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

OMB No. 1545-0047

D Employer identification number

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning

C Name of organization

and ending

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

	∧ alaka	lnc			
	Addres	LGBTQ Victory Fund, Inc.	A		
	Name change	Doing business as	5	2-172970)1
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) Room/su 1225 I Street, NW 525		ephone number 02-842-8	8679
	terminated		The second second second	s receipts \$	2,951,585.
	Amend	Washington, DC 20005		this a group ref	
-10	Application		fo	r subordinates?	Yes No
	pendin	same as C above	H(b) Ar	e all subordinates inc	luded? Yes No
17	ах-өхө	empt status: 501(c)(3) 501(c) (527 If	"No," attach a l	ist. See instructions
		e: www.victoryfund.org		roup exemption	
					State of legal domicile; DC
PERSONAL PROPERTY.	art I	Summary			hi y rossyman ar
		Briefly describe the organization's mission or most significant activities: To change	e the	face and	voice of
00		America's politics and achieve equality for	LCBTO	Americar	g by
Activities & Governance					THE RESERVE THE PROPERTY OF THE PARTY OF THE
Jeri	1	Check this box if the organization discontinued its operations or disposed of m	ore than 25	NOT 13 12 12 11 14.	15
9	1	Number of voting members of the governing body (Part VI, line 1a)			14
ంర		Number of independent voting members of the governing body (Part VI, line 1b)			
98	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	41
Vit	6	Total number of volunteers (estimate if necessary)	,	6	69
\ct	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
-	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
	Γ	vra unafiguat for each of the self-college (5 mers) for each of the self-college of th	Prio	r Year	Current Year
Ф	8	Contributions and grants (Part VIII, line 1h)	2,1	82,157.	2,702,080.
Revenue		Program service revenue (Part VIII, line 2g)	-11 2 U or	0.	0.
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	ul boh qipni	75.	52.
ď	1213 16	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	- Coopein	62,534.	-74,526.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		44,766.	2,627,606.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1 10 Sept. 10	0.	0.
	1			0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	1 0	19,950.	1,304,521.
Expenses	Dec 1000	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,0	0.	0.
en	1	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
X	1	Total fundraising expenses (Part IX, column (D), line 25)		26 502	707 F21
beted	1.700 H. S.	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		26,593.	797,531.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		46,543.	2,102,052.
		Revenue less expenses. Subtract line 18 from line 12		98,223.	525,554.
sets or lances	alit vito	Compating a 15-15 to a contration and analysis away for a cine ow 1 circle out of 15-asses.		of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		98,346.	2,148,881.
Net Ass Fund Ba	21	Total liabilities (Part X, line 26)		87,381.	712,362.
캺	22	Net assets or fund balances. Subtract line 21 from line 20	9	10,965.	1,436,519.
Pa	art II	Signature Block	Alv Lacity	AT THE	West III Court
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and	to the best of my	knowledge and belief, it is
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any	knowledge.	
		appres D. Farker	1029 000 1000	11/14	22
Sig	n	Signature of officer		Date	and the second second
Her	е	Annise Parker, President & CEO			the contract and examination
		Type or print name and title			A James's Returns
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN
Paid	d	Jie Chen, CPA	11/15/2	22 if self-employed	P01049760
Pre	parer	Firm's name Rogers & Company PILC			8-2676261
	Only	Firm's address 8300 Boone Boulevard, Suite 600			
		Vienna, VA 22182		Phone no. (70	3) 893-0300
Max	the IE	RS discuss this return with the preparer shown above? See instructions		<u> </u>	X Yes No
ivia	, LITO IF	to dioddoc tine retain with the property shown above: occ instructions			F 990 (0004)

rai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	LGBTQ Victory Fund works to change the face and voice of America's
	politics and achieve equality for LGBTQ Americans by increasing the
	number of openly LGBTQ officials at all levels of government.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	LGBTQ Victory Fund: is the only national organization that endorses and
	supports openly lesbian, gay, bisexual, transgender and queer (LGBTQ)
	candidates for elected office at every level of government. The
	organization supports its endorsed candidates by providing them with
	fundraising support, campaign services and communications support.
	LGBTQ Victory Fund is non-partisan and endorses hundreds of LGBTQ
	candidates each year.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Its fundraising support includes bundling contributions for candidates
	through its national network of donors, organizing fundraising events
	and promoting candidates through Victory Campaign Board members. Its
	campaign services include technical assistance to candidate and
	campaign teams on effective campaigning, advice on running as an openly
	LGBTQ candidate, and investing in independent expenditures when
	appropriate. Its communications support includes raising the profile of
	LGBTQ candidates in local and national press and responding when
	candidates face homophobic or transphobic attacks.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses

