complete all o	of the five columns be	low.	
	Lobbying Expe	enditures During 4-Yea	ar Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total	
2a Lobbying nontaxable amount	804,983	. 781,700.	991,368.	1,000,000.	3,578,051.	
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					5,367,077.	
c Total lobbying expenditures	152,332	137,257.	137,457.	174,784.	601,830.	
d Grassroots nontaxable amount	201,246	195,425.	247,842.	250,000.	894,513.	
 Grassroots ceiling amount (150% of line 2d, column (e)) 					1,341,770.	

25,435.

28,339.

33,073.

Schedule C (Form 990) 2022

139,932.

53,085.

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f Grassroots lobbying expenditures

SERVICES AND ADVOCACY FOR GAY, LESBIAN,

Schedule C (Form §	990) 2022	BISEXUAL,	AND	TRANSGENDER	ELDERS,	INC.	13-2947657	Page 3
Part II-B Co	mplete if the org	ganization is ex	empt	under section 501	(c)(3) and ha	s NOT file	d Form 5768	
(ele	ection under sec	ction 501(h)).						

or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity.	ne lobbying activity.				ount
local legislation, including or referendum, through th	ling organization attempt to influence foreign, national, state, or any attempt to influence public opinion on a legislative matter ne use of:				
b Paid staff or managemen	t (include compensation in expenses reported on lines 1c through 1i)?				
	islators, or the public?				
e Publications, or published	d or broadcast statements?				
f Grants to other organizat	ions for lobbying purposes?				
g Direct contact with legisla	ators, their staffs, government officials, or a legislative body?				
	seminars, conventions, speeches, lectures, or any similar means?				
	yh 1i				
	cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amoun	t of any tax incurred under section 4912				
	t of any tax incurred by organization managers under section 4912				
	curred a section 4912 tax, did it file Form 4720 for this year?				
-	the organization is exempt under section 501(c)(4), sectio	n 501(c)(5),	or sec	tion	
501(c)(6).					
				Yes	No
	% or more) dues received nondeductible by members?				
2 Did the organization mak	e only in-house lobbying expenditures of \$2,000 or less?		2		
	e to carry over lobbying and political campaign activity expenditures from th		3		
501(c)(6) and	the organization is exempt under section 501(c)(4), sectio I if either (a) BOTH Part III-A, lines 1 and 2, are answered				3, is
answered "					
	imilar amounts from members		1		
2 Section 162(e) nondeduc	tible lobbying and political expenditures (do not include amounts of polition	cal			
•	section 527(f) tax was paid).				
			2a		
b Carryover from last year			2b		
c Total			2c		
3 Aggregate amount report	ed in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and t	he amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
e e	ee to carryover to the reasonable estimate of nondeductible lobbying and p				
expenditures next year?			4		
5 Taxable amount of lobby	ng and political expenditures. See instructions		5		
Part IV Supplement	al Information				

Provide 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 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

