

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

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning **APR 1, 2021** and ending **MAR 31, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GLBTQ LEGAL ADVOCATES & DEFENDERS, INC. Doing business as GLAD Number and street (or P.O. box if mail is not delivered to street address) Room/suite 18 TREMONT STREET STE 950 City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02108 F Name and address of principal officer: DARIAN BUTCHER 18 TREMONT ST STE 950, BOSTON, MA 02108	D Employer identification number 04-2660498 E Telephone number 617-426-1350 G Gross receipts \$ 5,701,482. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.GLAD.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1978 M State of legal domicile: MA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: LEGAL ADVOCATES & DEFENDERS FOR THE LGBTQ AND HIV+ COMMUNITIES - SEE SCH O 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 18 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 18 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 32 6 Total number of volunteers (estimate if necessary) 6 60 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.																									
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Prior Year</th> <th style="text-align: right;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">4,022,520.</td> <td style="text-align: right;">4,937,299.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">3,502.</td> <td style="text-align: right;">288,467.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">40,572.</td> <td style="text-align: right;">119,453.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">9,035.</td> <td style="text-align: right;">-154,374.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">4,075,629.</td> <td style="text-align: right;">5,190,845.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	4,022,520.	4,937,299.	9 Program service revenue (Part VIII, line 2g)	3,502.	288,467.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	40,572.	119,453.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,035.	-154,374.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,075,629.	5,190,845.							
	Prior Year	Current Year																								
8 Contributions and grants (Part VIII, line 1h)	4,022,520.	4,937,299.																								
9 Program service revenue (Part VIII, line 2g)	3,502.	288,467.																								
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	40,572.	119,453.																								
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,035.	-154,374.																								
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,075,629.	5,190,845.																								
Expenses	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td style="text-align: right;">122,500.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td style="text-align: right;">2,838,979.</td> <td style="text-align: right;">2,876,808.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;">18,222.</td> <td style="text-align: right;">34,500.</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 449,704.</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td style="text-align: right;">1,295,740.</td> <td style="text-align: right;">1,424,229.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">4,275,441.</td> <td style="text-align: right;">4,335,537.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">-199,812.</td> <td style="text-align: right;">855,308.</td> </tr> </tbody> </table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	122,500.	0.	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,838,979.	2,876,808.	16a Professional fundraising fees (Part IX, column (A), line 11e)	18,222.	34,500.	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 449,704.			17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,295,740.	1,424,229.	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,275,441.	4,335,537.	19 Revenue less expenses. Subtract line 18 from line 12	-199,812.	855,308.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	122,500.	0.																								
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.																								
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,838,979.	2,876,808.																								
16a Professional fundraising fees (Part IX, column (A), line 11e)	18,222.	34,500.																								
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 449,704.																										
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,295,740.	1,424,229.																								
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,275,441.	4,335,537.																								
19 Revenue less expenses. Subtract line 18 from line 12	-199,812.	855,308.																								
Net Assets or Fund Balances	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Beginning of Current Year</th> <th style="text-align: right;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">5,026,895.</td> <td style="text-align: right;">5,851,942.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">1,115,503.</td> <td style="text-align: right;">1,206,937.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">3,911,392.</td> <td style="text-align: right;">4,645,005.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	5,026,895.	5,851,942.	21 Total liabilities (Part X, line 26)	1,115,503.	1,206,937.	22 Net assets or fund balances. Subtract line 21 from line 20	3,911,392.	4,645,005.													
	Beginning of Current Year	End of Year																								
20 Total assets (Part X, line 16)	5,026,895.	5,851,942.																								
21 Total liabilities (Part X, line 26)	1,115,503.	1,206,937.																								
22 Net assets or fund balances. Subtract line 21 from line 20	3,911,392.	4,645,005.																								