Form 990 (2021) LGBTQ Victory Fund, Inc. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			7.7
_	If "Yes," complete Schedule A	1	Х	X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		Х	
4	public office? If "Yes," complete Schedule C, Part I	3	Λ	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			3,7
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Λ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		1
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		.,	
	Schedule D, Parts XI and XII	12a	Х	
р	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		X
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
46	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		_v
00 -	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		^ <u> </u>
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ZUD		
41	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	got of the contract of the con			

Form 990 (2021) LGBTQ Victory Fund, Inc.
Part IV Checklist of Required Schedules (continued)

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

U21) LGBTQ Victory Fund, Inc. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No				
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a 41	-	77					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns a second of the control of the		2b	X					
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions				Х				
			3a		Α				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b	-					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	•	1		X				
L	financial account in a foreign country (such as a bank account, securities account, or other financial If "Yes," enter the name of the foreign country	account)?	4a						
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	any contributions that were not tax deductible as charitable contributions?		6a	Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contribut								
	were not tax deductible?	-	6b	Х					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required							
	to file Form 8282?		7c						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the							
			8						
9	Sponsoring organizations maintaining donor advised funds.								
a			9a						
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a							
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	100							
	Gross income from members or shareholders	11a							
	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1							
	organization is licensed to issue qualified health plans	13b	_						
С	Enter the amount of reserves on hand	13c			37				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				y				
	excess parachute payment(s) during the year?		15		X				
16	If "Yes," see the instructions and file Form 4720, Schedule N.	t incomo?	16		Х				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment of "Ves." complete Form 4720. Schedule O	t IIICOITIE!	16						
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv							
.,	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	If "Yes," complete Form 6069.								
	·								

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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			7.7
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ DC , CA , FL , NY , PA , VA			
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) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	ıd finaı	ncial	
	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			
	Annise Parker, President and CEO - 202-842-8679			

Form 990 (2021)

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.

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

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

(A)	(B)	l	111126	((прсі	isat	(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot or/trus	h an	compensation	compensation	amount of
	week	_	JCI AII	uau	11 6010	ii/ ii us	100)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	ompe		1099-NEC)	,	and related
	below	vidua	Institutional trustee	cer	Key employee	hest c oloyee	Former			organizations
	line)	ib	Inst	Officer	Key	Hig emp	For			
(1) Annise Parker	28.00	,,		37				165 146	0	F 0.00
President and CEO	40 00	Х		Х				165,146.	0.	5,066.
(2) Sean Meloy	40.00					7.		105 007	0	12 026
Vice President of Politica	22.00					Х		105,007.	0.	12,026.
(3) Andrea M Hernandez CFO	22.00			х				72,570.	0.	4,909.
(4) JD Angle	2.00			Δ				12,510.	0.	4,303.
Secretary	2.00	X		х				0.	0.	0.
(5) Sue Burnside	1.00			22				0.	0.	
Ex Officio	1.00	x						0.	0.	0.
(6) Sharon Callahan-Miller	2.00									
Chair		x		х				0.	0.	0.
(7) Joseph Falk	1.00								_	
Director		Х						0.	0.	0.
(8) Paul Feeney	1.00									
Director		Х						0.	0.	0.
(9) Richard Holt	1.00									
Director		Х						0.	0.	0.
(10) Chris Kehoe	1.00									
Director		Х						0.	0.	0.
(11) Samuel Garrett-Pate	1.00									
Ex Officio		Х						0.	0.	0.
(12) Terrence Meck	1.00	l								•
Director	1 00	Х						0.	0.	0.
(13) Jason Mida	1.00	,,							0	0
Director	1 00	Х						0.	0.	0.
(14) Kevin Morrison	1.00	\ \ -						0.	0.	0
Director	1.00	Х						0.	0.	0.
(15) Jess Nahigian	1.00	Х						0.	0.	0.
Director (16) Greg Porter	1.00	^	\vdash					0.	0.	<u> </u>
Director	1.00	Х						0.	0.	0.
(17) Mellie Price	2.00							0.	0.	<u> </u>
Treasurer		х		Х				0.	0.	0.
	i								0.	- 000

