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

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury

~ ·	01 111	e 2017 Calendar year, or tax year beginning Till I, 2017 and	ending I	MIC 31, 2010	
<b>B</b> C	heck if pplicab	C Name of organization		D Employer identif	cation number
X	Addre	GLBTQ LEGAL ADVOCATES & DEFENDERS, IN	C		
	Name chang			04-2	660498
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		426-1350
	Final return termir	0-			5,096,759.
	ated ∏Amen	City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02108		G Gross receipts \$	
$\vdash$	_lreturn _Applid _tion	DOSTON, MA UZIUU		H(a) Is this a group r	
	⊥tiò'n pendi	F Name and address of principal officer:RICHARD YURKO 18 TREMONT ST STE 950, BOSTON, MA 021	00	for subordinate	
				H(b) Are all subordinates	
		tempt status: $X = 501(c)(3) = 501(c)(6)$ (insert no.) $4947(a)(1)$ te: $WWW \cdot GLAD \cdot ORG$	or 527	-1	list. (see instructions)
		f organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	on number ► M State of legal domicile; MA
	rt I	Summary	L Year	of formation. 1970	VI State of legal doffliche, PLA
	1	Briefly describe the organization's mission or most significant activities: THRO	IICH ST	RATECTO T.TT	TCATTON
Activities & Governance	'	PUBLIC POLICY ADVOCACY, AND EDUCATION,	CONTIN	UE SCHEDULE	(0)
ınaı	2	Check this box if the organization discontinued its operations or dispo			
Ne.	3			3	20
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			20
S	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			34
itie	6	Total number of volunteers (estimate if necessary)			141
ţ				7a	0.
۷		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
o)	8	Contributions and grants (Part VIII, line 1h)		3,244,092.	4,198,278.
ň	9	Program service revenue (Part VIII, line 2g)		210,494.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-4,378.	25,363.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,901.	12,722.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,459,109.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	50,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
နွ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,160,767.	2,248,348.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  429, 9		0.	0.
xbe	b	Total fundraising expenses (Part IX, column (D), line 25)   429,9	26.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		970,204.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,130,971.	
- (0	19	Revenue less expenses. Subtract line 18 from line 12		328,138.	1,304,989.
Net Assets or Fund Balances			Be	eginning of Current Year	End of Year
sset 3ala		Total assets (Part X, line 16)		2,644,789.	3,990,991.
et A nd E		Total liabilities (Part X, line 26)		338,418.	
		Net assets or fund balances. Subtract line 21 from line 20		2,306,371.	3,619,821.
	rt II				linaladaa and haliaf ikia
		alties of perjury, I declare that I have examined this return, including accompanying schedule ct, and complete. Declaration of preparer (other than officer) is based on all information of wl			iy kilowledge alid bellet, it is
uue,	COLLE	/s/ Richard Yurko	ilicii piepaiei	July 23,	2018
Ciar		Signature of officer		Date	
Sigr Her		RICHARD YURKO, PRESIDENT			
пег	=	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		THOMAS F. MULDOON, CPA THOMAS F. MULDO	on, cla	)7/17/18 if self-emplo	P01561688
	arer	Firm's name ALEXANDER, ARONSON, FINNING & C	0., P.	C • Firm's EIN •	04-2571780
	Only	Firm's address 50 WASHINGTON STREET	<u> </u>	5 Em	
	•	WESTBOROUGH, MA 01581		Phone no. 5 0	8-366-9100
May	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

	nent of Program Service Accomplishments
Check if	Schedule O contains a response or note to any line in this Part III
,	e the organization's mission: STRATEGIC LITIGATION, PUBLIC POLICY ADVOCACY, AND EDUCATION,
GLBTQ L	EGAL ADVOCATES & DEFENDERS WORKS IN NEW ENGLAND AND NATIONALLY
TO CREA	TE A JUST SOCIETY FREE OF DISCRIMINATION BASED ON GENDER
IDENTIT	Y AND EXPRESSION, HIV STATUS, AND SEXUAL ORIENTATION.
2 Did the organiz	zation undertake any significant program services during the year which were not listed on the
prior Form 990	
If "Yes," descr	ribe these new services on Schedule O.
3 Did the organiz	zation cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	ribe these changes on Schedule O.
	organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
revenue, if any	/, for each program service reported.
<b>4a</b> (Code:	) (Expenses \$ 1,026,833 • including grants of \$ 50,000 • ) (Revenue \$ 514,069 • )
	CIVIL RIGHTS PROJECT (CRP) FIGHTS TO END DISCRIMINATION AGAINST
	, GAY, AND BISEXUAL PEOPLE ACROSS THE LIFESPAN, PROTECT AND
	THE MANY WAYS THAT LGBTQ FAMILIES ARE FORMED, AND ENSURE THE
	BALANCE BETWEEN RELIGIOUS LIBERTY AND ANTI-DISCRIMINATION
	IONS. THE CRP HAS HELPED WIN MARRIAGE IN EVERY STATE IN NEW
	, AND IN 2015, MARY BONAUTO, DIRECTOR OF THE CRP, SUCCESSFULLY
	FOR THE FREEDOM TO MARRY AT THE U.S. SUPREME COURT. THE CRP'S
	NITIATIVE WORKS TO ENSURE THAT LGBTQ YOUTH ARE SAFE, WELCOMED,
AND TRE	ATED EQUALLY AND WITH RESPECT IN EVERY FACET OF LIFE.
T31 MIID	DIGE VEID BUT ODD
	PAST YEAR, THE CRP:
	DECISION FROM THE VERMONT SUPREME COURT THAT AN LGBT PARENT
4b (Code:	) (Expenses \$ 708,100 • including grants of \$) (Revenue \$) TRANSGENDER RIGHTS PROJECT (TRP) FOCUSES ON FIGHTING
	INATION BASED ON GENDER IDENTITY AND EXPRESSION, INCLUDING: (1)
	NING THE FEDERAL ADMINISTRATION POLICY BANNING TRANSGENDER
	FROM SERVING IN THE MILITARY, (2) ENDING THE DENIAL OF CRITICAL
	CARE TO TRANSGENDER PEOPLE IN PRIVATE, PUBLIC AND STATE
	CE POLICIES, AS WELL AS FOR ADULTS AND YOUTH IN STATE CUSTODY,
	URING TRANSGENDER PEOPLE CAN OBTAIN IDENTITY DOCUMENTS
	ENT WITH THEIR GENDER; (4) PASSING TRANSGENDER-INCLUSIVE,
	IDE, AND COMPREHENSIVE ANTI-DISCRIMINATION LEGISLATION IN ALL
	ENGLAND STATES AND SIMILAR FEDERAL PROTECTIONS; (5) ROBUSTLY
ENFORCI	NG EXISTING ANTI-DISCRIMINATION PROTECTIONS FOR TRANSGENDER
PEOPLE	IN EMPLOYMENT, HOUSING AND PUBLIC SPACES; AND (6) SUPPORTING THE
<b>4c</b> (Code:	) (Expenses \$
	AIDS LAW PROJECT (ALP) FOCUSES ON ENDING DISCRIMINATION BASED ON
	S STATUS, PARTICULARLY IN AREAS OF PRIVACY AND CONFIDENTIALITY,
DISCRIM	INATION AND CRIMINALIZATION, AND INSURANCE COVERAGE.
	PAST YEAR, THE ALP:
	APPEAL AT THE HIGHEST COURT IN MASSACHUSETTS AGAINST THE TOWN
	STABLE'S ATTEMPT TO SHUT DOWN A LOCAL NEEDLE DISTRIBUTION
PROGRAM	
	D ROBUST IMPLEMENTATION IN MASSACHUSETTS OF THE FIRST LAW IN THE REQUIRING INSURANCE COVERAGE FOR THE TREATMENT OF A DEBILITATING
	FIGURING CONDITION CALLED LIPODYSTROPHY, WHICH RESULTS FROM THE
	RM USE OF THE FIRST GENERATION OF HIV MEDICATIONS.
	n services (Describe in Schedule O.)
(Expenses \$	
4e Total program	622,804 · including grants of \$ ) (Revenue \$ )