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ electronically filed Signature of officer DARIAN BUTCHER, PRESIDENT Type or print name and title	Date 7/14/2022
Paid Preparer Use Only	Print/Type preparer's name THOMAS F. MULDOON, CPA Preparer's signature THOMAS F. MULDOON, C Date 07/12/22 Check <input type="checkbox"/> if self-employed PTIN P01561688 Firm's name ▶ AAFPCAS, INC. Firm's EIN ▶ 04-2571780 Firm's address ▶ 50 WASHINGTON STREET WESTBOROUGH, MA 01581 Phone no. 508-366-9100	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,143,083. including grants of \$) (Revenue \$) IN THE PAST YEAR, THE CIVIL RIGHTS PROJECT (CRP): -LED COALITION EFFORTS TO PASS IN CONNECTICUT ONE OF THE MOST CHILD-CENTERED, INCLUSIVE, AND COMPREHENSIVE PARENTAGE LAWS IN THE COUNTRY, ENSURING THAT ALL CHILDREN IN THE STATE HAVE EQUAL ACCESS TO THE SECURITY OF A LEGAL RELATIONSHIP TO THEIR PARENTS. -HELPED PASS UPDATES TO MAINE'S PARENTAGE LAWS TO EXPAND ACCESS TO VOLUNTARY ACKNOWLEDGMENTS OF PARENTAGE, A SIMPLE MECHANISM LONG AVAILABLE TO ESTABLISH PARENTAGE BUT PREVIOUSLY INACCESSIBLE TO SAME-SEX PARENTS IN MAINE. -HELPED PASS NEW LAWS IN RHODE ISLAND THAT INCREASE HOUSING SECURITY AND REDUCE THREATS OF HARASSMENT AND VIOLENCE IN PUBLIC SPACES FOR LGBTQ RHODE ISLANDERS.

4b (Code:) (Expenses \$ 1,081,327. including grants of \$) (Revenue \$) IN THE PAST YEAR, GLAD'S TRANSGENDER RIGHTS PROJECT (TRP) HAS: -CELEBRATED THE END OF TRUMP'S TRANSGENDER MILITARY BAN, WHERE GLAD MADE SIGNIFICANT CONTRIBUTIONS TOWARD ENDING THE BAN THROUGH FOUR SEPARATE FEDERAL CASES AND A NATIONAL PUBLIC EDUCATION CAMPAIGN. -FILED A FEDERAL CHALLENGE TO A LAW PASSED IN TENNESSEE LAST YEAR THAT REQUIRES BUSINESSES TO POST A "WARNING" SIGN ON RESTROOMS IF THEY TREAT TRANSGENDER CUSTOMERS AND EMPLOYEES WITH THE SAME RESPECT AFFORDED TO ALL CUSTOMERS AND EMPLOYEES. -IN A FIRST-OF-ITS-KIND CASE, SECURED A FINDING OF REASONABLE GROUNDS FROM THE MAINE HUMAN RIGHTS COMMISSION THAT AN ASSISTED LIVING FACILITY VIOLATED STATE NONDISCRIMINATION PROTECTIONS WHEN IT DENIED ADMISSION TO A 79-YEAR-OLD WOMAN BECAUSE SHE IS TRANSGENDER.

4c (Code:) (Expenses \$ 902,501. including grants of \$) (Revenue \$) IN THE PAST YEAR, THE PUBLIC AFFAIRS AND EDUCATION DEPARTMENT (PA&E) ACHIEVED THE FOLLOWING: -LED PUBLIC EDUCATION EFFORTS ON THE HARMS OF ANTI-LGBTQ LEGISLATIVE PROPOSALS IN MAINE, NEW HAMPSHIRE AND RHODE ISLAND. -PRODUCED AND DISTRIBUTED NEW SHELTER ACCESS CARDS FOR TRANSGENDER PEOPLE EXPERIENCING HOMELESSNESS IN MAINE AND REDISTRIBUTED CARDS IN MASSACHUSETTS, RHODE ISLAND AND CONNECTICUT, IN BOTH ENGLISH AND IN SPANISH. -LAUNCHED WITH PARTNER ORGANIZATIONS "SAFE SCHOOLS FOR ALL," AN ONLINE PORTAL TO HELP LGBTQ STUDENTS, THEIR PARENTS AND OTHER ADULT ALLIES UNDERSTAND THE PROTECTIONS AND RESOURCES AVAILABLE TO THEM FOR TAKING ACTION AGAINST BULLYING.

4d Other program services (Describe on Schedule O.) (Expenses \$ 322,420. including grants of \$) (Revenue \$ 288,467.)

4e Total program service expenses 3,449,331.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversion, members, and meeting documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, Form 990 distribution, conflict of interest policy, whistleblower policy, document retention, compensation review, joint ventures, and participation in joint ventures.