Page 8

Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	ompensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	(do		Pos heck ss pe	c) ition more erson) than is bot	one h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	an	(F) stimate nount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fr org and	pensa rom the janizati d relate anizatio	e ion ed
(18) Wade Rakes	2.00	X		x				0.		0.			0.
Vice Chair		_		Λ				0.		0.			0.
1b Subtotal								342,723.		0.	2	2,0	
c Total from continuation sheets to Part d Total (add lines 1b and 1c)							<u> </u>	0. 342,723.		0.	2	2,0	0. 01.
Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 of reportab	le ——		Yes	2 No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for	such individual										3		X
4 For any individual listed on line 1a, is the and related organizations greater than \$1											4	х	
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," co	•				,		elat	ed organization or indiv	idual for services	i	5		X
Section B. Independent Contractors 1 Complete this table for your five highest of	ompensated in	den	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npens	ation f	from	
the organization. Report compensation for		-						n the organization's tax					
(A) Name and busines	s address	N	INC	3				(B) Description of s	ervices	C	(C Compe	C) nsatio	n
Total number of independent contractors \$100,000 of compensation from the organ		not li	mite	d to		se li:	sted	d above) who received m	nore than				

Form 990 (2021) LGBTQ V:
Part VIII Statement of Revenue

		Check if Schedule O	contains a response	or note to any lir	ne in this Part VIII			
		Check ii Conedaio C		or rioto to arry in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
s o			1.1					30000013 312 314
ဋ		Federated campaigns						
흥리		Membership dues		FOF 004				
A,	С	Fundraising events	1c	795,831.				
直	d	Related organizations	1d					
iii,	е	Government grants (contr	ributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts,	grants, and					
		similar amounts not included	labove $\ 1_{\mathbf{f}}\ 1_{m{f}}$	906,249.				
일	g	Noncash contributions included in	1 lines 1a-1f 1g \$					
a S	h	Total. Add lines 1a-1f			2,702,080.			
				Business Code				
o l	2 a							
Ş	b							
Ser								
E E	C							
gra Re	d							
Program Service Revenue	e			-				
_	T	All other program service						
\dashv	g							
	3	Investment income (include	-		52.			
		other similar amounts)			52.			
	4	Income from investment of						
	5	Royalties	(i) Real					
		_	1- "	(ii) Personal				
		Gross rents	6a					
	b	Less: rental expenses	6b					
	С	Rental income or (loss)	6c					
	d	Net rental income or (loss	·—-					
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	7a					
	b	Less: cost or other basis						
ne		and sales expenses	7b					
Ver	С	Gain or (loss)	7c					
Re		Net gain or (loss)		>				
ther Revenue		Gross income from fundraisi	ng events (not					
₹		including \$ 795	5,831. of					
		contributions reported on	line 1c). See					
		Part IV, line 18	8a	204,805.				
	b	Less: direct expenses		323,979.				
	С	Net income or (loss) from	fundraising events	>	-119,174.			
		Gross income from gamin						
		Part IV, line 19		1				
	b	Less: direct expenses						
		Net income or (loss) from		>				
		Gross sales of inventory,	_					
		and allowances	10a					
	b	Less: cost of goods sold						
		Net income or (loss) from		>				
<u>"</u>		, , =	,	Business Code				
oğ a	11 a	Administrativ	e Fee	900099	42,032.			
ane	b	a1 - D 1		900099	2,616.			
	С							
Miscellaneou Revenue	d	All other revenue						
		Total. Add lines 11a-11d		>	44,648.			
	12	Total revenue. See instruction			2,627,606.			

