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

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

OMB No. 1545-0047 0 Open to Public Inspection

AF	or the	2020 calendar year, or tax year beginning $ \mathrm{APR} 1, 2020$ and $$	ending 🛚 🕅	IAR 31, 2021			
B c a	heck if pplicable	C Name of organization		D Employer identifie	cation number		
	Addres	GRASS ROOTS GAY RIGHTS FOUNDATION					
	Name Change	Doing business as	20-50242	20-5024289			
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone numbe				
	Final return/	584 CASTRO ST #495	415-648-				
	termin- ated		G Gross receipts \$	52,168.			
Amended SAN FRANCISCO, CA 94114 H(a) Is this a group return							
	Applica		for subordinates? Yes X No				
	pendin	SAME AS C ABOVE		H(b) Are all subordinates included? Yes No			
		empt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) c	or 🛄 527	If "No," attach a	list. See instructions		
		e: WWW.REALBAD.ORG		H(c) Group exemptio			
	_	organization: 🚺 Corporation 🔄 Trust 🔄 Association 🚺 Other 🕨	L Year	of formation: 2006	State of legal domicile: CA		
Pa		Summary					
ø	1	Briefly describe the organization's mission or most significant activities: ${f PROMC}$	OTE AI	DS RESEARCH	, EDUCATION		
anc		AND TREATMENT AND PROTECT CIVIL RIGHTS IN					
Activities & Governance	2 (Check this box $ig > igsquart$ if the organization discontinued its operations or dispos	sed of more	e than 25% of its net as			
Š				6			
ن مە		Number of independent voting members of the governing body (Part VI, line 1b) $\ _{.}$			6		
es		Total number of individuals employed in calendar year 2020 (Part V, line 2a) \ldots			0		
iviti	6	Total number of volunteers (estimate if necessary)		6	25		
Act	7 a ⁻	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	7b	0.		
				Prior Year	Current Year		
e	8 (Contributions and grants (Part VIII, line 1h)		88,930.	16,718.		
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.		
Sev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,487.	274.		
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		212,097.	19,302.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		302,514.	36,294.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	·····	276,500.	22,000.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm .}$		0.	0.		
ens		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	0.		1 0 1 0 1		
-		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		24,555.	16,181.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		301,055.	38,181.		
	19	Revenue less expenses. Subtract line 18 from line 12		1,459.	-1,887.		
Net Assets or Fund Balances	20 -	Total accests (Bart X, line 16)		ginning of Current Year 257,677.	End of Year 255,790.		
Asse Bal		Total assets (Part X, line 16)		237,077.	0.		
Vet /		Total liabilities (Part X, line 26)		257,677.	255,790.		
-		Net assets or fund balances. Subtract line 21 from line 20		231,011.	233,130.		
LL C							

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	Signature of officer RICHARD DELLEFAVE , TR Type or print name and title	EASURER	Date
Paid	Print/Type preparer's name DAVID M. BOTT	Preparer's signature	Date Check PTIN 06/16/21 self-employed P01295922
Preparer	Firm's name 🍺 WMB2 , LLP		Firm's EIN 🕨 26-3789391
Use Only	Firm's address 101 LARKSPUR LAI		Phone no. 415 - 925 - 1120
May the II	RS discuss this return with the preparer shown at		
032001 12-2	•	, ,	Form 990 (2020)
S	EE SCHEDULE O FOR ORGANI	ZATION MISSION STATEM	ENT CONTINUATION