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Λ
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	- 25	
ıza		12a	х	
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	ıza		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			7.7
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
46	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,"	40		v
	complete Schedule G, Part III	19		X

# Form 990 (2017) GLBTQ LEGAL ADVOCA Part IV Checklist of Required Schedules (continued)

			Yes	NO
<b>20</b> a	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	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u>-</u> _
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		_	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

## Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response of note to any line in this Part V					Ш
	,				Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	23			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re				37	
	(gambling) winnings to prize winners?		I	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		2.4			
	filed for the calendar year ending with or within the year covered by this return	2a	34		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the control of t			2b	Х	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					v
		_		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			х
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	int)?	4a		Λ
D	If "Yes," enter the name of the foreign country:		-t- (FDAD)			
E-0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			Ea		Х
	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 transa-			5b 5c		21
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5C		
Va	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?			6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions.			0a		
b	were not tax deductible?		· ·	6b		
7	Organizations that may receive deductible contributions under section 170(c).			OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices r	provided to the payor?	7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
·	to file Form 8282?		•	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		ct?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		1			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? I	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
_	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	400	ı			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c	l	44		v
				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	υ		14b		

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		77	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	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		37	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	Х	
	The organization's CEO, Executive Director, or top management official	15a	X	
D	Other officers or key employees of the organization	15b	21	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ioa	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		Х
h	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Ioa		21
b	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	100		
17	List the states with which a copy of this Form 990 is required to be filed ►MA, ME, CT, RI, NH, VT, CA, NY, PA	,FL	, NJ	, NV
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a			
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	EVA N. BOYCE, CHIEF FINANCIAL OFFICER - 617-426-1350			
	18 TREMONT ST STE 950. BOSTON. MA 02108			

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

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

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

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

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

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

(A)	(B)	(C)			iioai	(D)	(E)	(F)		
Name and Title	Average	(do		Pos heck	ition		one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week (list anv	_				)/ a de	1	from the	from related organizations	other compensation
	hours for	direct				D.		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC)	,	organization
	organizations	al trus	onal tr		loyee	comp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RICHARD J. YURKO	12.00	=	=	3	¥	Ξ ω	F			
PRESIDENT		Х		X				0.	0.	0.
(2) JOYCE KAUFFMAN	5.00									
VP		Х		Х				0.	0.	0.
(3) DAVID HAYTER	6.00									
TREASURER		Х		X				0.	0.	0.
(4) DARIAN BUTCHER	5.00									
CLERK		Х		Х				0.	0.	0.
(5) LEILA BAILEY STEWART	2.50									_
BOARD MEMBER AS OF MAY		X						0.	0.	0.
(6) MARK BROWN	2.50									•
BOARD MEMBER	0.50	Х						0.	0.	0.
(7) ED BYRNE	2.50								•	•
BOARD MEMBER	2 50	Х						0.	0.	0.
(8) FRANCISCO CABAS	2.50	X							0	^
BOARD MEMBER AS OF MAY	2 50	A						0.	0.	0.
(9) ANDRE L. CAMPAGNA	2.50	X						0.	0.	0.
BOARD MEMBER	5.00	^						0.	0.	0.
(10) FRED CSIBI BOARD MEMBER AS OF MAY	3.00	Х						0.	0.	0.
(11) SHANE DUNN	2.50	^						0.	0.	<u></u>
BOARD MEMBER	2.50	Х						0.	0.	0.
(12) BEN FRANKLIN	2.50	<u> </u>						0.	0.	
BOARD MEMBER	2.30	x						0.	0.	0.
(13) MEGHAN FREED	2.50							0.0		
BOARD MEMBER AS OF MAY		x						0.	0.	0.
(14) JOE GARLAND	2.50									
BOARD MEMBER		х						0.	0.	0.
(15) GEORGE HASTIE	2.50									
BOARD MEMBER		х						0.	0.	0.
(16) DEBORAH HELLER	5.00									
BOARD MEMBER		Х						0.	0.	0.
(17) CHUCK LATOVICH	2.50									
BOARD MEMBER		Х						0.	0.	0.

								ENDERS, INC.	04-26	50 <b>4</b>	98	Pa	ige <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A)	(B)			_ (C				(D)	(E)		(I	F)	
Name and title	Average		not c	Posi	more	than		Reportable	Reportable		Estin		
	hours per week			ss per nd a di				compensation	compensation		amou		of
	(list any	rot						from the	from related organizations		compe	her nsat	tion
	hours for	or director				pe		organization	(W-2/1099-MISC		•	n the	
	related	tee or	ustee			ensat		(W-2/1099-MISC)			organ	izati	on
	organizations	al trus	onal tr		loyee	comp					and r		
	below line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organi	zatio	ons
(18) DIANNE PHILLIPS	5.00	드	드	ð	Ϋ́e	포등	요			+			
BOARD MEMBER		х						0.		0.			0.
(19) MARLENE SELTZER	5.00									+			
BOARD MEMBER		х						0.		0.			0.
(20) DAVID WILSON	5.00									$\Box$			
BOARD MEMBER		Х						0.		0.			0.
(21) BECK BAILEY	2.50												
LEFT DEC 31		Х						0.	(	0.			0.
(22) JO DAVIS	2.50												
LEFT DEC 31	0 50	Х						0.	(	0.			0.
(23) KYLE FAGET	2.50	,,								,			^
LEFT DEC 31	2 50	Х						0.	(	0.			0.
(24) TERRY HOLZMAN	2.50	x						0.		0.			0.
LEFT DEC 31 (25) JANSON WU	37.50	^						0.	'	<del>"</del>			0.
EXECUTIVE DIRECTOR	37.30		١.,	x			И	154,430.		0.	12	6	39.
(26) EVA BOYCE	32.60			22				131,130.	<u> </u>	<del>'</del> 十		,	<del>,</del>
CHIEF FINANCIAL OFFICER	0200			$\mathbf{x}$				111,517.		0.	11	. 28	33.
1b Sub-total								265,947.		0.			22.
c Total from continuation sheets to Part VI					<b></b>			666,398.		0.			66.
d Total (add lines 1b and 1c)							<b>•</b>	932,345.	(	0.	77	, 28	88.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed at	oove	e) wł	no r	eceived more than \$100	0,000 of reportable				
compensation from the organization					<u></u>								7
										_	Y	es	No
3 Did the organization list any <b>former</b> officer,			e, ke	y en	nplo	yee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su	-		-					( l- ' l' '-l - l	-		, ,	x	
and related organizations greater than \$150											4 2	^+	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				•			•			5		Х
Section B. Independent Contractors	piete Scriedur	<del>e</del>	01 30	ист	Ders	OII .		<u></u>			3		
Complete this table for your five highest co.	mpensated in	dene	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of comp	ensat	tion fro	m	
the organization. Report compensation for	· ·	-							· · · · · · · · · · · · · · · · · · ·				
(A)	,							(B)			(C)		
Name and business	address	N	INC	3				Description of s	services	Cor	mpens	ation	า
							_						