Form 990 (2021) LGBTQ Victory Fund, Inc. Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations		·		·			
	and domestic governments. See Part IV, line 21							
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	247,690.						
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	842,593.						
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)	35,342. 93,026.						
9	Other employee benefits	93,026.						
10	Payroll taxes	85,870.						
11	Fees for services (nonemployees):							
а	Management							
b	Legal							
С	Accounting	10,888.						
d	Lobbying							
е	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	Other. (If line 11g amount exceeds 10% of line 25,							
	column (A), amount, list line 11g expenses on Sch O.)	101,642.						
12	Advertising and promotion	1,907.						
13	Office expenses	128,381.						
14	Information technology	162,834.						
15	Royalties	445 600						
16	Occupancy	117,693.						
17	Travel	27,877.						
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	152 100						
19	Conferences, conventions, and meetings	153,120.						
20	Interest							
21	Payments to affiliates	02 002						
22	Depreciation, depletion, and amortization	82,002. 9,943.						
23	Insurance	9,943.						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If							
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)							
а	Other program expenses	1,244.						
b								
c								
d								
e	All other expenses							
25	Total functional expenses. Add lines 1 through 24e	2,102,052.						
26	Joint costs. Complete this line only if the organization							
	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.							
	Check here if following SOP 98-2 (ASC 958-720)							

Form 990 (2021) Part X Balance Sheet

Pa	rt 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
	1	Cash - non-interest-bearing			324,473.	1	874,989
	2	Savings and temporary cash investments			100,175.	2	100,205
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		47,804.	4	131,619	
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descr	tion 4958(c)(3)(B)		6		
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			68,935.	9	86,727
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	714,159.			
	b	Less: accumulated depreciation	10b	300,881.	495,280.	10c	413,278
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			661,679.	15	542,063
	16	Total assets. Add lines 1 through 15 (must e	equal line 33	3)	1,698,346.	16	2,148,881
	17	Accounts payable and accrued expenses	115,035.	17	138,931		
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part IV c	of Schedule D		21	
es	22	Loans and other payables to any current or f					
≝		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of			C1 001	22	
_	23	Secured mortgages and notes payable to un			61,991.	23	
	24	Unsecured notes and loans payable to unrel				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	ines 17-24).	Complete Part X	610,355.		E72 /21
		of Schedule D			•	25	573,431
	26	Total liabilities. Add lines 17 through 25			787,381.	26	712,362
S		Organizations that follow FASB ASC 958,	check here				
Š	0.7	and complete lines 27, 28, 32, and 33.			910,965.	07	1,436,519
3als	27	Net assets without donor restrictions	910,903.	27	1,430,313		
힏	28	Net assets with donor restrictions				28	
Ĭ		Organizations that do not follow FASB AS	C 958, cne	ck nere			
ō	20	and complete lines 29 through 33.	ado			20	
ets	29	Capital stock or trust principal, or current fur				29	
4SS	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			910,965.	31	1,436,519
Z	32	Total liabilities and not assets (fund balances			1,698,346.	32	2,148,881
	33	Total liabilities and net assets/fund balances			1,090,340.	33	2,140,001

orm	m 990 (2021) LGBTQ Victory Fund, Inc.	52-172	29701	Pag	ge 12
Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	1 2 3 4 5 6 7 8 9	2,627 2,102 525	2,0	06. 52. 54. 65.
	column (B))	10	1,436	5,5	19.
Pa	art XII Financial Statements and Reporting				$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.		Yes	No
2a	• • • • • • • • • • • • • • • • • • • •		2a		Х
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Act and OMB Circular A-133?	ngle Audit	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

SCHEDULE C (Form 990)

Department of the Treasury

Political Campaign and Lobbying Activities

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.