	990 (2020) GRASS ROOTS GAY RIGHTS FOUNDATION	20-5024289	Page 2
Pa	rt III Statement of Program Service Accomplishments		37
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: GRASS ROOTS GAY RIGHTS FOUNDATION PROVIDES FINANCIAL SUB COMMUNITY BASED INSTITUTIONS AND ORGANIZATIONS WITH A DI		
	COMMITMENT TO THE PROMOTION OF AIDS RESEARCH, EDUCATION		MTT
	AND THE PROTECTION OF CIVIL RIGHTS AND LIBERTIES IN FUR		
	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	LA 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	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	ers, the total expenses, a	and
40	revenue, if any, for each program service reported. (Code:) (Expenses \$ 35,581. including grants of \$ 22,000.) (Revenue)		<u> </u>
4a	(Code:) (Expenses \$ 35,581 including grants of \$ 22,000) (Revenue ANNUAL FUNDRAISING EVENTS IN WHICH SUBSTANTIALLY ALL OF	^{រe \$} ጥዝድ እድጥ)
	PROCEEDS BENEFIT 501(C)(3) ORGANIZATIONS SELECTED UNDER		<u> </u>
	APPLICATION AND APPROVAL GUIDELINES.	DIRICI	<u> </u>
	MILLICATION AND ATTROVAL GOLDHEIMED.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue		<u> </u>
Ŧ		ψ)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 35, 581.		
		Form 9 9	90 (2020)
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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
5	during the tax year? <i>If "Yes," complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		- 23
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete</i>	_		v
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	•		x
10	If "Yes," complete Schedule D, Part IV	9		- 23
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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,	47		x
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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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			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
4	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
		24u		
254	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
5	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"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		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			37
	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
~ 1	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	32		x
33	Schedule N, Part II	32		- 23
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</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			
04	Part V, line 1	34		x
35a	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in 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?	10	x	
03000	(gambling) winnings to prize winners?	Eorm		l (2020)
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Part V	Statem	ents Regarding	Other IR	S Filing	gs and Tax	Compliance (continue	ed)
Form 990	(2020)	GRASS	ROOTS	GAY	RIGHTS	FOUNDATION	

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	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 was required	_		v
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7~		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	4.6		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x
	excess parachute payment(s) during the year?	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
10	If "Yes," complete Form 4720, Schedule O.	10		

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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.

ect	tion A. Governing Body and Management					
					Yes	;
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		6		T
	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.					
	Enter the number of voting members included on line 1a, above, who are independent	1b		6		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh		any other			
	officer, director, trustee, or key employee?			2		T
	Did the organization delegate control over management duties customarily performed by or under th					+
	of officers, directors, trustees, or key employees to a management company or other person?			3		
						╉
	Did the organization make any significant changes to its governing documents since the prior Form					+
	Did the organization become aware during the year of a significant diversion of the organization's as					╉
	Did the organization have members or stockholders?			6		+
	Did the organization have members, stockholders, or other persons who had the power to elect or a	• •				
	more members of the governing body?			7a		4
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockł	nolders, or			
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by t	he following:			
а	The governing body?			. 8a	X	
	Each committee with authority to act on behalf of the governing body?				Х	T
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					1
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
	tion B. Policies (This Section B requests information about policies not required by the Internal R				·	-
		010/10			Yes	Τ
0-	Did the exception have local chapters, branches, or effiliates?			10a	163	┥
	Did the organization have local chapters, branches, or affiliates?					╉
	If "Yes," did the organization have written policies and procedures governing the activities of such c					
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ .$				37	4
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly bef	ore filing the form	? 11a	X	4
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to co	nflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	/es, " c	lescribe			Τ
	in Schedule O how this was done			12c	X	
	Did the organization have a written whistleblower policy?				X	T
	Did the organization have a written document retention and destruction policy?				X	1
	Did the process for determining compensation of the following persons include a review and approv					1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		independent			
				45 -		1
	The organization's CEO, Executive Director, or top management official					╉
	Other officers or key employees of the organization			15 b		+
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a			
	taxable entity during the year?			16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	on's			
	exempt status with respect to such arrangements?			16b		
ect	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{CA}$					-
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 99	0-T (Section 501(c)(3)s only	v) avai	il:
	for public inspection. Indicate how you made these available. Check all that apply.		,		,, u	
	Own website Another's website X Upon request Other (explain	n on S	chedule ()			
٥	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c		,	and fine	ncial	
		UIIIC	or interest policy,	, anu ina	noidi	
	statements available to the public during the tax year.					
~	State the name, address, and telephone number of the person who possesses the organization's be	ooks a	ina records 🕨			
	$\Pi \Pi \Pi \Box \cap O \cap A \Pi = A 1 \Box A 1 \Box A 1 \Theta \Theta A \Box \Theta$					
	THE ORGANIZATION $-415-648-8665$					_
	THE ORGANIZATION - 415-648-8665 584 CASTRO ST #495, SAN FRANCISCO, CA 94114				n 990	_