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

Part VII Section A. Officers, Directors, Tru (A)  Name and title	Average hours per week (list any hours for related organizations below	stee or director		(C Pos	<b>C)</b> ition			(D) Reportable	<b>(E)</b> Reportable	(F) Estimated
	Average hours per week (list any hours for related organizations			Pos	ition		.h.d\	Reportable	Reportable	
Name and title	hours per week (list any hours for related organizations						J. A			Estimated
	per week (list any hours for related organizations		heck	c all 1	that	app			compensation	
	week (list any hours for related organizations	stee or director				I that apply)		compensation	compensation from related	amount of other
		ridual tru:	Institutional trustee	er	Key employee	Highest compensated employee	ıer	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	line)	Indi	Insti	Officer	Key	High	Former			
27) GARY BUSECK	37.50									
EGAL DIRECTOR						Х		151,193.	0.	12,593
28) MARY BONAUTO	37.50								_	
ATTORNEY						Х		162,853.	0.	6,176
29) BENNET KLEIN	37.50					l		104 004	•	44 506
ATTORNEY	25 50					Х		124,231.	0.	11,796
30) BRIANNA BOGGS	37.50							117 466	0	11 522
DIRECTOR OF DEVELOPMENT	27 50					Х		117,466.	0.	11,533
31) JENNIFER LEVI ATTORNEY	37.50					х		110,655.	0.	11,268
							4	110,0000		
			4	5			4			
						4				
		-								
		-								
otal to Part VII, Section A, line 1c							·	666,398.		53,366

	990 ( rt <b>VII</b>			ADVOCATES	& DEFENDE	RS, INC.	04-2660	<b>4</b> 98 Page <b>9</b>
Га	L VII	Statement of Rever	iue		=			
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII	/ <b>P</b> \	(C)	
					Total revenue	Related or exempt function revenue	Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
irar	b	Membership dues						
Å,G		Fundraising events		924,693.				
ar /		Related organizations						
s, mil		Government grants (contribut	·····	68,007.				
Sign		All other contributions, gifts, gran	· · -	,				
he		similar amounts not included abo		205,578.				
Contributions, Gifts, Grants and Other Similar Amounts	g			185,426.				
Sor	_	Total. Add lines 1a-1f			4,198,278.			
<u> </u>		Total Add in co Ta Ti		Business Code				
o l	2 a	ATTORNEY FEES		900099	460,738.	460,738.		
ķ	2 a b	OMITTO DOCODAN T	NCOME	900099	53,331.	53,331.		
Ser	-	-		300033	33,3321	4		
E N	c d							
Program Service Revenue	u							
Pro	f	All other program service reve	2010					
		Total. Add lines 2a-2f			514,069.			
	3	Investment income (including			3 = 1, 3 = 3			
	·	other similar amounts)	•		25,124.			25,124.
	4	Income from investment of ta						•
	5	Royalties						
	_		(i) Real	(ii) Personal				
	6 a	Gross rents	() : : : : :	(1)				
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		<b></b>				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	159,820.					
	b	Less: cost or other basis						
		and sales expenses	159,581					
	С	Gain or (loss)	239					
	d	Net gain or (loss)		. <u></u>	239.			239.
<u>o</u>	8 a	Gross income from fundraisin	g events (not					
enr		including \$ 924,6	93. of					
3ev		contributions reported on line						
e e		Part IV, line 18		199,468.				
Other Revenue		Less: direct expenses		186,746.	10 500			10 500
_		Net income or (loss) from fund	•	<b>_</b>	12,722.			12,722.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam	-	<b>D</b>				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale						
	44 -	Miscellaneous Revenu	ie	Business Code				
	11 a							
	b							
	Q C	All attaconomics						
	u	Total. Add lines 11a-11d  Total revenue See instructions						
	12	Total revenue See instructions			4.750.432.	514 069	0.	38.085.

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) (A) Total expenses Do not include amounts reported on lines 6b. Program service expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 50,000. 50,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, 293,915. 152,472. 109,294. 32,149. trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,294,625. 1,616,282. 117,037. 204,620. 7 Other salaries and wages Pension plan accruals and contributions (include 45,506 36,455. 3,345. 5,706. section 401(k) and 403(b) employer contributions) 144,442. 114,001. 12,116. 18,325. 9 Other employee benefits 17,063. 18,404. 148,203. 112,736. 10 Payroll taxes Fees for services (non-employees): 11 a Management 10,000. 1,151. 1,242. 7,607. Legal 26,350. 26,350. Accounting 20,000. 20,000. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees \_\_\_\_\_ Other, (If line 11g amount exceeds 10% of line 25, 195,242. 161,266. 15,037. 18,939. column (A) amount, list line 11g expenses on Sch O.) 15,718. 11,632. 4,086. Advertising and promotion 12 185,390. 240,364. 9,629. 45,345. 13 Office expenses 69,928. 59,996. 149. 9,783. Information technology 14 Royalties 15 48,243. 392,589. 299,621. 44,725. 16 Occupancy 57,281. 43,644. 848. 12,789. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 9,140. 6,645. 1,006. 1,489. Conferences, conventions, and meetings 19 20 Payments to affiliates ..... 21 5,435. 40,625. 33,291. 1,899. Depreciation, depletion, and amortization ..... 22 1,762. 14,800. 12,215. 823. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) OTHER LITIGATION COSTS 19,917. 18,182. 1,735. DUES AND SUBSCRIPTIONS 17,434. 17,164. 130. 140. STAFF DEVELOPMENT 8,623. 6,435. 800. 1,388. 8,435. 8,435. DONATIONS 649. 493. 75. 81. e All other expenses 3,445,443. 2,652,305. 363,212. 429,926. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

Check here

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

# Form 990 (2017) Part X Balance Sheet

ı a	I L A	Dalance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	- <b>i</b>		<u> </u>
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	657,441.	1	776,425.
	2	Savings and temporary cash investments	2,565.	2	2,623.
	3	Pledges and grants receivable, net	10001	3	368,317.
	4	Accounts receivable, net		4	88,066.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ω		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	I EE E10	9	38,958.
	10a	Land, buildings, and equipment: cost or other			
	Ь	basis. Complete Part VI of Schedule D Less: accumulated depreciation  10a 474,772 10b 259,650	150,236.	10c	215,122.
	11	Investments - publicly traded securities	4 000 444	11	2,501,480.
	12	Investments - other securities. See Part IV, line 11		12	, ,
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	3,990,991.
	17	Accounts payable and accrued expenses	000 444	17	353,794.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	17,376.
ű	22	Loans and other payables to current and former officers, directors, trustees,			
ij		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
Ĩ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	46,007.	25	0.
	26	Total liabilities. Add lines 17 through 25	338,418.	26	371,170.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
S		complete lines 27 through 29, and lines 33 and 34.			
ű	27	Unrestricted net assets	1,893,515.	27	2,425,829.
Fund Balances	28	Temporarily restricted net assets		28	1,193,992.
g B	29	Permanently restricted net assets		29	
Ë		Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances		33	3,619,821.
	34	Total liabilities and net assets/fund balances	0 644 500	34	3,990,991.