OMB No. 1545-0047

2021

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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	n			Empl	oyer identification number
	LGBTQ V	ictory Fund, Inc	C.		52-1729701
Part I-A Com		ganization is exempt un		or is a section 527 o	rganization.
Provide a descr Political campai	ription of the organizign activity expendit	zation's direct and indirect polit tures ign activities	ical campaign activities	in Part IV.	-
Part I-B Com	nplete if the org	ganization is exempt un	der section 501(c)	(3).	
	•	incurred by the organization ur		• •	
2 Enter the amou	nt of any excise tax	incurred by organization mana	aers under section 4955	▶ \$	
		on 4955 tax, did it file Form 472			
b If "Yes," describ					— 133 — 116
		ganization is exempt un	der section 501(c)	except section 501	c)(3).
		d by the filing organization for s			
		nization's funds contributed to o			
			-		
		s. Add lines 1 and 2. Enter here			
·	•			*	
4 Did the filing or	nanization file Form	1120-POL for this year?		¥	Yes No
5 Enter the names made payments contributions re	s, addresses and er s. For each organiza eceived that were pr	mployer identification number (to tion listed, enter the amount pa comptly and directly delivered to additional space is needed, pro	EIN) of all section 527 po aid from the filing organi o a separate political org	olitical organizations to whic zation's funds. Also enter th anization, such as a separa	h the filing organization e amount of political
(a) N:	ame	(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

Calendar year (or fiscal year beginning in)

(a) 2018
(b) 2019
(c) 2020
(d) 2021
(e) Total

2a Lobbying nontaxable amount
(150% of line 2a, column(e))

c Total lobbying expenditures

d Grassroots nontaxable amount
(150% of line 2d, column (e))

f Grassroots lobbying expenditures

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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(k	o)
of the	of the lobbying activity.			Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d e	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?				
g	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? Total. Add lines 1c through 1i				
2a b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912				
d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	on 501(c)(5), or se	ection	
	501(c)(6).			Yes	No
1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from t	he prior yea	ar? 3	- 1:	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
	Current year Carryover from last year				
	Total				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?		4		
	Taxable amount of lobbying and political expenditures. See instructions		5		
instru	t IV Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information. To I-A, Line 1:	o list); Part	II-A, lines 1	and 2 (See	
The	LGBTQ Fund provides three key areas of support fo	r pol:	itical		
car	paigns of openly LGBTQ political candidates. The	most	tradit	ional	
met	hod, bundling contributions through a national don	or ne	twork	to	
taı	geted races throughout the country, raises the pro	file o	of can	didate	es
tha	at might not be able to reach a donor network large	r tha	n thei	r loca	a1

Part IV Supplemental Information (continued)
community. Secondly, the Victory Fund provides technical assistance to
candidates and campaign teams on effective campaigning as well as
dealing with the media when under attack regarding their sexual
orientation. Finally, the Victory Fund directly contributes and
invests in independent expenditures that will either promote an
endorsed candidate or highlight the differences between the candidates
vying for the same position.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

LGBTQ Victory Fund, Inc.

Employer identification number 52-1729701

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		·
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor			
			-	Yes No
Pa	rt II Conservation Easements. Complete if the or			
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).		
	Preservation of land for public use (for example, recreation		a historically	important land area
	Protection of natural habitat	Preservation of		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form o	of a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b				
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c	
d				
	listed in the National Register			
3	Number of conservation easements modified, transferred, re			n during the tax
	year ▶			
4	Number of states where property subject to conservation ea	asement is located >		
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements	it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	ervation ea	sements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easeme	nts during the year
	> \$			
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	statement a	and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stateme	ents that de	scribes the
	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections of		ther Simi	lar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 99	· ·		
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in fu	rtherance o	f public
	service, provide in Part XIII the text of the footnote to its final	incial statements that describes these item	IS.	
b	If the organization elected, as permitted under FASB ASC 99	•		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	erance of p	ublic service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				\$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	gain, provid	de
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			\$
h	Assets included in Form 990, Part Y			¢