Part VII	Compensation of Officers, I	Directors, Trustees,	Key Employees,	Highest (Compensated
	Employees, and Independer	nt Contractors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	erson	is bot pr/trus	h an	compensation	compensation	amount of
	week (list any	<u> </u>						from the	from related organizations	other compensation
	hours for	r direc				ted		organization	(W-2/1099-MISC)	from the
	related	istee o	trustee		e	pensa		(W-2/1099-MISC)		organization
	organizations below	ual tru	ional 1		ploye	t com /ee	_			and related organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) PHILIP GRASSO	0.00	_		_			_			
PRESIDENT		х		X				0.	0.	0.
(2) ERIC HOLMGREN	0.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) RICHARD DELLEFAVE	0.00									_
TREASURER		Х		Х				0.	0.	0.
(4) ANDREW ROSEMAN	0.00									
SECRETARY		X		Х				0.	0.	0.
(5) KEN WELLS	0.00									0
MEMBER		X						0.	0.	0.
(6) MIGUEL JIMENEZ	0.00							0	0	0
MEMBER		X						0.	0.	0.
		-								
			<u> </u>							
		-								
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032007 12-23-20

Form **990** (2020)

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		ROOTS GAY								20-5	024	289	Pa	age 8
Par	t VII Section A. Officers, Directors, 7		ploy	ees,			ghest	st Co	mpensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any	box, offic	not cl unles	ss per	tion nore t son is	than or s both /truste	n an	(D) Reportable compensation from the	(E) Reportable compensatic from related organization	on J	an	(F) timate nount o other pensa	of
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)	org and	om the anizati d relate anizatio	ion ed
							_							
с	Subtotal	rt VII, Section A					Þ		0.0.0.		0.0.0.			0.0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including b	out not limited to th						lo rec			-			
	compensation from the organization												Yes	0 No
3	Did the organization list any former offi line 1a? <i>If</i> "Yes," <i>complete Schedule J</i>	for such individual							· · · · ·			3		х
4	For any individual listed on line 1a, is the and related organizations greater than Did any parage listed on line 1a reactive	\$150,000?	" coi	mple	ete S	che	dule	J for	such individual			4		x
5 Sec	Did any person listed on line 1a receive rendered to the organization? If "Yes," tion B. Independent Contractors								•			5		X
1	Complete this table for your five highes the organization. Report compensation										npens	ation f	rom	
	(A) Name and busir			ONE					(B) Description of s	-	С	(C ompe	;) nsatior	n
								-						
								+						
2	Total number of independent contractor \$100,000 of compensation from the org		ot lir	nite	d to 1	thos 0		ted a	above) who received n	nore than				
												Form	990 (2	2020)

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			2020) GRASS ROOTS GAY	C RIGHTS	5 FOUNDATI	ON	20-5024	289 Page 9
Pa	rt \	VII						
			Check if Schedule O contains a response or n	note to any line	e in this Part VIII			<u>.</u>
					(A) Total revenue	Related or exempt	Unrelated	(D) Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
ts ts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	1.		Membership dues 1b					
۵Ĕ			Fundraising events					
ifts r A			Related organizations					
nii G			· · · · · · · · · · · · · · · · · · ·					
Sir			Government grants (contributions) 1e All other contributions, gifts, grants, and					
her		'		16,718.				
Gti Bti		~		,				
no N d		-	Noncash contributions included in lines 1a-1f		16,718.			
0.0		n	Total. Add lines 1a-1f	·····	10,710.			
•			Bu	usiness Code				
/ice	2	: a						
ue ș		b						
с на Кар		c						
Be		d						
Program Service Revenue		e						
-		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, interest,		274.			274.
			other similar amounts)		2/4•			2/4•
	4		Income from investment of tax-exempt bond proc	F				
	5)	Royalties	ii) Personal				
				ii) Fersonai				
	6	a	Gross rents 6a					
		b	Less: rental expenses 6b					
		с	Rental income or (loss) 6c					
	_							
	'	а		(ii) Other				
			assets other than inventory 7a					
Ø		b	Less: cost or other basis					
evenue			and sales expenses					
			Gain or (loss) 7c					
Other R			Net gain or (loss)	····· 🕨				
the	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See	25 176				
				35,176. 15,874.				
					19,302.			19,302.
			Net income or (loss) from fundraising events		19,302.			19,302.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a Less: direct expenses 9b					
			· · · · · · · · · · · · · · · · · · ·					
	4.		Net income or (loss) from gaming activities	🕨				
		а	Gross sales of inventory, less returns					
		Ŀ	and allowances 10a					
			Less: cost of goods sold 10b					
	-	С	Net income or (loss) from sales of inventory	usiness Code				
sno		~	Bu	Jamess Coue				
Miscellaneous Revenue	''	а ь						
ella Ver		b						
Re		с С						
Σ			All other revenue					
	40		Total Add lines 11a-11d		36,294.	0.	0.	19,576.
03200	12		Total revenue. See instructions	····· 🔽				Form 990 (2020)
03200	בו כי	<u>∠3</u>	-20					10111 222 (2020