Pai	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,75	0,4	32.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,44				
3	Revenue less expenses. Subtract line 2 from line 1	3	1,30				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,306,371.				
5	Net unrealized gains (losses) on investments	5	8,461				
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	3,61	9,8	21.		
Pai	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				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 in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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 separat						
	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 th	e audit,					
	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 in Sch	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si						
	Act and OMB Circular A-133?	-	3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2017)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

GLBTO LEGAL ADVOCATES & DEFENDERS, INC. 04-2660498 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2017 GLBTQ LEGAL ADVOCATES & DEFENDERS, INC. 04-2660498 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,189,934.	3,145,183.	2,857,520.	3,244,092.	4,209,400.	16,646,129.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3,189,934.	3,145,183.	2,857,520.	3,244,092.	4,209,400.	16,646,129.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				1		
	supported organization) included			1			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,057,934.
6	Public support. Subtract line 5 from line 4.						15,588,195.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
7	Amounts from line 4	3,189,934.	3,145,183.	2,857,520.	3,244,092.	4,209,400.	16,646,129.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	32,457.	44,889.	43,208.	18,300.	25,124.	163,978.
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.)						
11	<b>Total support.</b> Add lines 7 through 10						16,810,107.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,093,584.
13	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth tax	x year as a sectio	n 501(c)(3)	
_	organization, check this box and stop						<u></u>
Sec	ction C. Computation of Publ						00 00
14	11 1 5 (					14	92.73 %
15	Public support percentage from 2016					15	81.12 %
16a	33 1/3% support test - 2017. If the o	•		•		•	
	stop here. The organization qualifies						<u> </u>
b	33 1/3% support test - 2016. If the o						is box
	and <b>stop here.</b> The organization qual						▶□
17a	10% -facts-and-circumstances tes	_					
	and if the organization meets the "fac			-	•	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	<b>t - 2016.</b> If the org	anization did not cl	neck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the		•				
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instruction	s ▶∟

Schedule A (Form 990 or 990-EZ) 2017 GLBTQ LEGAL ADVOCATES & DEFENDERS, INC. 04-2660498 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	, ,	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(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						
7	Amounts included on lines 1, 2, and			(			
	3 received from disqualified persons						
ŀ	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.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
ŀ	Unrelated business taxable income	,					
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)				<u> </u>		
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth	tax year as a secti	on 501(c)(3) organi	zation,
					-		
Se	ction C. Computation of Publ						
	Public support percentage for 2017 (			column (f))		15	%
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>)17</b> (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from	2016 Schedule A,	Part III, line 17			18	%
	a 33 1/3% support tests - 2017. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2016. If the	organization did r	not check a box on	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies	as a publicly supp	orted organization	
20	Private foundation If the organization						

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

_		Yes	No
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	3b		
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	dule A (Form 990 or 990-EZ) 2017 GLBTQ LEGAL ADVOCATES & DEFENDERS, INC. 04-26	6049	8 Pa	age <b>5</b>
Pa	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	-		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
' a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	tructions	2)	
2	Activities Test. Answer (a) and (b) below.	ractions	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2017 GLBTQ LEGAL ADVOCATES & DEFENDERS, INC. 04-2660498 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to

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

6

Schedule A (Form 990 or 990-EZ) 2017

emergency temporary reduction (see instructions)

instructions).

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Sche <b>Pa</b> ı	dule A (Form 990 or 990-EZ) 2017 GLBTQ LEGAL A			4-2660498 Page 7
	Type militari i ameticinany militaria sec	(a)(3) Supporting Org	anizations (continued)	Ourmant Vasu
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	or purposes or supported		
3	organizations, in excess of income from activity	os of supported organization	20	
	Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets	es of supported organization	15	
_ <u>4</u> _5	Qualified set-aside amounts (prior IRS approval required)			
6				
7	Other distributions (describe in <b>Part VI</b> ). See instructions. <b>Total annual distributions.</b> Add lines 1 through 6.			
<del>-</del>	Distributions to attentive supported organizations to which the	ho organization is responsive	^	
0	(provide details in <b>Part VI</b> ). See instructions.	ne organization is responsive	<del>U</del>	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
10	Line o amount divided by line 9 amount	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
0001		Execute Bloth Buttone	Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6		4	
2	Underdistributions, if any, for years prior to 2017 (reason-			
_	able cause required- explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
	From 2013			
	From 2014			
d	From 2015			
е	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			

Schedule A (Form 990 or 990-EZ) 2017

a Excess from 2013
 b Excess from 2014
 c Excess from 2015
 d Excess from 2016
 e Excess from 2017

Schedule A	(Form 990 or 990-EZ) 2017 GLBTQ LEGAL ADVOCATES & DEFENDERS, INC. 04-2660498 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 C**

(Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

2017

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

ax) (see separate instruction						
<ul> <li>Section 501(c)(4), (5), or (6)</li> <li>Name of organization</li> </ul>	b) organizations: Comp	lete Part III.			Employer identification	on number
•	BTQ LEGAL A	DIJOCAMEC C	DEEEMDEDC		04-2660	
	f the organization					490
Tart A Complete	i tile organization	1 13 CXCIIIPE dilac		JI IS a Scotion o	Z7 Organization.	
• Duantida a description of	ble e everenimentiende eliver			Dort IV		
<ul><li>1 Provide a description of t</li><li>2 Political campaign activit</li></ul>					. <b>&gt;</b> \$	
3 Volunteer hours for politic	cai campaign activities					
Part I-B Complete in	f the organization	n is exempt unde	er section 501(c)(	3).		
1 Enter the amount of any	excise tax incurred by	the organization unde	er section 4955		<b>▶</b> \$	
2 Enter the amount of any						
3 If the organization incurre						No No
4a Was a correction made?						☐ No
<b>b</b> If "Yes." describe in Part	IV.					
Part I-C Complete in	f the organizatior	n is exempt unde	er section 501(c),	except section	501(c)(3).	
1 Enter the amount directly	expended by the filing	g organization for sec	tion 527 exempt functi	on activities	<b>&gt;</b> \$	
2 Enter the amount of the f	filing organization's fun	ds contributed to oth	er organizations for se	ction 527		
exempt function activities	S				. <b>&gt;</b> \$	
3 Total exempt function ex	penditures. Add lines	and 2. Enter here an	nd on Form 1120-POL,			
line 17b					. <b>&gt;</b> \$	
4 Did the filing organization	n file <b>Form 1120-POL</b> f	or this year?			Yes	└─ No
5 Enter the names, address	ses and employer iden	tification number (EIN	l) of all section 527 pol	itical organizations to	o which the filing organ	ization
made payments. For eac	h organization listed, e	nter the amount paid	from the filing organization	ation's funds. Also er	nter the amount of poli-	tical
contributions received th				•	eparate segregated fu	nd or a
political action committee	e (PAC). If additional sp	pace is needed, provi	de information in Part I	V.		
(a) Name	(	<b>b)</b> Address	(c) EIN	(d) Amount paid f	1 ' '	•
				filing organizatio		
				funds. If none, ente	delivered to a	
					political orga	
					If none, en	ter -0

Schedule C (Form 990 or 990-EZ) 2017 GLBTQ LEGAL ADVOCATES & DEFENDERS, INC. 04-2660498 Page 2									
Part II-A Complete if the org section 501(h)).									
	ation belongs to an affi	liated group (and list ir	n Part IV each affiliated	group member's nam	e, address, EIN,				
	re of excess lobbying								
B Check ▶ ☐ if the filing organiza	ation checked box A ar	nd "limited control" pro	ovisions apply.						
	ts on Lobbying Exper ditures" means amou		)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals				
1a Total lobbying expenditures to infl	uence public opinion (	grass roots lobbying)		1,441.					
<b>b</b> Total lobbying expenditures to infl	uence a legislative boo	dy (direct lobbying)		73,346.					
c Total lobbying expenditures (add I	ines 1a and 1b)			74,787.					
d Other exempt purpose expenditur	es			3,370,656.					
e Total exempt purpose expenditure	es (add lines 1c and 1c	l)		3,445,443.					
f Lobbying nontaxable amount. Ent	er the amount from the	e following table in bot	h columns.	322,272.					
If the amount on line 1e, column (a)	or (b) is: The lob	bying nontaxable am	ount is:						
Not over \$500,000	20% of	the amount on line 1e.							
Over \$500,000 but not over \$1,00	0,000 \$100,00	0 plus 15% of the exc	ess over \$500,000.						
Over \$1,000,000 but not over \$1,5		0 plus 10% of the exc							
Over \$1,500,000 but not over \$17		0 plus 5% of the exce	ss over \$1,500,000.						
Over \$17,000,000	\$1,000,0	000.							
	. 050/ (1) 40			80,568.					
g Grassroots nontaxable amount (er	,			0.					
h Subtract line 1g from line 1a. If zer			······	0.					
<ul><li>i Subtract line 1f from line 1c. If zero</li><li>j If there is an amount other than zero</li></ul>		ling 1i, did the organiz		0.					
reporting section 4911 tax for this	•			Г	Yes No				
reporting section 4911 tax for this	•	eraging Period Under	section 501(h)	L	1e5 140_				
(Some organizations t	hat made a section 5		have to complete all	of the five columns b	elow.				
	Lobbying Exper	nditures During 4-Yea	ar Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	( <b>c</b> ) 2016	<b>(d)</b> 2017	(e) Total				
2a Lobbying nontaxable amount	318,076.	312,059.	306,549.	322,272.	1,258,956.				
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,888,434.				
c Total lobbying expenditures	12,773.	23,052.	65,215.	74,787.	175,827.				
d Grassroots nontaxable amount	79,519.	78,015.	76,637.	80,568.	314,739.				
e Grassroots ceiling amount (150% of line 2d, column (e))									