Pai	rt III Organizations Maintaining C	ollections of A	rt, Histo	orical Tr	easures, d	or Othe	r Simila	ır Asse	ts (contii	nued)	
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):										
а	Public exhibition	d	ı 🔲 L	oan or exc	hange progra	am					
b	Scholarly research	е	· 🗌 c	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how the	ey further t	he organizati	on's exen	npt purpo	se in Parl	XIII.		
5	During the year, did the organization solicit or	receive donations	of art, his	torical trea	sures, or oth	er similar	assets				
	to be sold to raise funds rather than to be ma	intained as part of t	the organ	ization's co	ollection?				Yes		No
Pai	rt IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered '	"Yes" on	Form 990	, Part IV,	line 9, o		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for c	ontribution	ns or other as	sets not i	included				
	on Form 990, Part X?							<u> </u>	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing ta	ıble:							
									Amoun	t	
С	Beginning balance						. 1c				
d	Additions during the year						1d				
е	Distributions during the year										
f	Ending balance						. 1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for es	scrow or cu	ustodial acco	ount liabili	ty?	L	Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanation	n has been	provided on	Part XIII					
Pai	rt V Endowment Funds. Complete if	the organization an	swered "	Yes" on Fo							
		(a) Current year	(b) Pri	or year	(c) Two year	rs back (d) Three ye	ears back	(e) Fou	years t	ack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1g	, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment >	%									
С	Term endowment 9	6									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiz	ation that	are held a	nd administe	ered for th	ie organiza	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		wment fu	ınds.							
Pai	rt VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	D, Part IV,	line 11a. S	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr			or other (other)		cumulated reciation	d	(d) Boo	k value	,
1a	Land										
b	Buildings										
С	Leasehold improvements				8,489.		57,74			0,74	
d	Equipment			23	5,670.	1	43,14	10.	9	2,53	30.
	Other								_		
Tota	I. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, colum	n (B), line 1	10c.)			>	41	3,27	/8.

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 (d) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (f) Financial derivatives (g) Closely held equity interests (g) Other (A) (B) (C) (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)	Schedule D (Form 990) 2021 LGBIQ VICTOR	y runa, me	. 52-	1/29/01 Page 3
(a) Description of security or category (including name at accurate) (b) Book value (c) Method of valuation: Cost or end of year market value (f) Financial derivatives (g) Closely held equity interests (g) Other (h) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Part VII Investments - Other Securities.	n Form 900 Part IV line	a 11h San Farm 000 Part V lina 12	
(1) Francal derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (C) (C) (E) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				of-vear market value
		(b) Book value	(e) meaned or validation. Seet of one	or your market value
(3) Other (4) (5) (7) (7) (8) (9) (9) (1)				
(G) (C) (D) (D)				
(B)				
C				
C				
(E) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
(G) (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 (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				
(G) (H) (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 (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)	Part VIII Investments - Program Related.			
(1) (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10		n Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(3) (4) (5) (6) (7) (8) (9) Total. (Col. (t)) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	(1)			
(4) (5) (6) (7) (8) (9) (9) (10) must equal Form 990, Part X, col. ((8) line 13.) ▶ Part X 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 20, 7990. (2) Due from Victory Institute 521, 273. (3) (4) (5) (6) (7) (8) (9) (9) (10) must equal Form 990, Part X, col. ((8) line 15.) 542, 063. 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 (3) (4) (5) (6) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(2)			
(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 20 , 790 . (2) Due from Victory Institute 521 , 273 . (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 542 , 063 . 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 573 , 431 . (3) (4) (5) (6) (7) (8) (9)	(3)			
(6) (77	(4)			
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX	(5)			
(8) (9) Total. (Col. (h) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX	(6)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	(7)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ■	(8)			
Part IX				
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 20,790. (2) Due from Victory Institute 521,273. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 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 (3) (4) (5) (6) (7) (8) (9)	Total . (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
(a) Description (b) Book value (1) Deposits 20,790. (2) Due from Victory Institute 521,273. (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (9) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1				
(1) Deposits			e 11d. See Form 990, Part X, line 15.	
(2) Due from Victory Institute 521,273. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 542,063. 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 573,431. (3) (4) (5) (6) (7) (8) (9)		escription		
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 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 573, 431. (3) (4) (5) (6) (7) (8) (9)				20,790.
(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 573,431. (3) (4) (5) (6) (7) (8)	(2) Due from Victory Institute	2		521,273.
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)				
(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 573, 431. (3) (4) (5) (6) (7) (8) (9)				
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 542,063. 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 573,431. (3) (4) (5) (6) (7) (8) (9)				
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 542, 063. 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 573, 431. (3) (4) (5) (6) (7) (8) (9)	(6)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 542,063. 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 573,431. (3) (4) (5) (6) (7) (8) (9) (9)				
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 573, 431. (3) (4) (5) (6) (7) (8)		45)		E42 062
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 573, 431. (3) (4) (5) (6) (7) (8) (9)		15.)	>	342,003.
1. (a) Description of liability (b) Book value (1) Federal income taxes 573,431. (2) Deferred rent 573,431. (3) (4) (5) (6) (7) (8) (9) (9)		n Form 000 Port IV line	a 11 a av 11f Caa Farm 000 Dart V lina 25	
(1) Federal income taxes (2) Deferred rent (3) (4) (5) (6) (7) (8) (9)	() 5	on Form 990, Part IV, line	e TTe or TTI. See Form 990, Part X, line 25.	(h) Rook value
(2) Deferred rent 573,431. (3) (4) (5) (6) (7) (8) (9)				(b) Book value
(3) (4) (5) (6) (7) (8) (9)				573 //31
(4) (5) (6) (7) (8) (9)	(-)			3/3,431.
(5) (6) (7) (8) (9)				
(6) (7) (8) (9)				
(7) (8) (9)				
(8) (9)				
(9)				
		25.)		573.431.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Sche	dule D (Form 990) 2021 LGBTQ Victory Fund, Inc.			52-2	1729701 Page 4
	t XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue per F		
	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	3,072,974
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d			445,368.		
е	Add lines 2a through 2d			2e	445,368
3	Subtract line 2e from line 1			3	2,627,606
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,627,606
Pa	t XII Reconciliation of Expenses per Audited Financial Stat		h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	2,504,530
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c	400 450		
d	Other (Describe in Part XIII.)	2d	402,479.		400 450
е	Add lines 2a through 2d			2e	402,479
3	Subtract line 2e from line 1			3	2,102,051
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b			_	
	Other (Describe in Part XIII.)	4b	1.	4	1
	Add lines 4a and 4b			4c	1 100 OF
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,102,052
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			4; Part	X, line 2; Part XI,
Pai	ct X, Line 2:				
Maı	nagement has evaluated Victory Fund's ta	x positi	ons and co	nc1	uded that
the	e financial statements do not include an	y uncert	ain tax po	sit	ions at
Dec	cember 31, 2021.				
Pai	rt XI, Line 2d - Other Adjustments:				
Fed	deral portion of PAC contributions				121,389
	rect Benefit to Donors				323,979
	tal to Schedule D, Part XI, Line 2d				445,368
	Jan de Bonedare B, raie Mi, mine Ma				113,300