Part IX Statement of Functional Expenses

GRASS ROOTS GAY RIGHTS FOUNDATION

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 respon				
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	22,000.	22,000.		
	Grants and other assistance to domestic				
i	ndividuals. See Part IV, line 22				
3 (Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees				
	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages				
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
10 I	Payroll taxes				
	Fees for services (nonemployees):				
al	Management	0.5.0			
bΙ	Legal	950.		950.	
	Accounting				
dl	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f I	nvestment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25,				
(column (A) amount, list line 11g expenses on Sch O.)	1,650.		1,650.	
12 /	Advertising and promotion				
13 (Office expenses				
1 4	nformation technology				
1 5	Royalties				
16 (Occupancy				
17 -	Travel				
1 8	Payments of travel or entertainment expenses				
f	for any federal, state, or local public officials \dots				
19 (Conferences, conventions, and meetings				
	nterest				
21	Payments to affiliates				
22 [Depreciation, depletion, and amortization				
	nsurance				
6 	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	OTHER GENERAL AND ADMIN	5,168.	5,168.		
	STORAGE FEES	4,132.	4,132.		
	BANK AND PROCESSING FEE	2,239.	2,239.		
_	WEBSITE	2,042.	2,042.		
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	38,181.	35,581.	2,600.	0
	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 Click the following SOP 98-2 (ASC 958-720)				
	12-23-20				Form 990 (2020

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Balance Sneet	
Check if Schedule O contains a response or note to any line in this Part X	
	(A)

GRASS ROOTS GAY RIGHTS FOUNDATION

		Check if Schedule O contains a response or not		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		171,827.	1	169,666.
	2	Savings and temporary cash investments		85,850.	2	86,124.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or	former officer, director.		-	
	-	trustee, key employee, creator or founder, subst				
		controlled entity or family member of any of thes			5	
	6	Loans and other receivables from other disqualif			-	
		under section 4958(f)(1)), and persons described			6	
Ś	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment: cost or other			Ū	
		basis. Complete Part VI of Schedule D	10a			
	Ь	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line 1			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa		257,677.	16	255,790.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
s	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subst				
lide		controlled entity or family member of any of thes			22	
Ľ	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines				
		of Schedule D	<i>,</i> .		25	
	26			0.	26	0.
		Organizations that follow FASB ASC 958, che				
sec		and complete lines 27, 28, 32, and 33.	-			
and	27	Net assets without donor restrictions		257,677.	27	255,790.
Net Assets or Fund Balances	28	Net assets with donor restrictions			28	
pu		Organizations that do not follow FASB ASC 9				
Ъ		and complete lines 29 through 33.	,			
sor	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or eq			30	
As	31	Retained earnings, endowment, accumulated inc			31	
Vet	32	Total net assets or fund balances		257,677.	32	255,790.
-	33	Total liabilities and net assets/fund balances		257,677.	33	255,790.
				· · · ·	-	Form 990 (2020)

Form 990 (2020) Part X Bal

Form	990 (2020) GRASS ROOTS GAY RIGHTS FOUNDATION	20-502	4289	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			94.
2	Total expenses (must equal Part IX, column (A), line 25)	2			81.
3	Revenue less expenses. Subtract line 2 from line 1	3			87.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25	/,6	77.
5	Net unrealized gains (losses) on investments	5			
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	25	, 7	90.
Ра	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				v
b	Were the organization's financial statements audited by an independent accountant?		. 2 b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
~	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	0			v
-	Act and OMB Circular A-133?		. 3 a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2020)

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SCHEDULE A	
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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.