Section C. Disclosure

- 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JANSON WU EXECUTIVE DIRECTOR	37.50			X			173,498.	0.	14,580.	
(2) MARY BONAUTO SENIOR ATTORNEY	37.50				X		178,754.	0.	6,617.	
(3) BENNETT KLEIN SENIOR ATTORNEY	37.50				X		144,168.	0.	13,602.	
(4) EVA BOYCE CHIEF FINANCIAL OFFICER	37.50			X			142,853.	0.	13,549.	
(5) JENNIFER LEVI SENIOR ATTORNEY	37.50				X		139,834.	0.	13,446.	
(6) CAROLE ALLEN SCANNELL DEVELOPMENT DIRECTOR	37.50				X		147,528.	0.	5,675.	
(7) AMANDA JOHNSTON PUBLIC ED. DIRECTOR	37.50				X		105,156.	0.	13,854.	
(8) DARIAN BUTCHER PRESIDENT	7.00	X		X			0.	0.	0.	
(9) SHANE DUNN VICE PRESIDENT	7.00	X		X			0.	0.	0.	
(10) MARLENE SELTZER TREASURER	7.00	X		X			0.	0.	0.	
(11) JOE GARLAND CLERK	5.00	X		X			0.	0.	0.	
(12) DAVID HAYTER BOARD MEMBER	2.50	X					0.	0.	0.	
(13) ED BYRNE BOARD MEMBER	2.50	X					0.	0.	0.	
(14) GEORGE HENRY HASTIE BOARD MEMBER	2.50	X					0.	0.	0.	
(15) LEE SWISLOW BOARD MEMBER	2.50	X					0.	0.	0.	
(16) JESSYCA FELICIANO BOARD MEMBER	2.50	X					0.	0.	0.	
(17) MATT MCGUIRK BOARD MEMBER	5.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JEAN-PHILIP BRIGNOL BOARD MEMBER	2.50	X						0.	0.	0.
(19) MARIO NIMOCK BOARD MEMBER	2.50	X						0.	0.	0.
(20) RAY CHENG BOARD MEMBER	2.50	X						0.	0.	0.
(21) ANNIKA BOCKIUS-SUWYN BOARD MEMBER (AS OF 5/8/21)	2.50	X						0.	0.	0.
(22) BETH MYERS BOARD MEMBER (AS OF 1/22/22)	2.50	X						0.	0.	0.
(23) DALLAS DUCAR BOARD MEMBER (AS OF 1/22/22)	2.50	X						0.	0.	0.
(24) JACOB SMITH YANG BOARD MEMBER (AS OF 5/8/21)	2.50	X						0.	0.	0.
(25) MARK BRIMHALL-VARGAS BOARD MEMBER (AS OF 1/22/22)	2.50	X						0.	0.	0.
(26) ELIZABETH DOHERTY BOARD MEMBER (UNTIL 12/15/21)	5.00	X						0.	0.	0.
1b Subtotal								1,031,791.	0.	81,323.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,031,791.	0.	81,323.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

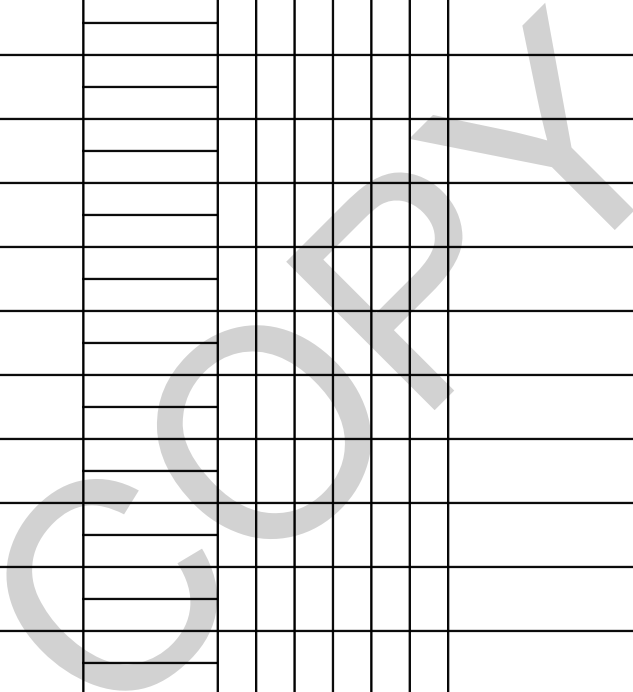
(A) Name and business address	(B) Description of services	(C) Compensation
BERLIN ROSEN LTD, 15 MAIDEN LANE, SUITE 1600, NEW YORK, NY 10038	MEDIA SERVICES CONSULTANT	190,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JOYCE KAUFFMAN BOARD MEMBER (UNTIL 12/15/21)	2.50	X						0.	0.	0.
(28) SPENCER ICASIANO BOARD MEMBER (UNTIL 10/25/21)	2.50	X						0.	0.	0.
(29) IRENE MONROE BOARD MEMBER (UNTIL 10/25/21)	2.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										



Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	771,957.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	545,092.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,620,250.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 210,816.				
	h Total. Add lines 1a-1f			▶ 4,937,299.				
	Program Service Revenue	2 a	MISCELLANEOUS	Business Code				
		900099	288,467.	288,467.				
b								
c								
d								
e								
g Total. Add lines 2a-2f			▶ 288,467.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	78,376.		78,376.		
	4	Income from investment of tax-exempt bond proceeds	▶					
	5	Royalties	▶					
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
			6b					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)	▶					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities	344,959.			
				(ii) Other				
			7b	Less: cost or other basis and sales expenses	7b	303,882.		
			7c	Gain or (loss)	7c	41,077.		
	d	Net gain or (loss)	▶	41,077.		41,077.		
8 a	Gross income from fundraising events (not including \$ 771,957. of contributions reported on line 1c). See Part IV, line 18	8a		52,381.				
		b	Less: direct expenses	8b	206,755.			
		c	Net income or (loss) from fundraising events	▶	-154,374.		-154,374.	
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
		b	Less: direct expenses	9b				
		c	Net income or (loss) from gaming activities	▶				
10 a	Gross sales of inventory, less returns and allowances	10a						
		b	Less: cost of goods sold	10b				
		c	Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue	11 a		Business Code					
	b							
	c							
	d	All other revenue						
	e Total. Add lines 11a-11d			▶				
12 Total revenue. See instructions			▶	5,190,845.	288,467.	0. -34,921.		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	367,198.	191,825.	134,514.	40,859.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,053,593.	1,696,972.	138,290.	218,331.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	59,123.	48,852.	3,973.	6,298.
9 Other employee benefits	215,527.	173,876.	18,435.	23,216.
10 Payroll taxes	181,367.	142,077.	19,864.	19,426.
11 Fees for services (nonemployees):				
a Management				
b Legal	7,340.	5,750.	804.	786.
c Accounting	30,500.		30,500.	
d Lobbying	98,476.	98,476.		
e Professional fundraising services. See Part IV, line 17	34,500.			34,500.
f Investment management fees	6,181.		6,181.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	426,749.	398,766.	22,668.	5,315.
12 Advertising and promotion	21,350.	18,782.		2,568.
13 Office expenses	191,694.	158,639.	5,571.	27,484.
14 Information technology				
15 Royalties				
16 Occupancy	467,255.	369,639.	49,352.	48,264.
17 Travel	28,186.	22,941.	430.	4,815.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	32,987.	22,793.	1,195.	8,999.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	50,363.	42,367.	2,203.	5,793.
23 Insurance	11,591.	10,541.	352.	698.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DUES AND SUBSCRIPTIONS	26,308.	25,349.	368.	591.
b STAFF DEVELOPMENT	13,754.	10,775.	1,506.	1,473.
c DONATIONS	8,340.	8,340.		
d OTHER LITIGATION COSTS	2,210.	1,832.	191.	187.
e All other expenses	945.	739.	105.	101.
25 Total functional expenses. Add lines 1 through 24e	4,335,537.	3,449,331.	436,502.	449,704.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	896,204.	1	767,902.
	2 Savings and temporary cash investments	128,765.	2	820,259.
	3 Pledges and grants receivable, net	24,471.	3	297,774.
	4 Accounts receivable, net	5,760.	4	29,103.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	114,297.	9	135,250.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 336,129.		
	b Less: accumulated depreciation	10b 300,086.		
	11 Investments - publicly traded securities	86,406.	10c	36,043.
	12 Investments - other securities. See Part IV, line 11	3,770,992.	11	3,765,611.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	5,026,895.	15	5,851,942.	
17 Accounts payable and accrued expenses	470,451.	16	511,518.	
18 Grants payable		17		
19 Deferred revenue		18		
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties	473,335.	23	521,565.	
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	171,717.	24	173,854.	
26 Total liabilities. Add lines 17 through 25	1,115,503.	25	1,206,937.	
27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		26		
28 Net assets without donor restrictions	2,850,085.	27	3,541,710.	
29 Net assets with donor restrictions	1,061,307.	28	1,103,295.	
30 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds		29		
30 Paid-in or capital surplus, or land, building, or equipment fund		30		
31 Retained earnings, endowment, accumulated income, or other funds		31		
32 Total net assets or fund balances	3,911,392.	32	4,645,005.	
33 Total liabilities and net assets/fund balances	5,026,895.	33	5,851,942.	