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	HEDULE D n 990)		al Financial S anization answered "Ye), 11a, 11b, 11c, 11d, 1	es" on Form 990,		OMB No. 1545-0047
	ment of the Treasury		Attach to Form 990.			Open to Public Inspection
	I Revenue Service e of the organizati				Emplo	yer identification number
Nam	e of the organizati	BISEXUAL, AND TRAN			Linpic	13-2947657
Pa	rt I Organiza	ations Maintaining Donor Advise			counts	
		n answered "Yes" on Form 990, Part IV, lir				
			(a) Donor advis	ed funds (I	b) Funds	and other accounts
1	Total number at er	nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4						
4 5		t end of year		old in deper advised fund	•	
5	-		-			Yes No
c		on's property, subject to the organization's				
6	•	on inform all grantees, donors, and donor a	v v		•	
		oses and not for the benefit of the donor o		• • •	-	
Pa	rt II Conserv	ate benefit? ation Easements. Complete if the or				Yes No
					line 7.	
1		servation easements held by the organizati	· · · · · · ·			and and the state
		of land for public use (for example, recrea	ation or education)	Preservation of a histo	,	
		f natural habitat		Preservation of a certif	ied histo	oric structure
_		of open space				
2		through 2d if the organization held a quali	fied conservation contri	oution in the form of a con ا		
	day of the tax year					eld at the End of the Tax Year
а		onservation easements			2a	
b	•				2b	
С		vation easements on a certified historic str			2c	
d		vation easements included in (c) acquired	• • •			
		isted in the National Register			2d	
3	Number of conser	vation easements modified, transferred, re	leased, extinguished, or	terminated by the organiz	ation du	iring the tax
	year					
4		 where property subject to conservation ea	sement is located			
4 5	Number of states	where property subject to conservation ea tion have a written policy regarding the pe		ction, handling of		
-	Number of states Does the organiza	, ,	riodic monitoring, inspe	ction, handling of		Yes 📃 No
-	Number of states Does the organiza violations, and enf	tion have a written policy regarding the pe	riodic monitoring, inspe t holds?			
5	Number of states Does the organiza violations, and enf	tion have a written policy regarding the pe orcement of the conservation easements i	riodic monitoring, inspe t holds?			
5	Number of states Does the organiza violations, and enf Staff and voluntee	tion have a written policy regarding the pe orcement of the conservation easements i	riodic monitoring, inspe t holds? handling of violations, a	and enforcing conservation	n easem	ents during the year
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5 6 7	Number of states Does the organiza violations, and enf Staff and voluntee Amount of expens Does each conser and section 170(h)	tion have a written policy regarding the pe orcement of the conservation easements i r hours devoted to monitoring, inspecting, es incurred in monitoring, inspecting, hand	riodic monitoring, inspe t holds? handling of violations, a dling of violations, and e ve satisfy the requiremen	nd enforcing conservation nforcing conservation eas nts of section 170(h)(4)(B)(i	n easem ements i)	during the year
5 6 7 8	Number of states Does the organiza violations, and enf Staff and voluntee Amount of expens Does each conser and section 170(h) In Part XIII, descrit	tion have a written policy regarding the pe orcement of the conservation easements i r hours devoted to monitoring, inspecting, es incurred in monitoring, inspecting, hand vation easement reported on line 2(d) abov ((4)(B)(ii)?	riodic monitoring, inspe t holds? handling of violations, a dling of violations, and e ve satisfy the requirements ion easements in its reve	and enforcing conservation nforcing conservation eas nts of section 170(h)(4)(B)(i enue and expense stateme	n easem ements i) ent and	during the year
5 6 7 8	Number of states Does the organiza violations, and enf Staff and voluntee Amount of expens Does each conser and section 170(h) In Part XIII, descrit balance sheet, and organization's acc	tion have a written policy regarding the pe orcement of the conservation easements i r hours devoted to monitoring, inspecting, es incurred in monitoring, inspecting, hand vation easement reported on line 2(d) abov (4)(B)(ii)? be how the organization reports conservation d include, if applicable, the text of the footion ounting for conservation easements.	riodic monitoring, inspe t holds? handling of violations, and e dling of violations, and e ve satisfy the requirement ion easements in its reven note to the organization	and enforcing conservation nforcing conservation eas nts of section 170(h)(4)(B)(i enue and expense statements s financial statements tha	n easem ements i) ent and t describ	during the year during the year during the year Mathematical Structure Image: Structure Dees the
5 6 7 8 9	Number of states Does the organiza violations, and enf Staff and voluntee Amount of expens Does each conser and section 170(h) In Part XIII, descrit balance sheet, and organization's acc	tion have a written policy regarding the pe orcement of the conservation easements i r hours devoted to monitoring, inspecting, es incurred in monitoring, inspecting, hand vation easement reported on line 2(d) abov (4)(B)(ii)? be how the organization reports conservation d include, if applicable, the text of the footion ounting for conservation easements.	riodic monitoring, inspe t holds? handling of violations, and e dling of violations, and e ve satisfy the requirement ion easements in its reven note to the organization	and enforcing conservation nforcing conservation eas nts of section 170(h)(4)(B)(i enue and expense statements s financial statements tha	n easem ements i) ent and t describ	during the year during the year during the year Mathematical Structure Image: Structure Dees the
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5 6 7 8 9 Pa	Number of states Does the organiza violations, and enf Staff and voluntee Amount of expens Does each conser and section 170(h) In Part XIII, descrit balance sheet, and organization's acc till Organiza Complete in If the organization of art, historical treas provide the followi (i) Revenue inclu	tion have a written policy regarding the perorement of the conservation easements is r hours devoted to monitoring, inspecting, inspecting, inspecting, inspecting, inspecting, hand wation easement reported on line 2(d) above (4)(B)(ii)? be how the organization reports conservation include, if applicable, the text of the footion outling for conservation easements. Attions Maintaining Collections of the organization answered "Yes" on Form elected, as permitted under FASB ASC 95 easures, or other similar assets held for pull Part XIII the text of the footnote to its final elected, as permitted under FASB ASC 95 easures, or other similar assets held for pull part XIII the text of the footnote to its final elected, as permitted under FASB ASC 95 easures, or other similar assets held for public gamounts relating to these items: ded on Form 990, Part VIII, line 1	riodic monitoring, inspe t holds? handling of violations, and e dling of violations, and e ve satisfy the requirement on easements in its revent note to the organization f Art, Historical Tr <u>n 990, Part IV, line 8.</u> 58, not to report in its re- blic exhibition, education ncial statements that de 58, to report in its revent c exhibition, education,	and enforcing conservation nforcing conservation eas nts of section 170(h)(4)(B)(i enue and expense stateme s financial statements tha easures, or Other Si venue statement and balance n, or research in furtherance or research in furtherance	n easem ements i) ent and t describ nce shee ce of pul sheet w of public \$	ents during the year during the year Yes No Des the Assets. et works blic orks of c service,
5 6 7 8 9 Par 1a b	Number of states Does the organiza violations, and enf Staff and voluntee Amount of expens Does each conser and section 170(h) In Part XIII, descrit balance sheet, and organization's acc rt III Organization of art, historical treas provide the followi (i) Revenue inclu (ii) Assets include	tion have a written policy regarding the perorement of the conservation easements is r hours devoted to monitoring, inspecting, inspecting, inspecting, inspecting, inspecting, inspecting, inspecting, hand wation easement reported on line 2(d) above (4)(B)(ii)? be how the organization reports conservation include, if applicable, the text of the footh ounting for conservation easements. Ations Maintaining Collections o if the organization answered "Yes" on Form elected, as permitted under FASB ASC 95 easures, or other similar assets held for pul Part XIII the text of the footnote to its fina elected, as permitted under FASB ASC 95 easures, or other similar assets held for pul part XIII the text of the footnote to its fina elected, as permitted under FASB ASC 95 easures, or other similar assets held for public and anounts relating to these items: ded on Form 990, Part XIII, line 1	riodic monitoring, inspe t holds? handling of violations, and e dling of violations, and e ve satisfy the requirement ion easements in its reven note to the organization f Art, Historical Tr <u>n 990, Part IV, line 8.</u> 58, not to report in its re blic exhibition, education ncial statements that de 58, to report in its revenue c exhibition, education,	and enforcing conservation nforcing conservation eas hts of section 170(h)(4)(B)(i enue and expense stateme s financial statements tha easures, or Other Si venue statement and balan n, or research in furtherance scribes these items. ue statement and balance or research in furtherance	n easem ements i) ent and t describ milar / nce shee ce of pul sheet w of public \$	ents during the year during the year Yes No bes the Assets. et works blic orks of c service,
5 6 7 8 9 Pai 1a	Number of states Does the organiza violations, and enf Staff and voluntee Amount of expens Does each conser and section 170(h) In Part XIII, descrit balance sheet, and organization's acc rt III Organiza Complete in If the organization of art, historical treas provide the followi (i) Revenue inclu (ii) Assets include If the organization	tion have a written policy regarding the per- orcement of the conservation easements is r hours devoted to monitoring, inspecting, es incurred in monitoring, inspecting, hand vation easement reported on line 2(d) above (4)(B)(ii)? be how the organization reports conservation ounting for conservation easements. Ations Maintaining Collections of the organization answered "Yes" on Form elected, as permitted under FASB ASC 95 easures, or other similar assets held for pul Part XIII the text of the footnote to its final elected, as permitted under FASB ASC 95 easures, or other similar assets held for pul part XIII the text of the footnote to its final elected, as permitted under FASB ASC 95 easures, or other similar assets held for public ing amounts relating to these items: ded on Form 990, Part VIII, line 1 ead in Form 990, Part X received or held works of art, historical tree	riodic monitoring, inspe t holds? handling of violations, and e ve satisfy the requirement ion easements in its reven note to the organization f Art, Historical Tr 1990, Part IV, line 8. 58, not to report in its re- blic exhibition, education ncial statements that de 58, to report in its reven c exhibition, education,	and enforcing conservation nforcing conservation eas hts of section 170(h)(4)(B)(i enue and expense stateme is financial statements tha easures, or Other Si easures, or Other Si venue statement and balance scribes these items. ue statement and balance or research in furtherance or research in furtherance	n easem ements i) ent and t describ milar / nce shee ce of pul sheet w of public \$	ents during the year during the year Yes No Des the Assets. et works blic orks of c service,
5 6 7 8 9 Pai 1a b	Number of states Does the organiza violations, and enf Staff and voluntee Amount of expens Does each conser and section 170(h) In Part XIII, descrit balance sheet, and organization's acc rt III Organiza Complete in If the organization of art, historical treas provide the followi (i) Revenue inclu (ii) Assets include If the organization the following amou	tion have a written policy regarding the per- orcement of the conservation easements is r hours devoted to monitoring, inspecting, es incurred in monitoring, inspecting, hand vation easement reported on line 2(d) above (4)(B)(ii)? be how the organization reports conservation d include, if applicable, the text of the footro ounting for conservation easements. Ations Maintaining Collections o if the organization answered "Yes" on Form elected, as permitted under FASB ASC 95 easures, or other similar assets held for pul Part XIII the text of the footnote to its fina elected, as permitted under FASB ASC 95 easures, or other similar assets held for pullo for amounts relating to these items: ded on Form 990, Part VIII, line 1 ead in Form 990, Part X received or held works of art, historical tre- unts required to be reported under FASB ASC 95 and the footnote to its final elected on Form 990, Part X	riodic monitoring, inspe t holds? handling of violations, and e ve satisfy the requirement ion easements in its reven note to the organization f Art, Historical Tr 1990, Part IV, line 8. 58, not to report in its re- blic exhibition, education ncial statements that de 58, to report in its reven c exhibition, education, c exhibition, education,	and enforcing conservation nforcing conservation eas hts of section 170(h)(4)(B)(i enue and expense stateme is financial statements tha easures, or Other Si venue statement and balance or research in furtherance or research in furtherance or research in furtherance assets for financial gain, p e items:	n easem ements i) ent and t describ milar / nce sheet ce of pul sheet w of public sheet w of public sheet w of public sheet w	ents during the year during the year Yes No Dees the Assets. et works blic orks of c service,
5 6 7 8 9 Pai 1a b 2 2	Number of states Does the organiza violations, and enf Staff and voluntee Amount of expens Does each conser and section 170(h) In Part XIII, descrit balance sheet, and organization's acc rt III Organiza Complete in If the organization of art, historical treas provide the following art, historical treas provide the following (i) Revenue included	tion have a written policy regarding the per- orcement of the conservation easements is r hours devoted to monitoring, inspecting, es incurred in monitoring, inspecting, hand vation easement reported on line 2(d) above (4)(B)(ii)? be how the organization reports conservation d include, if applicable, the text of the footro ounting for conservation easements. Ations Maintaining Collections o if the organization answered "Yes" on Form elected, as permitted under FASB ASC 95 beasures, or other similar assets held for pul Part XIII the text of the footnote to its fina elected, as permitted under FASB ASC 95 bures, or other similar assets held for pullo manounts relating to these items: ded on Form 990, Part VIII, line 1 and in Form 990, Part X on Form 990, Part VIII, line 1	riodic monitoring, inspe t holds? handling of violations, and e dling of violations, and e ve satisfy the requirement on easements in its reven note to the organization f Art, Historical Tr n 990, Part IV, line 8. 58, not to report in its re- blic exhibition, education ncial statements that de 58, to report in its reven c exhibition, education, c exhibition, education,	and enforcing conservation nforcing conservation eas hts of section 170(h)(4)(B)(i enue and expense stateme is financial statements tha easures, or Other Si venue statement and balance or research in furtherance or research in furtherance assets for financial gain, p e items:	n easem ements i) ent and t describ nce sheet ce of pul sheet w of public sheet w of public sheet w of public sheet w of public \$. 	ents during the year during the year Yes No Dees the Assets. et works blic orks of c service,
5 6 7 8 9 Pai 1a b 2 a b	Number of states in Does the organiza violations, and enf Staff and voluntee Amount of expense Does each conser and section 170(h) In Part XIII, descrit balance sheet, and organization's acc rt III Organiza Complete in If the organization of art, historical treas provide the following art, historical treas provide the following (i) Revenue included If the organization the following amount Revenue included Assets included in	tion have a written policy regarding the per- orcement of the conservation easements is r hours devoted to monitoring, inspecting, es incurred in monitoring, inspecting, hand vation easement reported on line 2(d) above (4)(B)(ii)? be how the organization reports conservation d include, if applicable, the text of the footro ounting for conservation easements. Ations Maintaining Collections o if the organization answered "Yes" on Form elected, as permitted under FASB ASC 95 easures, or other similar assets held for pul Part XIII the text of the footnote to its fina elected, as permitted under FASB ASC 95 easures, or other similar assets held for pullo for amounts relating to these items: ded on Form 990, Part VIII, line 1 ead in Form 990, Part X received or held works of art, historical tre- unts required to be reported under FASB ASC 95 and the footnote to its final elected on Form 990, Part X	riodic monitoring, inspe t holds? handling of violations, and e ve satisfy the requirement on easements in its revent note to the organization f Art, Historical Tr n 990, Part IV, line 8. 58, not to report in its re- blic exhibition, education ncial statements that de 58, to report in its revent c exhibition, education, easures, or other similar NSC 958 relating to thes	and enforcing conservation nforcing conservation eas hts of section 170(h)(4)(B)(i enue and expense stateme is financial statements tha easures, or Other Si venue statement and balance or research in furtherance or research in furtherance assets for financial gain, p e items:	n easem ements () ent and t describ nce sheet ce of pul sheet w of public sheet w of public \$	ents during the year during the year Yes No Dees the Assets. et works blic orks of c service,