881.

10,075.

166.

1,441. 12,563. Schedule C (Form 990 or 990-EZ) 2017

f Grassroots lobbying expenditures

## Schedule C (Form 990 or 990-EZ) 2017 GLBTQ LEGAL ADVOCATES & DEFENDERS, INC. 04-2660498 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(	5), or se	ection	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
1	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members	"No," OR	(b) Par		ne 3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
2	expenses for which the section 527(f) tax was paid).	Jai			
_			2a		
	Current year Carryover from last year				
C					
3	Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
7	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
			4		
5	expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)		5		
Par					
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list). Part II-	Δ lines 1 :	and 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	, 110t), 1 art 117	,	2110 2 (000	
111001	sociones, and that it is, into 1.7 100, complete the part for any additional information.				

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

GLBTQ LEGAL ADVOCATES & DEFENDERS, INC.

Employer identification number 04 - 2660498

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for
Da	conservation easements.	f Aut Historiaal Transcruss au C	Ather Circiles Assets
Pa	rt III Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" on Form		are and are all below as a short develop of and
та	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that described an armst advantage SEAS 110 (A)		
D	If the organization elected, as permitted under SFAS 116 (AS	•	
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pt	ublic service, provide the following amounts
	relating to these items:		<b>•</b> •
	(i) Revenue included on Form 990, Part VIII, line 1		
•			
2	If the organization received or held works of art, historical tre		ai gairi, provide
_	the following amounts required to be reported under SFAS 1		<b>•</b> •
a	Revenue included on Form 990, Part VIII, line 1		

Sche	edule D (Form 990) 2017	GLBTQ	LEGAL	ADVOC	ATES	& DEF	'ENDERS	, INC	:. (	04-26	60498	B Pa	age <b>2</b>
Pai	rt III Organizations	Maintaining	Collecti	ions of A	rt, Histo	rical Tr	easures, c	or Othe	r Simila	ar Asse	<b>ts</b> (contin	ued)	
3	Using the organization's a	cquisition, acce	ssion, and	other record	ds, check a	any of the	following tha	t are a si	gnificant i	use of its	collection	ı item	S
	(check all that apply):												
а	Public exhibition			d	ı   L	an or exc	hange progra	ams					
b	Scholarly research			е	· 🗀 o	ther							
С	Preservation for futu	ure generations											
4	Provide a description of the	ne organization's	collections	s and explai	n how the	y further t	he organizati	on's exer	npt purpo	ose in Par	t XIII.		
5	During the year, did the or	ganization solici	it or receive	donations	of art, hist	orical trea	sures, or oth	er similar	assets	_	_		_
	to be sold to raise funds ra										Yes		<u>No</u>
Pai	rt IV Escrow and C				ete if the c	rganizatio	n answered '	'Yes" on	Form 990	), Part IV,	line 9, or		
	reported an amoun												
1a	Is the organization an age				-						7	77	7
	on Form 990, Part X?									L	Yes	LX.	No
b	If "Yes," explain the arrang	gement in Part X	(III and com	plete the fo	ollowing ta	ble:							
											Amount		
d	Additions during the year												
е	Distributions during the ye												
f	Ending balance								. <u>  1f  </u>	7	1	_	T
	Did the organization include								•		Yes	X	∐ No
	If "Yes," explain the arrangert V Endowment Fi												
Га	rt V Endowment F	urius. Complet							( <b>d)</b> Three y	voore book	(a) Four	vooro	hook
4.	Designation of very belonge		` '	rrent year	(b) Pri	or year	(c) Two year	S Dack	(a) Tillee y	ears Dack	(e) Four	years	Dack
ıa L	Beginning of year balance												
D	Contributions												
4	Net investment earnings, g	-											
u	Grants or scholarships Other expenditures for fac	vilitios											
C													
f	Administrative expenses												
g 2	Provide the estimated per	centage of the c		end haland	e (line 1a	column (	a)) held as:						
				Crid balanc	% (iii to 19,	COIGITITI	ajj riciu as.						
b	Permanent endowment		%		_/0								
c	Temporarily restricted end			%									
•	The percentages on lines	_	hould equa	_									
За	Are there endowment fund				ation that	are held a	and administe	red for th	ne organiz	zation			
	by:								Ü		Γ	Yes	No
	(i) unrelated organization	ns									3a(i)		
	(ii) related organizations												
b	If "Yes" on line 3a(ii), are the										3b		
4	Describe in Part XIII the in											'	
Pai	rt VI Land, Building	s, and Equip	ment.										
	Complete if the org	anization answe	ered "Yes"	on Form 990	0, Part IV,	line 11a. S	See Form 990	, Part X,	line 10.				
	Description of pr	operty	(	a) Cost or o	ther	(b) Cost	or other	( <b>c</b> ) Ac	cumulate	ed	(d) Book	value	<u>——</u> е
	<u> </u>	<u> </u>	b	asis (investr	ment)	basis	(other)	dep	reciation				
1a	Land												
	Buildings												
	Leasehold improvements						1,655.		42,7				10.
	Equipment						0,706.	1	.68,4				69.
	0.1					1 0	2 /11		10 1	6 Q	<u> </u>	<u> </u>	13

Schedule D (Form 990) 2017

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

Schedule D	(Form 990) 2017 GLBTQ LEGAL	ADVOCATES 8	⊊ DEFENDERS, IN	IC. 04-2660498 Page 3
Part VII	Investments - Other Securities.		•	. ago -
	Complete if the organization answered "Yes"	on Form 990, Part IV, li	ine 11b. See Form 990, Part	X, line 12.
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuati	on: Cost or end-of-year market value
(1) Financia	al derivatives			
(2) Closely-	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	o) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, li	ine 11c. See Form 990, Part 2	X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuati	on: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	o) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, li	ine 11d. See Form 990, Part	X, line 15.
	(a)	Description	•	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities.	ne 15.)		<b>)</b>
1 3.1 7 7 1	Complete if the organization answered "Yes"	on Form 990 Part IV li	ine 11e or 11f See Form 990	Part X line 25
1.	(a) Description of liability		(b) Book value	, ,
	eral income taxes		. ,	
(2)	oral modific taxoo			
(3)				
(4)				
(5)				
(6)				
(7)				

(8)