Part 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	5,190,845.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,335,537.
3	Revenue less expenses. Subtract line 2 from line 1	3	855,308.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,911,392.
5	Net unrealized gains (losses) on investments	5	-121,695.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,645,005.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization GLBTQ LEGAL ADVOCATES & DEFENDERS, INC.	Employer identification number 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).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 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: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 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.)
- 9 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,209,400.	4,365,528.	4,044,853.	4,022,520.	4,937,299.	21,579,600.
2 Tax revenues levied for the organization'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	4,209,400.	4,365,528.	4,044,853.	4,022,520.	4,937,299.	21,579,600.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,155,404.
6 Public support. Subtract line 5 from line 4.						18,424,196.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	4,209,400.	4,365,528.	4,044,853.	4,022,520.	4,937,299.	21,579,600.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	25,124.	64,985.	62,679.	39,538.	78,376.	270,702.
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 Total support. Add lines 7 through 10						21,850,302.
12 Gross receipts from related activities, etc. (see instructions)					12	1,515,319.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....	14	84.32 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	85.69 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		
1		
2		

Section 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 the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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.)

Lined area for supplemental information with a large diagonal 'COPY' watermark.

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

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.**

Open to Public Inspection

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	12,337.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	86,139.													
c	Total lobbying expenditures (add lines 1a and 1b)	98,476.													
d	Other exempt purpose expenditures	4,237,061.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	4,335,537.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	366,777.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	91,694.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total	
2a	Lobbying nontaxable amount	345,453.	365,875.	363,772.	366,777.	1,441,877.
b	Lobbying ceiling amount (150% of line 2a, column(e))					2,162,816.
c	Total lobbying expenditures	85,869.	44,355.	68,786.	98,476.	297,486.
d	Grassroots nontaxable amount	86,363.	91,469.	90,943.	91,694.	360,469.
e	Grassroots ceiling amount (150% of line 2d, column (e))					540,704.
f	Grassroots lobbying expenditures	1,023.	4,062.	5,041.	12,337.	22,463.

Schedule C (Form 990) 2021

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 of the lobbying activity.	(a)		(b)
	Yes	No	Amount
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:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE 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

2021

Open to Public Inspection

Name of the organization: GLBTQ LEGAL ADVOCATES & DEFENDERS, INC. Employer identification number: 04-2660498

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, and expenses, and two yes/no questions about monitoring and requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts for revenue and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		34,283.	13,713.	20,570.
d Equipment		199,151.	183,678.	15,473.
e Other		102,695.	102,695.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				36,043.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	173,854.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	173,854.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	7,701,539.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-121,695.	
b	Donated services and use of facilities	2b	2,638,570.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	2,516,875.
3	Subtract line 2e from line 1		3	5,184,664.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,181.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	6,181.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	5,190,845.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	6,967,926.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	2,638,570.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	2,638,570.
3	Subtract line 2e from line 1		3	4,329,356.
4	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	6,181.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	6,181.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	4,335,537.

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 X, LINE 2:

GLAD ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR 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, 2022. GLAD'S INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE JURISDICTIONS.

Part XIII Supplemental Information (continued)

COPY

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2021

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization **GLBTQ LEGAL ADVOCATES & DEFENDERS, INC.** Employer identification number **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.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
FUNDING CHANGE - 175 WACHUSETT STREET, BOSTON, MA	DEVELOPMENT PLANNING & STRATEGY		X	0.	34,500.	-34,500.
Total					34,500.	-34,500.

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.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		SPIRIT OF JUSTICE (event type)	SUMMER PARTY (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	671,036.	129,103.	24,199.	824,338.
	2	Less: Contributions	627,115.	121,503.	23,339.	771,957.
	3	Gross income (line 1 minus line 2)	43,921.	7,600.	860.	52,381.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	167,026.	39,429.	300.	206,755.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				206,755.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-154,374.

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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? Yes 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: _____

- 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	%
b An outside facility		13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____
 Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____
 Address ▶ _____

16 Gaming manager information:

Name ▶ _____
 Gaming manager compensation ▶ \$ _____
 Description of services provided ▶ _____

 Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is 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 organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: FUNDING CHANGE

(I) ADDRESS OF FUNDRAISER: 175 WACHUSETT STREET, BOSTON, MA 02130

Part IV Supplemental Information (continued)

Lined area for supplemental information with a large diagonal 'COPY' watermark.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **GLBTQ LEGAL ADVOCATES & DEFENDERS, INC.**
 Employer identification number: **04-2660498**

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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 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.