Part XII, Line 2d - Other Adjustments:

78,500.

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 52-1729701

LGBTQ V	ictory Fund, Inc.				52-1729	701		
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 Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations	sed funds through any of the followin e Solicitati f Solicitati g Special in or oral agreement with any individual leart VII) or entity in connection with providuals or entities (fundraisers) pursu	ion of ion of fundra (includerofess	non-g gover ising o ding o	overnment grants nment grants events fficers, directors, true undraising services?	stees, or Yes			
(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					
「otal			•					
List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	s or has been notified	d it is exempt from re	egistration		

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

		of fundraising event contributions and gr	oss income on Form 990		events with gross receip	ots greater than \$5,000.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
				Washington		(add col. (a) through		
			Anniversary	D.C. Gala	4	col. (c))		
a)			(event type)	(event type)	(total number)	COI. (C))		
ů								
Revenue	1	Gross receipts	601,338.	277,182.	122,116.	1,000,636.		
α								
	2	Less: Contributions	576,338.	139,482.	80,011.	795,831.		
					-	-		
	3	Gross income (line 1 minus line 2)	25,000.	137,700.	42,105.	204,805.		
		,						
	4	Cash prizes						
	5	Noncash prizes		15,571.	157.	15,728.		
es								
ens	6	Rent/facility costs		76,921.	18,240.	95,161.		
Direct Expenses				-	-	-		
ct F	7	Food and beverages		159,684.	23,720.	183,404.		
Dire		•		-	-	-		
	8	Entertainment	28,623.		1,063.	29,686.		
	9	Other direct expenses						
	10	Direct expense summary. Add lines 4 through			•	323,979.		
		Net income summary. Subtract line 10 from I				-119,174.		
Pa								
		\$15,000 on Form 990-EZ, line 6a.						
			(a) Pingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add		
ž			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))		
Revenue								
Œ	1	Gross revenue						
δί	2	Cash prizes						
Direct Expenses								
xpe	3	Noncash prizes						
出								
irec	4	Rent/facility costs						
	5	Other direct expenses						
			Yes %	Yes %	Yes %			
	6	Volunteer labor	└── No	└── No	└── No			
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>			
		ter the state(s) in which the organization cond						
		the organization licensed to conduct gaming a				Yes Mo		
b	If "	No," explain:						
	_							
		ere any of the organization's gaming licenses re			year?	Yes No		
b	b If "Yes," explain:							