		S AND ADVO		-		-				
		L, AND TRAN					13-29			_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or	r Othe	r Similaı	r Asset	s (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that	make s	ignificant ι	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange progra	am					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explair	how they further the	ne organizatio	on's exer	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organization	n answered '	'Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa		0					,		
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contribution	s or other ass	sets not	included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									_
	······································							Amount	t	
с	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fe							Yes		No
	If "Yes," explain the arrangement in Part XIII.					• • • • • • • • • • • • • • • • • • • •	····· ·			1
Par										<u></u>
		(a) Current year	(b) Prior year	(c) Two year	r	(d) Three y	ears back	(e) Four	vears	back
19	Beginning of year balance	6,904,062.	5,356,396.		2,311.		66,579.			611.
	Contributions	2,349,025.	1,547,666.		4,085.		45,732.		,	
c	Net investment earnings, gains, and losses	_,	_,,-	_,	-,	-,-	, •			
	Grants or scholarships									
е	Other expenditures for facilities	755,684.						1	038	032
	and programs	755,004.						±,	050,	032.
	Administrative expenses	9 407 402	6 904 062	E 254	5,396.	2 6	10 211	2	566	579.
	End of year balance	8,497,403.			5,390.	3,0	12,311.	2 ,	500,	579.
2	Provide the estimated percentage of the curr)) held as:						
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С		%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administer	ed for th	ie		ſ	Yes	Na
	organization by:									No
	(i) Unrelated organizations							3a(i)	X	37
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization							3b		L
4	Describe in Part XIII the intended uses of the		wment funds.							
Par					-					
	Complete if the organization answere			1						
	Description of property	(a) Cost or o	• • •	t or other	• • •	ccumulate	ed	(d) Bool	k valu	е
		basis (investn	hent) basis	(other)	de	preciation				
	Land			0.61.6				1 10		
	Buildings			3,616.		731,12		1,422		
С	Leasehold improvements			7,452.		467,28),1	
d	Equipment			7,419.		151,82		65	5,5	
	Other			4,392.		893,43		-		60.
Total	. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part .	X. column (B), line 1	0c.)			1	2,469	9,2	10.
							Schedul	D (Form	1 990)	2022