<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> 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:

- | | | | |
|--|-----------|--------------------------|-------------------------------------|
| a Receive a severance payment or change-of-control payment? | 4a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c Participate in or receive payment from an equity-based compensation arrangement? | 4c | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 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:

- | | | | |
|--|-----------|--------------------------|-------------------------------------|
| a The organization? | 5a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Any related organization? | 5b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 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:

- | | | | |
|--|-----------|--------------------------|-------------------------------------|
| a The organization? | 6a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Any related organization? | 6b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 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 not described on lines 5 and 6? If "Yes," describe in Part III

7	<input type="checkbox"/>	<input checked="" type="checkbox"/>
----------	--------------------------	-------------------------------------

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

8	<input type="checkbox"/>	<input checked="" type="checkbox"/>
----------	--------------------------	-------------------------------------

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9	<input type="checkbox"/>	<input type="checkbox"/>
----------	--------------------------	--------------------------

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JANSON WU EXECUTIVE DIRECTOR	(i)	173,498.	0.	0.	5,363.	9,217.	188,078.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARY BONAUTO SENIOR ATTORNEY	(i)	178,754.	0.	0.	5,368.	1,249.	185,371.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BENNETT KLEIN SENIOR ATTORNEY	(i)	144,168.	0.	0.	4,385.	9,217.	157,770.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) EVA BOYCE CHIEF FINANCIAL OFFICER	(i)	142,853.	0.	0.	4,332.	9,217.	156,402.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JENNIFER LEVI SENIOR ATTORNEY	(i)	139,834.	0.	0.	4,229.	9,217.	153,280.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CAROLE ALLEN SCANNELL DEVELOPMENT DIRECTOR	(i)	147,528.	0.	0.	4,426.	1,249.	153,203.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(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.

COPY

Series of horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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 instructions and the latest information.

Name of the organization: **GLBTQ LEGAL ADVOCATES & DEFENDERS, INC.** Employer identification number: **04-2660498**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	10	210,816.	MARKET VALUE
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				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

GLBTQ LEGAL ADVOCATES & DEFENDERS, INC.

Employer identification number

04-2660498

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

THROUGH STRATEGIC LITIGATION, PUBLIC POLICY ADVOCACY AND EDUCATION,
GLBTQ LEGAL ADVOCATES & DEFENDERS, INC. (GLAD) 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 1, DESCRIPTION OF ORGANIZATION MISSION:

GLAD ADVANCES A BROAD RANGE OF LEGAL RIGHTS FOR LESBIAN, GAY, BISEXUAL,
TRANSGENDER, AND QUEER (LGBTQ) ADULTS AND YOUTH, AND FOR PEOPLE LIVING
WITH HIV. GLAD WORKS TO ENSURE THESE ADVANCES REACH ALL MEMBERS OF OUR
COMMUNITY BY APPLYING AN INTERSECTIONAL RACIAL AND ECONOMIC JUSTICE
LENS TO THAT WORK. WE FOCUS ON IMPACT LITIGATION - USING STRATEGICALLY
CHOSEN CASES TO ESTABLISH OR EXPAND LGBTQ CIVIL RIGHTS AND FOSTER
SYSTEMIC CHANGE. WE ARE ALSO ACTIVE IN LEGISLATIVE AND POLICY WORK,
PARTICULARLY WITHIN NEW ENGLAND - APPLYING OUR LEGAL EXPERTISE TO
EDUCATE LEGISLATORS, DRAFT BILLS, AND PROVIDE EXPERT TESTIMONY AND
LEGAL RESEARCH. FINALLY, WE WORK TO CHANGE HEARTS AND MINDS REGARDING
THE SHARED HUMANITY AND DIGNITY OF LGBTQ PEOPLE AND THOSE LIVING WITH
HIV, ENGAGE THE PUBLIC AND EDUCATE OUR COMMUNITIES ABOUT THEIR LEGAL
RIGHTS, AND PROVIDE RESOURCES AND REFERRALS TO ASSIST INDIVIDUALS AND
COMMUNITIES IN ADVOCATING FOR THEMSELVES.

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

-HELPED WIN A MAJOR RULING FROM THE HIGHEST COURT IN MASSACHUSETTS,

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

Schedule O (Form 990) 2021

Name of the organization GLBTQ LEGAL ADVOCATES & DEFENDERS, INC.	Employer identification number 04-2660498
---	--

HOLDING FOR THE FIRST TIME THAT PEREMPTORY CHALLENGES BASED ON A PROSPECTIVE JUROR'S SEXUAL ORIENTATION ARE PROHIBITED BY BOTH THE MASSACHUSETTS AND FEDERAL CONSTITUTIONS.

-CONTINUED COALITION WORK IN MASSACHUSETTS TO REFORM, REDUCE, AND END THE PRACTICE OF SOLITARY CONFINEMENT, WHICH DISPROPORTIONATELY IMPACTS THE LGBTQ COMMUNITY.