Pai	LAI	Reconciliation of Revenue per Audited Financial Statemer	ILS VVI	in Revenue per R	eturi	n.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total re	1	12,216,005.			
2	Amour	its included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net un	realized gains (losses) on investments	2a	8,461.		
b	Donate	ed services and use of facilities	2b	7,457,112.		
С	Recov	eries of prior year grants	2c			
d	Other (	Describe in Part XIII.)	2d			
е	Add lin	2e	7,465,573.			
3	Subtra		3	4,750,432.		
4	Amour	its included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investr	nent expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (	Describe in Part XIII.)	4b			
С	Add lin	es <b>4a</b> and <b>4b</b>			4c	0.
		evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,750,432.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Stateme	nts W	ith Expenses per	Retu	ırn.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total e	xpenses and losses per audited financial statements			1	10,902,555.
2	Amour	its included on line 1 but not on Form 990. Part IX. line 25:				

7,457,112. a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c Other losses d Other (Describe in Part XIII.) 7,457,112. 2e e Add lines 2a through 2d 3,445,443. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a 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 3,445,443. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

### Part 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 IV, LINE 2B:

GLAD ENTERED INTO A FISCAL AGENT AGREEMENT WITH ECC BUILDING COMMITTEE, A

NONEXEMPT GROUP ORGANIZED IN MAINE, THROUGH NOVEMBER 2018. AS OF MARCH

31, 2018, THE CASH BALANCE IN THE FUND WAS \$6,626 AND IS SHOWN AS

RESTRICTED CASH - FISCAL AGENT AND FISCAL AGENT PAYABLE IN THE

ACCOMPANYING STATEMENTS OF FINANCIAL POSITION. GLAD ALSO RECEIVED \$10,750

FROM DONORS TO SUPPORT THE FREEDOM MASSACHUSETTS EDUCATION FUND. THESE

FUNDS WERE DISPERSED IN MAY 2018 TO BAGLY.

### PART X, LINE 2:

GLAD ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC

TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR

Schedule D (Form 990) 2017 GLBTQ LEGAL ADVOCATES & DEFENDERS, INC. 04-2660498 Page 5
Part XIII   Supplemental Information (continued)
UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND
MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING A TAX
POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. GLAD HAS
DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR
EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT MARCH 31,
2018 AND 2017. GLAD'S INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY
FEDERAL AND STATE JURISDICTIONS.

### **SCHEDULE G**

Department of the Treasury

(Form 990 or 990-EZ)

or entity (fundraiser)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

organization

fundraiser

listed in col. (i)

from activity

Internal Revenue Service Go to www.irs.gov/Form990 for the latest instructions. **Employer identification number** Name of the organization GLBTQ LEGAL ADVOCATES & DEFENDERS, 04-2660498 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations h Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by)

Yes No

Total									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.									

Schedule G (Form 990 or 990-EZ) 2017 GLBTQ LEGAL ADVOCATES & DEFENDERS, INC. 04-2660498 Page 2

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events SPIRIT OF (add col. (a) through JUSTICE SUMMER PARTY 1 col. (c)) (event type) (event type) (total number) Revenue 1,124,161. 870,116. 163,925. 90,120. 1 Gross receipts 704,314 141,265. 79,114. 924,693. 2 Less: Contributions 165,802 22,660. 11,006. 199,468. 3 Gross income (line 1 minus line 2) ..... 4 Cash prizes 5 Noncash prizes Direct Expense 33,747. 1,923. 13,057. 48,727. 6 Rent/facility costs 107,166. 19,240. 7,633. 134,039. 7 Food and beverages 8 Entertainment 2,289. 3,980. 1,332. 359. 9 Other direct expenses 186,746. **10** Direct expense summary. Add lines 4 through 9 in column (d) 12,722. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses ..... Yes Yes % Yes 6 Volunteer labor 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** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_\_\_\_\_ Yes \_\_\_\_ No **b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2017 GLBTQ LEGAL ADVOCATES & DEFENDERS, INC. 04-2	<u> 2660498</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address ▶		
45.			□ No
158	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	□□ NO
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party  \$\bigs\\$		
c	or If "Yes," enter name and address of the third party:		
	Name ▶		
	Address		
16	Coming manager information:		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	s the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
<b>D</b> -	organization's own exempt activities during the tax year ▶ \$		
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9, 9b, 10	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990 or 990-EZ)	GLBTQ	LEGAL	ADVOCATES	&	DEFENDERS,	INC.	04-2660498	Page 4
Part IV	(Form 990 or 990-EZ) <b>Supplemental Info</b>	rmation (cor	ntinued)						
						4			
					4				
					1				
						<b>&gt;</b>			

### 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.

➤ Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** 

Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

GLBTO LEGAL ADVOCATES & DEFENDERS, INC.

**Employer identification number** 

04-2660498 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) FREEDOM FOR ALL MASSACHUSETTS C/O BULLDOG COMPLIANCE - 138 CONANT ST THE GIFT CONTRIBUTES TO 2ND FL - BEVERLY, MA 01915 81-4110935 501C4 25 000 0 THE BALLOT INITIATIVE. FREEDOM MASSACHUSETTS EDUCATION THE GIFT SUPPORTS THE FUND C/O BAGLY INC. - PO BOX PUBLIC EDUCATION 960814 - BOSTON, MA 02196 04-2785336 501C3 25 000 CAMPAIGN. 0 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

(a) Type of grant or assistance	<b>(b)</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 red	quired in Part I, lir	ne 2; Part III, column	n (b); and any other a	dditional information.	
PART I, LINE 2:					
THE EXECUTIVE DIRECTOR OF GLAD IS	ON THE B	OARD FOR E	BOTH GRANT	RECIPIENT	
AGENCIES. AS A BOARD MEMBER, THE	GLAD EXE	CUTIVE DIF	RECTOR RECE	IVES REGULAR	
FINANCE REPORTS AS TO HOW ALL FUNI	OS ARE BE	ING SPENT.	•		

### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

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

➤ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

GLBTQ LEGAL ADVOCATES & DEFENDERS, INC.

Employer identification number 04-2660498

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

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

Schedule J (Form 990) 2017

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-MI	SC compensation	(C) Retirement and 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	Derients	(6)(1)-(0)	reported as deferred on prior Form 990
(1) JANSON WU	(i)	149,900.	4,530.	0.	4,636.	8,003.	167,069.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.		0.
(2) GARY BUSECK	(i)	146,707.	4,486.	0.	4,590.	8,003.		0.
LEGAL DIRECTOR	(ii)	0.	0.	0.	0.	0.		0.
(3) MARY BONAUTO	(i)	158,172.	4,681.	0.		1,212.		0.
ATTORNEY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

GLBTQ LEGAL ADVOCATES & DEFENDERS, INC. Employer identification number 04 - 2660498

Pai	τι   Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		_	_
		applicable		Form 990, Part VIII, line 1g	noncash contribt	ilion ai	mount	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	9	134,901.	MARKET VALU	Έ		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			F0 F0F	~~~ ~~ ~~	<u> </u>		
25	Other (EQUIPMENT)	Х	0	50,525.	COST OF GOO	שט		
26	Other ()							
27	Other ()							
28	Other ► (							
29	Number of Forms 8283 received by the organiz		,					
	for which the organization completed Form 828	83, Part IV,	Donee Acknowled	gement <b>29</b>			1	
00-	Desired the second did the second leading on the leading			and the David I form of the second	-1- 00 414 14		Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date			•		00-		Х
	exempt purposes for the entire holding period?	<i>'</i>				30a		Λ
	If "Yes," describe the arrangement in Part II.	a alian de at ::	ogujego the electrical	of any nanataral and a set title	ution of	0.4	х	
31	Does the organization have a gift acceptance p				ILIO(15 ?	31	Λ	
3∠a	Does the organization hire or use third parties of		-	· ·		20-		Х
L.	contributions?					32a		21
	If "Yes," describe in Part II.	aluman (a) f-		u for which only man (a) is also	akad			
33	If the organization didn't report an amount in c	oiumn (c) fo	r a type of propert	y for which column (a) is che	скеа,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

Schedule M	(Form 990) 2017	GLBTQ LI						04-2660498	Page 2
Part II	Supplemental is reporting in Part this part for any actions and the supplemental su	t I, column (b), th	e number of	e information r contributions,	equired I , the num	by Part I, lines	30b, 32b, and seceived, or a co	33, and whether the organ embination of both. Also co	zation mplete
							1		

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2017
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GLBTQ LEGAL ADVOCATES & DEFENDERS, INC.