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			AND ADVOCACY FO			
	0 (Form 990) 2022		AND TRANSGENDE	R ELDERS,	INC.	13-2947657 Page 3
Part VII						
()			/es" on Form 990, Part IV, line	-		
.,	ption of security or category	y (including name of secu	rity) (b) Book value	(c) Method of	valuation: Co	ost or end-of-year market value
• •	held equity interests					
(3) Other	VESTMENTS -	CDG	5,782,448.	COST		
(A) 11 (B)		CDS	5,702,440.			
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Col. ((b) must equal Form 990, P	Part X, col. (B) line 12.	5,782,448.			
Part VII	I Investments - Pr	•				
			es" on Form 990, Part IV, line	11c. See Form 990), Part X, line	13.
	(a) Description of inv	vestment	(b) Book value	(c) Method of	valuation: Co	ost or end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	(h) must sousl Farm 000 F		`			
Part IX	(b) must equal Form 990, P Other Assets.	art X, col. (B) lille 13.)			
T ditt i/X	J	ization answered "\	/es" on Form 990, Part IV, line	11d See Form 990) Part X line	15
			(a) Description		,, · u. · , ,	(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Fotal. (Colu	umn (b) must equal Form	n 990, Part X, col. (E	3) line 15.)			
Part X	Other Liabilities.					
			/es" on Form 990, Part IV, line	11e or 11f. See Fo	rm 990, Part)	
1.		cription of liability				(b) Book value
	deral income taxes					
	EFERRED COMPI		m\7			333,122.
	PERATING LEAS	25 PIARIPI	<u>Т.</u> Т			1,163,985.
(4)						
(5)						
(6)						1
(7)						
(7)						
(7) (8) (9)		- 000 D 1 (3) line 25.)			1,497,107.

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 ... 🚺

Schedule D (Form 990) 2022

232053 09-01-22

Caba	SERVICES AND ADVOCACY FOR G dule D (Form 990) 2022 BISEXUAL, AND TRANSGENDER E	-	-	13_	2947657 Page	4
	dule D (Form 990) 2022 BISEXUAL, AND 'TRANSGENDER E				2947657 Page	-
I ui	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			carri.		
1				1	17,765,592	-
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				_ , , ,	÷
a	Net unrealized gains (losses) on investments					
b	Donated services and use of facilities		<u>54,278.</u> 541,707.			
c	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		-9,941.			
e	Add lines 2a through 2d			2e	586,044	
3	Subtract line 2e from line 1			3	17,179,548	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			_		_
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)					
c	Add lines 4a and 4b			4c	0	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	17,179,548	•
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per R	letur		—
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	21,501,552	•
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					_
а	Donated services and use of facilities	2a	541,707.			
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	541,707	
3	Subtract line 2e from line 1			3	20,959,845	•
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c	0	•
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	20,959,845	•
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 SIX 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

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Schedule D (Form 990) 2022

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SERVICES AND ADVOCACY FOR GAY, LESBIAN,

Schedule D (Form 990) 2022 BISEXUAL, AND TRANSGENDER ELDERS, INC. 13-2947657 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.