Sch	edule G (Form 990) 2021 LGBTQ Victory Fund, Inc. 52-1	729	701	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	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
	Indicate the percentage of gaming activity conducted in:	مدا	I	0.4
	The organization's facility	13a 13b		<u>%</u>
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	ISD		
•	The first that are are or the property and the organization of gamming operations and the restriction			
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party >\$			
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:			
	s 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			
Pa	organization's own exempt activities during the tax year \(\subseteq \\$ \) Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I.	4 III i	nos 0	9h 10h
<u> </u>	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, II	nes s,	90, 100,

132083 10-21-21

Schedule G	i (Form 990)	LGBTQ Victory	Fund,	Inc.	52-1729701	Page 4
Part IV	Supplemental Infor	LGBTQ Victory mation (continued)				

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

LGBTQ Victory Fund, Inc. Employer identification number 52-1729701

	·		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			37
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section E01(a)(2) E01(a)(4) and E01(a)(20) aggregations must complete lines E.O.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
5	contingent on the revenues of:			
_		5a		
		5b		
J	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	00		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the net earnings of:			
а	The organization?	6a		
b	Any related organization?	6b		
	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		
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		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 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			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Annise Parker	(i)	165,146.		0.	5,066.			0.
President and CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	[(11)			l				

Schedule J (Form 990) 2021	LGBTQ Victory Fund, Inc.	52-1729701	Page 3
Part III Supplemental Information	ion		
Provide the information, explanation	on, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and t	for Part II. Also complete this part for any additional informat	tion.

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-FZ.

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

LGBTQ Victory Fund, Inc.

Employer identification number 52-1729701

Form 990, Part I, Line 1, Description of Organization Mission:

increasing the number of openly LGBTQ officials at all levels of the

government.

Form 990, Part VI, Section B, line 11b:

The Audit Committee reviewed the 990 in detail. The Board was provided a copy prior to filing.

Part V, Lines 2a & b, Part VII, Part IX Compensation & Benefits Reporting:

The Organization has a professional employer organization (PEO)

arrangement with Insperity. Insperity files all required federal

employment tax returns.

Form 990, Part VI, Section B, Line 12c:

Board members sign a Conflict of Interest and Gift Policy Disclosure

Statement upon joining. Beginning in 2023, all board members will sign
these policies on an annual process.

Form 990, Part VI, Section B, Line 15:

The CEO's compensation is determined by the Board of Directors. The Board surveys the compensation of similar organizations in the political, non-profit, and LGBTQ movement fields as a benchmark when negotiating the CEO's base compensation.

Form 990, Part VI, Section C, Line 19:

Schedule O (Form 990) 2021 Page **2**

Name of the organization LGBTQ Victory Fund, Inc.	Employer identification number 52-1729701
Available upon request.	
Form 990, Part XII, Line 2c:	
The Fund's Board of Directors is responsible for the over	sight of the
audit, including the selection of the independent account	ant. This
process is consistent with previous years.	
Form 990, Parts VIII & IX:	
Revenue and expense reported on this Form 990 exclude amo	unts
pertaining to federal political action committee activity	, as this
information has been reported to the Federal Election Com	mission and is
excepted from 990 reporting requirements. The federal ac	tivity has
been reported as audit/tax differences on Form 990, Part	XI and Form
990, Schedule D, Parts XI - XIII.	