OMB No. 1545-0047
2020
Open to Public Inspection

	ent of the Treasury Revenue Service			Attach to Form 990 or I v/Form990 for instructi			nformation.		Open to Public Inspection
Name	of the organizat	ion						Employer	identification number
		GRAS	S ROOTS GA	Y RIGHTS FOU	NDATI	ON		2	0-5024289
Part	I Reason	for Public	Charity Status.	(All organizations must o	complete t	his part.) S	See instructio	ns.	
The or	ganization is not	a private found	dation because it is:	(For lines 1 through 12, o	check only	one box.)			
1	A church, co	nvention of ch	nurches, or association	on of churches describe	d in sectic	on 170(b)(1)(A)(i).		
2	A school des	scribed in sect	tion 170(b)(1)(A)(ii).	(Attach Schedule E (Forr	n 990 or 9	90-EZ).)			
3 🗌	A hospital or	a cooperative	hospital service org	anization described in s	ection 170)(b)(1)(A)(i	ii).		
4	A medical re	search organiz	zation operated in co	onjunction with a hospita	l describe	d in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
_	city, and stat	te:							
5 🗆	An organizat	ion operated for	or the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental	unit descrit	oed in
_			Complete Part II.)						
6 _	A federal, sta	ate, or local go	vernment or governr	mental unit described in	section 1	70(b)(1)(A)	(v).		
7 🗆	An organizat	ion that norma	ally receives a substa	antial part of its support	from a gov	vernmenta	unit or from	the general	public described in
_			complete Part II.)						
8 _				(1)(A)(vi). (Complete Par					
9 🗌				d in section 170(b)(1)(A)					
	or university	or a non-land-	grant college of agric	culture (see instructions)	. Enter the	name, cit	y, and state o	of the colleg	je or
	university:								
10				than 33 1/3% of its sup					
				ct to certain exceptions;					-
				e (less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.
			mplete Part III.)						
11 ∟		-	-	sively to test for public sa	•				
12 🗆				sively for the benefit of, t					
				ed in section 509(a)(1) c					Check the box in
_				of supporting organization					
а				supervised, or controlled					
				egularly appoint or elect	a majority	of the aire	ctors or trust	ees of the s	supporting
			complete Part IV, S					ava (a) ka a ka	
b				d or controlled in connec janization vested in the s					
		0			ame perso		Sillion of Inali	aye ine su	ppneu
с			st complete Part IV,	g organization operated	in connoc	tion with	and function	ally intograt	od with
C				s). You must complete				any integrat	eu with,
d		•	. , .	oorting organization oper		-		orted organ	ization(s)
u				zation generally must sa					
		-		mplete Part IV, Section	•		-		
е				written determination fro				II Type III	
Ũ		•		onally integrated support			x 1990 I, 1990	, rype in	
fF			•						
			n about the supporte						·
	(i) Name of supp	-	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount c	f monetary	(vi) Amount of other
	organizatio	n		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

Schedule A (Form 990 or 990-EZ) 2020 GRASS ROOTS GAY RIGHTS FOUNDATION Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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						
12	Gross receipts from related activities,	, etc. (see instructi	ons)		•	12	
13	First 5 years. If the Form 990 is for th					501(c)(3)	
	organization, check this box and stor				-		
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2020 (line 6, column (f), d	divided by line 11,	column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16 a	1 33 1/3% support test - 2020. If the c	organization did no	ot check the box o	n line 13, and line	e 14 is 33 1/3% or i	more, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organization	۱			
b	33 1/3% support test - 2019. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstand	ces test, check thi	s box and stop he	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizati	on qualifies as a p	ublicly supported	organization		▶□
b	0 10% -facts-and-circumstances tes	t - 2019. If the orç	anization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	mstances test, che	eck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. T	he organization qu	alifies as a public	ly supported organ	nization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see instruction	s ►
					Sch	edule A (Form 990	or 990-E7) 2020

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Schedule A (Form 990 or 990 EZ) 2020 GRASS ROOTS GAY RIGHTS FOUNDATION 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.)