Employer identification number 04-2660498

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

GLBTQ LEGAL ADVOCATES & DEFENDERS WORKS IN NEW ENGLAND AND NATIONALLY

TO CREATE A JUST SOCIETY FREE OF DISCRIMINATION BASED ON GENDER

IDENTITY AND EXPRESSION, HIV STATUS, AND SEXUAL ORIENTATION.

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

SHOULD BE RECOGNIZED AS A PARENT REGARDLESS OF GENETIC CONNECTION WITH

THE CHILD, EVEN WHERE THE PARENT IS NOT MARRIED TO THE GENETIC PARENT

AND HAS NOT ADOPTED.

-CONTINUED TO DEFEND ON APPEAL A VICTORY IN MASSACHUSETTS ON BEHALF OF

A LESBIAN COUPLE OF COLOR FACED WITH ATTEMPTS BY A KNOWN DONOR WHO IS

SEEKING PARENTAL RIGHTS, DESPITE HAVING NO RELATIONSHIP WITH THE CHILD

SINCE BIRTH AND NO MUTUAL AGREEMENT WITH THE PARENTS AS TO HAVING ANY

ROLE IN THE CHILD'S LIFE.

-SUPPORTED LITIGATION AROUND THE COUNTRY, INCLUDING WITH AN AMICUS

BRIEF IN THE FEDERAL FIRST CIRCUIT COURT OF APPEALS RESULTING IN

POSITIVE CASE LAW, TO ESTABLISH THAT SEXUAL ORIENTATION DISCRIMINATION

CONSTITUTES PER SE SEX DISCRIMINATION UNDER FEDERAL LAW.

-CONTINUED TO WORK IN COALITION WITH OUR LITIGATION AND LEGISLATIVE

PARTNERS AROUND CASES WHERE RELIGION AND NON-DISCRIMINATION INTERSECT

(E.G. THE MASTERPIECE CAKESHOP CASE AT THE U.S. SUPREME COURT) AND

PROPOSED LEGISLATION (E.G. THE FEDERAL EQUALITY ACT AND STATE-BASED

NON-DISCRIMINATION BILLS).

-SECURED THE ABILITY OF SAME-SEX PARENTS IN MASSACHUSETTS TO OBTAIN A
GENDER NEUTRAL VOLUNTARY ACKNOWLEDGEMENT OF PARENTAGE, WHICH WOULD SET

MISSISSIPPI.

A STANDARD FOR THE REST OF THE COUNTRY IN RECOGNIZING THE LEGAL STATUS

OF LGBTQ PARENTS WITHOUT HAVING TO UNDERTAKE AN ADOPTION.

-REPRESENTED AN ELDERLY MASSACHUSETTS AFRICAN-AMERICAN WOMAN WHOSE

SPOUSE WAS TAKEN FROM HER WHEN THE SPOUSE'S NEPHEW SUCCEEDED IN

WRONGFULLY OBTAINING GUARDIANSHIP OF HIS AUNT AND TOOK HER TO

IN THE PAST YEAR, THE CRP'S YOUTH INITIATIVE:

-REPRESENTED FOUR YOUTH IN A JUVENILE DETENTION FACILITY IN MAINE WHO

ARE EXPERIENCING SEVERE HARASSMENT AND DISCRIMINATION BASED UPON THEIR

ACTUAL OR PERCEIVED SEXUAL ORIENTATION AND/OR GENDER IDENTITY, AND ALSO

WORKED IN A COALITION TO ADDRESS THE DEPLORABLE CONDITIONS FOR ALL

YOUTH DETAINED IN THE FACILITY.

-REPRESENTED A TRANSGENDER YOUTH AT THE OFFICE OF CIVIL RIGHTS OF THE

FEDERAL DEPARTMENT OF EDUCATION, WHO WAS HARASSED, ASSAULTED AND

DISCRIMINATED AGAINST AT HER RHODE ISLAND ELEMENTARY SCHOOL BASED UPON

HER GENDER IDENTITY.

-EMPOWERED AND EDUCATED LGBTQ YOUTH THROUGH OUR "GOT RIGHTS?" WORKSHOP

SERIES, WHICH INFORMS LGBTQ AND HIV POSITIVE YOUTH, PARTICULARLY

TRANSGENDER YOUTH, YOUTH OF COLOR, AND HOMELESS YOUTH, OF THEIR LEGAL
RIGHTS IN MASSACHUSETTS.

-WORKED THROUGHOUT NEW ENGLAND TOWARD THE PASSAGE OF LAWS BANNING
CONVERSION THERAPY, INCLUDING SUCCESSFUL PASSAGE OF SUCH LAWS IN
CONNECTICUT AND RHODE ISLAND.

-HELPED FASHION A MODEL POLICY FOR TRANSGENDER STUDENT PARTICIPATION IN SCHOOL SPORTS FOR A MASSACHUSETTS SCHOOL DISTRICT.

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

Schedule O (Form 990 or 990-EZ) (2017) Page 2 Name of the organization **Employer identification number** GLBTQ LEGAL ADVOCATES & DEFENDERS, INC. 04-2660498 EFFORTS OF FAMILIES AND PARENTS OF TRANSGENDER CHILDREN TO ACT IN THEIR CHILDREN'S BEST INTERESTS. IN THE PAST YEAR, THE TRP HAS: -BROUGHT TWO FEDERAL LAWSUITS CHALLENGING THE FEDERAL ADMINISTRATION'S BAN ON TRANSGENDER SERVICE MEMBERS, RESULTING IN A PRELIMINARY INJUNCTION HALTING THAT BAN WHILE THE LITIGATION PROCEEDS. -FILED LITIGATION ON BEHALF OF A TRANSGENDER FEMALE PRISONER UNDER THE AMERICANS WITH DISABILITIES ACT (ADA) FOR MISTREATMENT AND HARASSMENT BASED UPON HER GENDER IDENTITY, INCLUDING FORCING HER TO BE HOUSED IN THE MALE PRISON FACILITY. -PILOTED A PRISON LEGAL PARTNERSHIP THAT PAIRS LGBTQ INMATES WITH PRO BONO ATTORNEYS TO EXPAND LEGAL RESOURCES TO ADDRESS THE BROAD CHALLENGES THAT LGBTQ PEOPLE FACE IN PRISON. -CONTINUED OUR TRANSGENDER I.D. CLINIC WITH A LAW FIRM TO PROVIDE LEGAL REPRESENTATION TO TRANSGENDER PEOPLE IN NEW ENGLAND TO HELP CHANGE THEIR NAMES AND IDENTITY DOCUMENTS. IN THE PAST FISCAL YEAR, ROUGHLY 170 LAWYERS AND SUPPORT PERSONNEL PROVIDED OVER 6,200 HOURS OF LEGAL SERVICES TO HUNDREDS OF INDIVIDUALS.