LOAN RESERVE:

THE LOAN RESERVE IS INTENDED TO SET ASIDE \$25,000 PER YEAR FOR 40 YEARS IN

ORDER TO BE ABLE TO REPAY THE NEW YORK STATE HOUSING TRUST FUND

CORPORATION LOAN AT MATURITY.

BOARD DESIGNATED ENDOWMENT:

THE BOARD DESIGNATED ENDOWMENT FUND IS ESTABLISHED BY THE BOARD AND IS

EXPENDED AT THE DISCRETION OF THE BOARD.

PART X, LINE 2:

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Schedule D (Form 990) 2022

SERVICES AND ADVOCACY FOR GAY, LESBIAN, Schedule D (Form 990) 2022 BISEXUAL, AND TRANSGENDER ELDERS, INC. 13-2947657 Page 5 Part XIII Supplemental Information (continued)
SAGE BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2023, IN
ACCORDANCE WITH FASB ASC 740, INCOME TAXES, WHICH PROVIDES STANDARDS FOR
ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX
POSITIONS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
LOSS ON DISPOSAL -9,941.
Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	tes	OMB No. 1545-0047
<i>i</i>			nswered "Yes" on Form 990, Part IV			2022
Department of the Treasury		Open to Public				
Internal Revenue Service	Go to w	ww.irs.gov/Form	990 for instructions and the latest	information.		Inspection
Name of the organization SERVICES AND AD	VOCACY FO		FCRTAN		Employer	identification number
BISEXUAL, AND T					13-294	17657
			side the United States. Compl	ete if the organ		
Form 990, Part I\						
			is to substantiate the amount of its gra he selection criteria used to award the			X Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's p	procedures for monitoring the use of it	s grants and ot	her assistanc	e outside the
· · · · · · · · · · · · · · · · · · ·		I, line 3 table ca	n be duplicated if additional space is r			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (gram service specific type (s) in the regi	e expenditures for and
				PASS-THROUG		
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS IN THE REGION	FUNDS- GLOB PROGRAM	AL EQUITY	104,908.
	, , , , , , , , , , , , , , , , , , ,		REGION	INUGIAM		104,500.
3 a Subtotal	0	0				104,908.
b Total from continuation	_					_
sheets to Part I c Totals (add lines 3a	0	0				0.
and 3b)	0	0				104,908.

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

Schedule F (Form 990) 2022

232071 10-17-22

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

13-2947657

Schedule F (Form 990) 2022

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		COSTA RICA	PROGRAM SERVICES	85,467.	СНЕСК	0.		FMV
		EL SALVADOR	PROGRAM SERVICES	19,441.	СНЕСК	0.		FMV
	nization by the IRS, c	or for which the grantee	cognized as charities by the t cor counsel has provided a sect			└ ▶ _		0

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

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

13-2947657

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022

	SERVICES AND ADVOCACY FOR GAY, LESBIAN, JIE F (Form 990) 2022 BISEXUAL, AND TRANSGENDER ELDERS, INC. IV Foreign Forms	13-2947657	Page 4
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes."		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

Schedule F (F	Form 990) 2022 Supplemental	BISEXUAL,		OCACY FOR			13-2947657	Page 5
I i	Provide the inform investments vs. ex	ation required by F penditures per reg	ion); Part II, lir	ne 1 (accounting me	ethod); Part I	II (accounting m	counting method; amounts of nethod); and Part III, column (c) nformation. See instructions.	
PART I,	LINE 2:							
SAGE MO	NITORS AL	L GRANT F	UNDS OU	TSIDE THE	UNITED	STATES	THROUGH ITS	
REGULAR	ACOCUNTI	NG POLICI	ES AND	FINANCIAL	CONTRO	LS		
232075 10-17-22				4.0			Schedule F (Form S	990) 2022
				40				

SCHEDULE G	Suppleme	ntal Information Re	egarding	Fund	raisi	ng or Gaming A	ctivities	OMB No. 1545-0047
(Form 990)		e organization answere organization entered mo					r 19, or if the	2022
Department of the Treasury Internal Revenue Service			Form 990 c					Open to Public Inspection
Name of the organization		<u>o www.irs.gov/Form990</u> S AND ADVOCA0						r identification number
name er tre erganzation	22111202	L, AND TRANSO			-			47657
Part I Fundrais		Complete if the organization						
required to	complete this part	t.						
	•	ed funds through any of		•				
a Mail solicitat		e L			•	overnment grants		
b Internet and c Phone solicit	email solicitations		Solicitat			nment grants		
d In-person so		g L		Iunura	using e	events		
· ·		r oral agreement with an	y individual	(includ	ing of	ficers, directors, trus	tees, or	
key employees list	ed in Form 990, Pa	art VII) or entity in connec	, ction with p	rofessi	onal fu	indraising services?		Yes 🗌 No
b If "Yes," list the 10	highest paid indiv	viduals or entities (fundra	isers) pursu	ant to a	agreer	ments under which th	he fundraiser is t	to be
compensated at le	ast \$5,000 by the	organization.						
				(iii)	Did	(1) Q	(v) Amount pa	
(i) Name and address or entity (fund		(ii) Activity		fundr have ci or con	ustody	(iv) Gross receipts from activity	to (or retained fundraiser	by to (or retained by)
or onary (lane				contribu	utions?	non doury	listed in col.	(i) organization
				Yes	No			
Total								
	ch the organizatio	n is registered or license	d to solicit c	ontrib	utions	or has been notified	it is exempt fro	m registration