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

-FILED A LAWSUIT IN FEDERAL COURT CHALLENGING A NEW HAMPSHIRE SCHOOL CENSORSHIP BILL THAT PASSED LAST YEAR AND UNCONSTITUTIONALLY CHILLS DISCOURSE ON RACE, GENDER, SEXUAL ORIENTATION, DISABILITY, AND GENDER IDENTITY IN SCHOOLS AND PUBLIC WORKPLACES.

-THROUGH AMICUS BRIEFING, CONTRIBUTED TO A RULING FROM THE FIRST CIRCUIT COURT OF APPEALS UPHOLDING MASSACHUSETTS' ANTI-BULLYING LAW AND AFFIRMING THE INCLUSION OF "EMOTIONAL HARM" IN THE DEFINITION OF BULLYING.

-LAUNCHED A NEW WEBSITE "SAFE SCHOOLS FOR ALL" WITH MOVEMENT PARTNERS, WHICH PROVIDES TOOLS TO STUDENTS, PARENTS, AND SUPPORTERS TO TAKE ACTION AGAINST BULLYING.

-PREVENTED THE REPEAL OF NEW HAMPSHIRE'S BAN OF SO-CALLED "CONVERSION THERAPY" ON YOUTH.

-HELPED PASS REFORMS TO MAINE'S JUVENILE LEGAL SYSTEM THAT WILL DIVERT YOUNG CHILDREN FROM INCARCERATION AND ENSURE THAT WHEN YOUTH ARE INCARCERATED, THEY HAVE A LEGAL ADVOCATE IN THEIR CORNER ABLE TO ARTICULATE THEIR CONCERNS AND ASK FOR A CLOSER LOOK AT THEIR CIRCUMSTANCES.

-CONTINUED TO WORK IN COALITION TO ADVOCATE FOR THE CLOSURE OF A JUVENILE DETENTION FACILITY WHERE GLAD REPRESENTED SEVERAL LGBTQ YOUTH

Name of the organization GLBTQ LEGAL ADVOCATES & DEFENDERS, INC.	Employer identification number 04-2660498
---	--

WHO EXPERIENCED SEVERE HARASSMENT AND DISCRIMINATION BASED UPON THEIR ACTUAL OR PERCEIVED SEXUAL ORIENTATION AND/OR GENDER IDENTITY.

-WORKED IN COALITION IN MASSACHUSETTS TO REFORM JUVENILE JUSTICE AND CHILD WELFARE POLICIES AND PRACTICES.

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

-SUCCESSFULLY ADVOCATED TO THE NH DEPARTMENT OF MOTOR VEHICLES TO REVISE THE PROCESS FOR NONBINARY AND TRANSGENDER INDIVIDUALS TO CORRECT THE GENDER MARKER ON THEIR DRIVER'S LICENSE OR STATE ID, ELIMINATING THE REQUIREMENT OF A HEALTH CARE PROVIDER'S SWORN CERTIFICATION THAT THE APPLICANT IS UNDER THE PROVIDER'S CARE FOR "CHANGE OF GENDER."

-DEFEATED EFFORTS IN NEW HAMPSHIRE AND MAINE TO BAN PARTICIPATION OF TRANSGENDER GIRLS IN SCHOOL SPORTS, AS WELL AS EFFORTS IN MAINE TO ALLOW EXCLUSION OF TRANSGENDER WOMEN FROM SHELTERS.

-CONTINUED OUR SUCCESSFUL TRANSGENDER I.D. CLINIC TO PROVIDE LEGAL REPRESENTATION TO TRANSGENDER PEOPLE IN NEW ENGLAND TO CHANGE THEIR NAMES AND IDENTITY DOCUMENTS.

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

-CONTINUED PUBLIC EDUCATION CAMPAIGNS ON THE IMPORTANCE OF UPDATING PARENTAGE LAWS IN CONNECTICUT AND MASSACHUSETTS.

-PREPARED AND DISTRIBUTED FAQs ABOUT THE CONNECTICUT PARENTAGE ACT AND HOSTED AN INFORMATIONAL WEBINAR ABOUT THE NEW LAW.

-CONDUCTED PUBLIC EDUCATION EFFORTS TO RAISE AWARENESS OF THE NEED FOR FEDERAL LGBTQ NONDISCRIMINATION PROTECTIONS, INCLUDING HOSTING A VIRTUAL JUSTICE HANGOUT ABOUT THE NEED FOR SUCH PROTECTIONS, AND WORKING WITH THE TRANSGENDER PEOPLE OF COLOR COALITION AND OTHER PARTNERS ON A STORYTELLING PROJECT TO ENCOURAGE INDIVIDUALS TO SHARE

Name of the organization GLBTQ LEGAL ADVOCATES & DEFENDERS, INC.	Employer identification number 04-2660498
---	--

THEIR STORIES, WHICH WILL BE COMPILED INTO A DIGITAL VIDEO PROJECT.