-BUILT PUBLIC SUPPORT FOR AND ADVANCED PASSAGE OF TRANSGENDER NON-DISCRIMINATION LEGISLATION IN NEW HAMPSHIRE, LEADING TO FINAL PASSAGE OF THAT BILL IN THE LEGISLATURE IN MAY 2018.

-DEFENDED AGAINST ATTACKS ON TRANSGENDER PEOPLE'S RIGHT TO EQUAL ACCESS TO PUBLIC SPACES, INCLUDING WORKING TO PROTECT THE 2016 MASSACHUSETTS TRANSGENDER PUBLIC ACCOMMODATIONS NON-DISCRIMINATION LAW, WHICH IS ON THE BALLOT IN 2018 FOR A POSSIBLE REPEAL.

-BUILT SUPPORT AND DEVELOPED LEGAL STRATEGIES TO END EXCLUSIONS OF TRANSGENDER HEALTH CARE IN PUBLIC, PRIVATE, AND STATE EMPLOYEE

Supported Litigation in New Hampshire on Behalf of a mother seeking to Obtain Coverage of Transition-related care for her transgender Daughter, under her municipal employee Health insurance policy.

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

-ADVANCED FIRST-OF-ITS-KIND LITIGATION IN THE COUNTRY ALLEGING

DISCRIMINATION AGAINST AN HIV-NEGATIVE GAY MAN DENIED LONG-TERM CARE

INSURANCE FOR TAKING PRE-EXPOSURE PROPHYLAXIS MEDICATION (PREP) TO

PREVENT HIV INFECTION.

-CONTINUED TO MONITOR ONGOING STATE LEGISLATIVE EFFORTS IN NEW ENGLAND

THAT SEEK TO ROLL BACK HARD-WON GAINS PROTECTING THE CONFIDENTIALITY OF

HIV INFORMATION IN MEDICAL RECORDS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

GLAD'S PUBLIC AFFAIRS AND EDUCATION DEPARTMENT (PA&E) PROVIDES

INFORMATION AND EDUCATION TO THE GENERAL PUBLIC, DECISION-MAKERS, THE

NEWS MEDIA, AND INDIVIDUAL CONSUMERS ABOUT THE LEGAL RIGHTS OF LGBTQ

PEOPLE, AND PEOPLE LIVING WITH HIV AND AIDS. FOCUSED ON ENLARGING

CIRCLES OF SUPPORT FOR LGBTQ RIGHTS, THE DEPARTMENT FINDS AND TELLS THE

STORIES OF LGBTQ PEOPLE; BUILDS ORGANIZED COMMUNITIES OF ALLIES TO

PREPARE THE GROUND FOR, AND SUSTAIN, COURTROOM VICTORIES; AND WORKS

CLOSELY WITH STATE PARTNER ORGANIZATIONS, PROVIDING STRATEGY AND

COMMUNICATION CONSULTATION AND SUPPORT.

IN THE PAST YEAR, THE PA&E DEPARTMENT ACHIEVED THE FOLLOWING:

- RESPONDED TO OVER 2,338 QUERIES TO OUR GLAD ANSWERS LEGAL INFORMATION

Name of the organization **Employer identification number** GLBTQ LEGAL ADVOCATES & DEFENDERS, INC. 04-2660498 SERVICE, EDUCATING INDIVIDUALS ABOUT THEIR LEGAL RIGHTS, SENDING OUT KNOW YOUR RIGHTS PUBLICATIONS, AND REFERRING CALLERS TO LEGAL REPRESENTATION AND OTHER RESOURCES WHERE NEEDED. EXECUTED ONGOING EDUCATION CAMPAIGNS, THROUGH A VARIETY OF MAINSTREAM PRESS AND DIGITAL MEDIA, AS WELL AS EVENTS, PUBLICATIONS, WEBINARS, ONE-ON-ONE PHONE CONVERSATIONS, AND VIDEOS, THAT: ADVOCATED FOR AN END TO THE PRACTICE OF CONVERSION THERAPY ON LGBTQ YOUTH AND FOR THE ADOPTION AND PROTECTION OF STRONG NON-DISCRIMINATION LAWS; ADVOCATED FOR KEY REFORMS - THROUGH POLICY AND LEGISLATION - TO THE CRIMINAL JUSTICE SYSTEM WHICH DISPROPORTIONATELY IMPACTS LGBTO YOUTH AND ADULTS AND, IN PARTICULAR, PEOPLE OF COLOR; RAISED AWARENESS OF DISCRIMINATORY INSURANCE EXCLUSIONS FOR GAY MEN ON PREP; ELEVATED STORIES OF TRANSGENDER SERVICE MEMBERS AND THOSE AIMING TO SERVE WITH DIGNITY AND HONOR; INFORMED LGBTQ YOUTH ABOUT THEIR RIGHTS; INFORMED AND EMPOWERED TRANSGENDER PEOPLE EXPERIENCING HOMELESSNESS ABOUT THEIR RIGHTS IN SHELTERS; PROVIDED INFORMATION ABOUT ACCESSING HEALTH CARE; RAISED AWARENESS OF THE NEED FOR STRONGER LEGAL PROTECTIONS FOR LGBTQ FAMILIES, REGARDLESS OF HOW THOSE FAMILIES ARE FORMED; AND MORE HELD AND PARTICIPATED IN 75 WORKSHOPS ON LEGAL ISSUES, PUBLIC FORUMS, AND SPEAKING ENGAGEMENTS. - OVER THE COURSE OF THE FISCAL YEAR, WE HAD OVER 260,000 PAGE VIEWS ON OUR MAIN WEBSITE (WWW.GLAD.ORG). IN ADDITION, GLAD DISSEMINATES INFORMATION VIA FACEBOOK AND TWITTER (GLAD HAS OVER 45,000 FACEBOOK FOLLOWERS AND OVER 40,300 TWITTER FOLLOWERS), AND PRODUCED TWO LONGER FORM VIDEOS AND COUNTLESS GRAPHICS AND VIDEO CLIPS FOR USE ON SOCIAL MEDIA CHANNELS. EXPENSES \$ 622,804. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Name of the organization GLBTQ LEGAL ADVOCATES & DEFENDERS, INC. Employed 0.4

Employer identification number 04-2660498

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

THE FINANCE AND AUDIT COMMITTEE WILL RECEIVE A DRAFT COPY OF THE FORM 990 AND A COPY WILL BE POSTED ON THE BOARD OF DIRECTORS WEBSITE.

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

FINANCE AND AUDIT COMMITTEE REVIEW STATEMENTS SUBMITTED ANNUALLY BY BOARD

MEMBERS AND OFFICERS FOR CONFLICT OF INTEREST ISSUES. POLICY ADOPTED

NOVEMBER OF 2008.

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

EXECUTIVE DIRECTOR - A BOARD REPRESENTATIVE RECEIVES FEEDBACK FROM BOARD

MEMBERS AND SENIOR STAFF ON THE EXECUTIVE DIRECTOR. A SUB-COMMITTEE REVIEWS

COMPARABILITY DATA SUCH AS OTHER ORGANIZATIONS' 990'S AND EXTERNAL SALARY

REPORTS AND DISCUSSES WITH THE BOARD AND EXECUTIVE DIRECTOR TO FINALIZE

ANNUAL COMPENSATION.

OTHER KEY EMPLOYEES - SENIOR STAFF SALARIES ARE REVIEWED INTERMITTENTLY BY

THE EXECUTIVE DIRECTOR AND COMPARED TO SIMILAR LEGAL ORGANIZATIONS AND

LOCAL SALARY SURVEYS

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

THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

GLAD'S BOARD OF DIRECTORS IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT

OF THE FINANCIAL STATEMENTS. THIS HAS NOT CHANGED FROM THE PRIOR YEAR.