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

Schedule G (Form 990) 2022

232081 10-27-22

<u> </u>				CY FOR GAY, I		
	edu art			GENDER ELDERS	-	2947657 Page 2
		of fundraising event contributions and gro				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					8	(add col. (a) through
			SAGE AWARDS (event type)	TOYS PARTY (event type)	o (total number)	col. (c))
nue				(0.0	(1010111011001)	
Revenue	1	Gross receipts	929,300.	52,840.	639,497.	1,621,637.
ш				50.040		
	2	Less: Contributions	784,550.	52,840.	578,764.	1,416,154.
	3	Gross income (line 1 minus line 2)	144,750.		60,733.	205,483.
		Cash prizes				
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs	314,720.	132,560.	115,138.	562,418.
Expe			514,7200	152,500.	113,130.	502,410.
Direct Expenses	7	Food and beverages		6,367.	35,334.	41,701.
Ē	8	Entortoinmont	98,052.	56,312.	32 022	186,386.
	9	Entertainment Other direct expenses	16,845.	72,087.	32,022. 26,174.	115,106.
	10		9 in column (d)			905,611.
	11					-700,128.
Pá	art	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
				(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Reve						
	1	Gross revenue				
s	2	Cash prizes				
xpenses						
ш	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		· · · · · · · · · · · · · · · · · · ·	Yes %	Yes %	Yes %	
	6	Volunteer labor	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)			
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac				Yes No
k) If '	'No," explain:				
	_					
		ere any of the organization's gaming licenses re			ear?	Yes No
k) IT '	'Yes," explain:				
	_					
2320	82 1	0-27-22			Sche	dule G (Form 990) 2022

Sch	nedule G (Form 990) 2022	SERVICES BISEXUAL,				-		13-2	947657	Page 3
_	Does the organization conduct ga								Yes	
	Is the organization a grantor, bene	ficiary or trustee o	f a trust, or	a member of a	partners	ship or other e	ntity formed		Yes	
13	to administer charitable gaming? Indicate the percentage of gaming									
	a The organization's facility								13a	%
	An outside facility								13b	%
	Enter the name and address of the									
	Name									
	Address									
15a	a Does the organization have a cont	ract with a third pa	arty from w	hom the organiz	zation re	eceives gaming	g revenue?		Yes	No No
	 If "Yes," enter the amount of gami of gaming revenue retained by the If "Yes," enter name and address of 	third party \$_	ed by the o	rganization	\$		and the an	nount		
	Name									
	Address									
16	Gaming manager information:									
	Name									
	Gaming manager compensation	\$								
	Description of services provided									
	· · · ·									
	Director/officer	Employee	[nt contr	actor				
â	Mandatory distributions: a Is the organization required under retain the state gaming license? b Enter the amount of distributions r organization's own exempt activiti	equired under stat	e law to be						Yes	No No
Pa	Supplemental Inform 15b, 15c, 16, and 17b, as	mation. Provide	the explan	•			., .,	; and Par	t III, lines 9, 9	9b, 10b,
	· · · · · ·									
2320	83 10-27-22							Schedu	ıle G (Form	990) 2022
				43						,

13100229 131839 A104668

2022.05060 SERVICES AND ADVOCACY FOR A1046681

		SERVICES	AND	ADVOCACY I	FOR	GAY, LE	SBIAN,		
Schedule G	G (Form 990) Supplemental Inform	BISEXUAL	, AND	TRANSGENI	DER	ELDERS,	INC.	13-2947657	Page 4
i arti		(continue	ea)						
								Schedule G (F	orm 990)

232084 04-01-22

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury Internal Revenue Service			Attach to Form				Open to Public			
		Go to www.irs	S.gov/Form990 for		ation.		Inspection			
		SGENDER ELD					Employer identification number 13-2947657			
Part I General Information on Grants										
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr 	stance?						on 🔀 Yes 🗌 No			
Part II Grants and Other Assistance to recipient that received more than	-				anization answered "Y	′es" on Form 990, Parl	IV, line 21, for any			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
NATIONAL CENTER FOR TRANSGENDER EQUALITY (NCTE) – 1032 15TH STREET NORTHWEST, SUITE 199 – WASHINGTON, DC 20005	41-2090291	501(C)(3)	75,000.	0.			CONTRIBUTION			
EQUALITY FLORIDA INSTITUTE, INC. PO BOX 13184 SAINT PETERSBURG, FL 33733	59-3435235	501(C)(3)	35,000.	0.			CONTRIBUTION			
THE BENJAMIN ROSE INSTITUTE 11890 FAIRHILL ROAD CLEVELAND, OH 44120	34-0714482	501(C)(3)	10,000.	0.			CONTRIBUTION			
SAGE RHODE ISLAND 1665 BRAD ST CRANSTON, RI 02905	06-1492199	501(C)(3)	6,000.	0.			CONTRIBUTION			
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 			e line 1 table			<u> </u>	 <u>4</u> 0			

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

SERVICES AND ADVOCACY FOR GAY, LESBIAN,

BISEXUAL, AND TRANSGENDER ELDERS, INC.

Schedule I (Form 990) 2022 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

SAGE MAINTAINS RECORDS TO SUBSTANTIATE THE AMOUNT OF EACH GRANT. SAGE'S

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS ARE DETERMINED BY THE

AGREED UPON TERMS IN EACH FUNDER AGREEMENT.