-COORDINATED WITH COALITION PARTNERS TO DO PUBLIC EDUCATION ON A NEW REPORT FROM THE MA LGBTQ YOUTH COMMISSION ON THE RISKS AND HARMS FACING LGBTQ IN THE CHILD WELFARE SYSTEM.

-PUBLISHED A BI-MONTHLY COLUMN IN BOSTON SPIRIT MAGAZINE TO EDUCATE THE LGBTQ AND WIDER NEW ENGLAND COMMUNITY ABOUT ISSUES RELATED TO LGBTQ EQUALITY.

-PARTICIPATED IN STANDING COALITIONS: THE MA TRANS HEALTH COALITION, PRIDE IN BOSTON COMMUNITY PLANNING COALITION, MA EQUITY TASK FORCE, NATIONAL LGBTQ ANTI-POVERTY ACTION NETWORK, AMONG OTHERS.

-HOSTED AN ANNUAL DAY-LONG VIRTUAL NEW ENGLAND PUBLIC POLICY CONVENING AND QUARTERLY RI PUBLIC POLICY ADVOCATES CONVENINGS TO SHARE NEW ENGLAND PRIORITIES, STRATEGIZE AROUND OPPORTUNITIES FOR COLLABORATION, AND PRESENT IMPORTANT INFORMATION ABOUT INCLUSIVE LGBTQ SCHOOL POLICIES AND CRIMINAL LEGAL SYSTEM REFORM EFFORTS.

-HOSTED A PUBLIC FORUM ON CROSS-GENERATIONAL TRANSGENDER RIGHTS ADVOCACY

-HOSTED, STAFFED, OR PARTICIPATED IN OVER 100 VIRTUAL OR IN-PERSON PUBLIC EDUCATION, KNOW YOUR RIGHTS AND COMMUNITY EVENTS.

-ANSWERED 1,346 DISTINCT CALLS THROUGH OUR GLAD ANSWERS LINE AND HAD 84 INTAKES FOR THE ID PROJECT.

-REFINED OUR REMOTE VOLUNTEER PROGRAM, RECRUITING 17 NEW VOLUNTEERS TO HELP SERVE GLAD ANSWERS CALLERS.

-DIGITIZED AND UPDATED THE APPLICATION PROCESS FOR GLAD'S LAWYER REFERRAL SERVICE, AND BEGAN EFFORTS TO RECRUIT NEW ATTORNEYS IN RURAL AND OTHER UNDERSERVED PARTS OF NEW ENGLAND

-FINALIZED ACCESSIBLE, WEB-BASED SELF-DIRECTED GUIDES FOR NAME AND GENDER CHANGES IN 4 OUT OF 6 NEW ENGLAND STATES FOR THOSE WHO DO NOT

Name of the organization GLBTQ LEGAL ADVOCATES & DEFENDERS, INC.	Employer identification number 04-2660498
---	--

NEED TO WORK WITH AN ATTORNEY.

-HAD 320,599 PAGE VIEWS ON OUR WEBSITE FROM APRIL 2021 TO MARCH 2022.

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

IN THE PAST YEAR, THE AIDS LAW PROJECT (ALP):

-HELPED PASS BILL IN MAINE THAT EXTENDS PREP ACCESS TO PHARMACIES, EXPANDING ACCESS TO THIS LIFE-CHANGING MEDICATION PARTICULARLY FOR THOSE IN RURAL AREAS.

-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.

-CONTINUING TO MONITOR AND WORK ON THE AVAILABILITY OF TREATMENT FOR HIV-POSITIVE INDIVIDUALS SUFFERING FROM LIPODYSTROPHY.

EXPENSES \$ 322,420. INCLUDING GRANTS OF \$ 0. REVENUE \$ 288,467.

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:

BOARD TREASURER OR DESIGNEE REVIEWS 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. A SUB-COMMITTEE REVIEWS COMPARABILITY DATA SUCH AS OTHER ORGANIZATIONS' 990'S AND EXTERNAL SALARY REPORTS AND DISCUSSES WITH THE

Name of the organization

GLBTQ LEGAL ADVOCATES & DEFENDERS, INC.

Employer identification number

04-2660498

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, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

MA, ME, CT, RI, NH, VT, CA, NY, PA, FL, NJ, NV, WA, MO

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.