13-2947657

SC	HEDULE J	Compensation Information	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	20	99)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	20	_ _	•
Depar	tment of the Treasury	Attach to Form 990.	Open to		
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		ection	
Nam	e of the organizatior		identificatio		mber
			294765	7	
Ра	rt I Question:	s Regarding Compensation			
	<u>.</u>			Yes	No
а		ate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
		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			
		panions Payments for business use of personal residence Health or social club dues or initiation fees			
	\equiv	spending account			
h	If any of the boxes of	on line 1a are checked, did the organization follow a written policy regarding payment or			
	•	provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	,				
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.			
	X Compensation	n committee Written employment contract			
	X Independent c	compensation consultant I Compensation survey or study			
	Form 990 of of	ther organizations X Approval by the board or compensation committee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a re	lated organization:			
		e payment or change-of-control payment?	<u>4a</u>		X
		eive payment from a supplemental nonqualified retirement plan?			X
С		eive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lin	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	• • • • • • • • • • • • • • • • • • •				
-		(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 re		5-		x
ä h	Any related organiz	ation?	<u>5a</u> 5b		X
U		ation?	50		
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ŭ	contingent on the n				
а	•		6a		x
		ation?			x
-		or 6b, describe in Part III.			
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
		ies 5 and 6? If "Yes," describe in Part III	7	х	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	-	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9		id the organization also follow the rebuttable presumption procedure described in			
		1 53.4958-6(c)?	9		
LHA			dule J (Forr	n 990) 2022

232111 10-18-22

SERVICES AND ADVOCACY FOR GAY, LESBIAN,

Schedule J (Form 990) 2022 BISEXUAL, AND TRANSGENDER ELDERS, INC. 13-2947657

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHAEL ADAMS	(i)	374,513.	0.	0.	34,151.	5,960.	414,624.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LYNN FARIA	(i)	266,095.	8,375.	0.	19,484.	3,475.	297,429.	0.
EXECUTIVE VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAVID RIVERA-GARCIA	(i)	252,082.	8,375.	0.	13,464.	3,475.	277,396.	0.
EXECUTIVE VICE PRESIDENT/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DAVID PAUL VINCENT	(i)	182,173.	0.	0.	13,959.	2,847.	198,979.	0.
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CHRISTINA DACOSTA	(i)	150,433.	0.	0.	7,522.	12,948.	170,903.	0.
CHIEF EXPERIENCE 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)							<u> </u>

Schedule J (Form 990) 2022

SERVICES AND ADVOCACY FOR GAY, LESBIAN,

BISEXUAL, AND TRANSGENDER ELDERS, INC.

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.

PART I, LINE 7:

Schedule J (Form 990) 2022

TWO HIGHLY COMPENSATED EMPLOYEES RECEIVED PERFORMANCE BONUSES. THE BONUSES

WERE APPROVED AND DETERMINED BY THE EMPLOYEES' SUPERVISOR BASED ON

PERFORMANCE.

Schedule J (Form 990) 2022

13-2947657 Pag

SCHEDULE M (Form 990)			Nonc	ash Contr	ibutior	ns		OMB No.	545-004	17
(FO	rm 990)	Complete if the org	anizations	answered "Yes" o	20	22) -			
	ment of the Treasury I Revenue Service	Oo to umuu in	/ -	Attach to Form 9		Open to Public Inspection				
	e of the organization		-	990 for instruction				oyer identification		nhor
Nam	of the organization	BISEXUAL, AN			-	-		13-2947		libei
Par	tl Types of	Property				1110.		15 2547	0.57	
	, ,,		(a)	(b)		(c)		(d)		
			Check if applicable	Number of contributions or items contributed	amount	h contribution ts reported on Part VIII, line 1g		ethod of determin sh contribution a	•	s
1	Art - Works of art									
2		sures								
3		rests								
4		tions								
5		ehold goods	X			21,442.	FMV			
6		iicles								
7										
8		у								
9		y traded								
10		held stock								
11	Securities - Partner trust interests	rship, LLC, or								
12	Securities - Miscella	aneous								
13	Qualified conservat Historic structures									
14	Qualified conservat	tion contribution - Other								
15	Real estate - Reside	ential								
16		nercial								
17										
18										
19										
20		supplies								
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimer	าร								
24	Archeological artifa									
25	Other (AUC	TION ITEMS)	X	9		20,691.	FMV			
26	Other ()								
27	Other ()								
28	Other ()								
29		3283 received by the organiz		5					0	
	for which the organ	nization completed Form 82	83, Part V, L	Jonee Acknowledg	ement	29				
20-					autodia Da				Yes	No
30a		d the organization receive by ast 3 years from the date of								
		•		-				30a		х
h		or the entire holding period' be arrangement in Part II	•					308		
31	 b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 							31	х	
	 31 Does the organization have a gin acceptance poincy that requires the review of any horistandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 									
524	contributions?			0	· •					x
b	If "Yes," describe in									
33	If the organization	didn't report an amount in c	olumn (c) fo	r a type of property	/ for which o	column (a) is che	cked,			
	describe in Part II.									
LHA	For Paperwork I	Reduction Act Notice, see	the Instruc	tions for Form 990).		S	chedule M (Forr	n 990)	2022

232141 09-09-22

SERVICES AND ADVOCACY FOR GAY, LESBIAN, Schedule M (Form 990) 2022 BISEXUAL, AND TRANSGENDER ELDERS, INC. 13-2947657

 Schedule M (Form 990) 2022
 BISEXUAL, AND TRANSGENDER ELDERS, INC.
 13-294/65/
 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 CONTRIBUTIONS

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990- Complete to provide information for responses to specific questions on	-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	Open to Public Inspection	
Name of the organizatio	SERVICES AND ADVOCACY FOR GAY, LESBIAN, BISEXUAL, AND TRANSGENDER ELDERS, INC.		identification number 947657
FORM 990, PA	RT III, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:	
ORGANIZATION	THAT OFFERS SUPPORTIVE SERVICES AND RESOURCES	FOR LO	GBT
OLDER ADULTS	AND THEIR CAREGIVERS, ADVOCATES FOR PUBLIC PO	LICY CH	IANGES
THAT ADDRESS	THE NEEDS OF LGBT OLDER PEOPLE AND PROVIDES T	RAINING	G FOR
LGBT ORGANIZ	ATIONS AND AGENCIES PROVIDING SERVICES TO OLDE	R ADULI	rs ,
LARGELY THRO	UGH SAGECARE AND ITS NATIONAL RESOURCE CENTER (ON LGB	[
AGING. WITH	STAFF CONCENTRATED IN NEW YORK CITY AND IN VAR	IOUS PA	ARTS OF
THE COUNTRY,	SAGE HAS PARTNERS ACROSS THE COUNTRY AND THE	GLOBE.	

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

THE 990 IS PREPARED BY AN INDEPENDENT ACCOUNTANT AND REVIEWED BY THE EXEC VP/CHIEF FINANCIAL OFFICER AND THE CHIEF EXECUTIVE OFFICER. BEFORE LING WITH THE IRS, THE 990 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 QUESTIONNAIRE THAT DISCLOSES A BUSINESS OR FAMILY RELATIONSHIP WITH ANY OTHER OFFICER, DIRECTOR, TRUSTEE OR KEY EMPLOYEE OF THE ORGANIZATION. BOARD MEMBERS ARE ALSO ASKED TO DISCLOSE IF THEY OR ANY FAMILY MEMBER HAVE 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:

Schedule O (Form 990) 2022 Name of the organization SERVICES AND ADVOCACY FOR GAY, LESBIAN, BISEXUAL, AND TRANSGENDER ELDERS, INC.	Page Employer identification number 13-2947657
THE EXECUTIVE COMMITTEE OF THE BOARD IS AUTHORIZED AND DES	IGNATED BY THE
BOARD OF DIRECTORS AS THE "APPROVAL BODY" FOR THE COMPENSA	TION OF THE CHIEF
EXECUTIVE OFFICER. A COMPENSATION POLICY HAS BEEN ESTABLIS	HED BY THE
EXECUTIVE COMMITTEE FOR THIS POSITION. THE POLICY INCLUDES	USING IMPARTIAL
DECISION MARKERS, COMPARABILITY DATA AND CONCURRENT DOCUME	NTATION. ONCE
ESTABLISHED, A BOARD CO-CHAIR WILL NEGOTIATE THE PACKAGE W	ITH THE
INDIVIDUAL WHICH IS THEN PRESENTED TO THE APPROVAL BODY FC	R RATIFICATION.
	05 505W 000
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	
NY,AL,AZ,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,LA,ME,MD,MA,MI,MN,M	
ND,OH,OK,OR,PA,RI,SC,TN,TX,UT,VT,VA,WA,WV,WI,WY,SD,ID,IA,I	N, DE
FORM 990, PART VI, SECTION C, LINE 19:	
SAGE'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AN	D FINANCIAL
STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANT EXPENSES:	
PROGRAM SERVICE EXPENSES	1,749,864.
MANAGEMENT AND GENERAL EXPENSES	1,130,110.
FUNDRAISING EXPENSES	151,908.
TOTAL EXPENSES	3,031,882.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,031,882.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
LOSS ON DISPOSAL OF ASSET	-9,941.

232212 10-28-22

SCHEDULE R (Form 990) Department of the T Internal Revenue Se Name of the or Part I Ide	Treasury ervice SERVICES AND A	Go to www.irs.gov/Form990 for i DVOCACY FOR GAY, LE TRANSGENDER ELDERS,	s" on Form 990, Part IV, line to Form 990. Instructions and the latest i ISBIAN , INC •	e 33, 34, 35b, 36, information.	or 37.	0	
Nar	(a) me, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total incol	(e) me End-of-year a	issets Direct c	(f) ontrolling htity
Part II Ide orga	entification of Related Tax-Exempt Organizat ganizations during the tax year.	tions. Complete if the organization ar	nswered "Yes" on Form 990,	Part IV, line 34, b	ecause it had one o	r more related tax-exer	npt
	(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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes No

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

Schedule R (Form 990) 2022

SERVICES AND ADVOCACY FOR GAY, LESBIAN, Schedule R (Form 990) 2022 BISEXUAL, AND TRANSGENDER ELDERS, INC.

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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.

Organizations treated as a participant publicity the tax year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total Share of income end-of-year assets	Share of Disproportionate end-of-year allocations?		amount in box 20 of Schedule	amount in box managin	^{ll or} Percentage ^{ing} ownership er?	
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yesl	lo
	1										

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) (d) Legal domicile (state or foreign country)		(e) (f) Type of entity (C corp, S corp, or trust)		Share of total Share of F		ent	(i) ction (b)(13) trolled tity? No
SAGE CROTONA - 82-1137303									
305 SEVENTH AVENUE, 15TH FL NEW YORK, NY 10001	REAL ESTATE	NY	SAGE	C CORP	0.	0.	100%	x	

SERVICES AND ADVOCACY FOR GAY, LESBIAN,

Schedule R (Form 990) 2022 BISEXUAL, AND TRANSGENDER ELDERS, INC.

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. 1 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 1a **b** Gift, grant, or capital contribution to related organization(s) 1b c Gift, grant, or capital contribution from related organization(s) 1c d Loans or loan guarantees to or for related organization(s) 1d e Loans or loan guarantees by related organization(s) 1e f Dividends from related organization(s) 1f Sale of assets to related organization(s) 1g h Purchase of assets from related organization(s) 1h Exchange of assets with related organization(s) 1i i Lease of facilities, equipment, or other assets to related organization(s) 1j k Lease of facilities, equipment, or other assets from related organization(s) 1k 11 Performance of services or membership or fundraising solicitations for related organization(s) н 1m **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) 1n o Sharing of paid employees with related organization(s) 10 p Reimbursement paid to related organization(s) for expenses 1p Reimbursement paid by related organization(s) for expenses 1q

s Other transfer of cash or property from related organization(s)
 2 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.

r Other transfer of cash or property to related organization(s)

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			Schodulo P (Form 990) 2022

Yes

No

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SERVICES AND ADVOCACY FOR GAY, LESBIAN, Schedule R (Form 990) 2022 BISEXUAL, AND TRANSGENDER ELDERS, INC.

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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 of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501(c org: Yes	e) all is sec. :)(3) 5.? No	(f) Share of total income	(g) Share of end-of-year assets	Dispi tio alloca	h) ropor- nate itions?	of Schedule K-1	(j) Genera manag partne Yes I	al or Pe ging er? 0	(k) ercentage ownership

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