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	95,990.	56,005.	105,401.	88,930.	16,718.	363,044.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	267,295.	270,616.	281,626.	285,697.	35,176.	1140410.
3	Gross receipts from activities that		-				
-	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	363,285.	326,621.	387,027.	374,627.	51,894.	1503454.
	Amounts included on lines 1, 2, and		-				
	3 received from disqualified persons						0.
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						0.
	amount on line 13 for the year						0.
	Add lines 7a and 7b						1503454.
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						1303434.
	indar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	363,285.	326,621.	387,027.	374,627.	51,894.	1503454.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources		80.	168.	1,487.	274.	2,009.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
			80.	168.	1,487.	274.	2,009.
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			100.	1,407.	2/4.	2,009.
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.)	363,285.	326,701.	387,195.	376,114.	52,168.	1505463.
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	on,
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2020 (ine 8, column (f), c	livided by line 13,	column (f))		15	99.87 %
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	99.90 %
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	20 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.13 %
18	Investment income percentage from	2019 Schedule A,	Part III, line 17			18	.10 %
19 a	a 33 1/3% support tests - 2020. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	upported organiza	ition	► X
b	33 1/3% support tests - 2019. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3% , a	and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	is a publicly suppo	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			
03202	23 01-25-21			4 -	Sche	edule A (Form 990) or 990-EZ) 2020
				15			

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

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

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

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Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 GRASS ROOTS GAY RIGHTS FOUNDATION

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described in line 11a above?	11b		
с	A 35%	6 controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations	·		
				Yes	No
1	more direct effect organ	The governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, sors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> <i>borted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or tru	stees of each of the organization's supported organization(s)? If "No, " describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
		ipported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			

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

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.

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the	e organization used t	to satisfy the Integral Part	Test during the yea(see instructions)
---	---	-----------------------	------------------------------	---------------------------------------

a ____ The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent (of each of it	s supported	organizations.	Complete line 3 below.
---	--	------------------	-----------------	---------------	-------------	----------------	------------------------

c 🗌	The organization supporte	d a governmental entity.	Describe in Part VI how	v you supported a gover	nmental 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.*
- b Did the activities described in 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.*

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Schedule A (Form 990 or 990-EZ) 2020

3

2a

2b

За

3b

No

Yes

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Schedule A (Form 990 or 990-EZ) 2020 GRASS ROOTS GAY RIGHTS FOUNDATION 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.

Seci	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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			
•				

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 GRASS ROOTS GAY RIGHTS FOUNDATION

Par	t v Type III Non-Functionally integrated 509	allo supporting Orga	anizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	Γ	I	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A	(Form 990 or 990-EZ) 2020 GRAS							4289 Page
	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3c line 1; Part IV, Section D, lines 2 and	;, 4b, 4c, 5a, 6 d 3; Part Ⅳ, S	, 9a, 9b, 9c, ⁻ ection E, line:	11a, 11b, and s 1c, 2a, 2b, 3	d 11c; Part IV, 3a, and 3b; Pa	Section B, lines art V, line 1; Part	1 and 2; Part IV V, Section B, lir	, Section C, le 1e; Part V,
	Section D, lines 5, 6, and 8; and Pa (See instructions.)	rt V, Section E	E, lines 2, 5, a	nd 6. Also co	omplete this p	art for any additi	onal information	
32028 01-25-2	21					Schedu	le A (Form 990	or 990-EZ) 2
				20				
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Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Employer identification number

20-5024

	GRASS ROOTS GAY RIGHTS FOUNDATION	20-5024289
Organization type (ch	neck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox{3}$ 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

Employer identification number

20-5024289

GRASS ROOTS GAY RIGHTS FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions.) 023452 11-25-20 Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Name of organization

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Employer identification number

20-5024289

GRASS ROOTS GAY RIGHTS FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

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Schedule	B (Form 990, 990-EZ, or 990-PF) (2020)			Page						
Name of o	organization			Employer identification number						
GRASS	ROOTS GAY RIGHTS FOUND	ATION		20-5024289						
Part III	from any one contributor. Complete columns (a) through (e) and the following line er	ntry For organizations							
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. o	nce.) ► \$						
(a) No. from			(d) Dec	aviation of how sift is hold						
Part I	(b) Purpose of gift	(c) Use of gift		scription of how gift is held						
		(e) Transfer of gi	#							
		(e) Induster of gr	n							
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee						
(a) No.										
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held						
	(e) Transfer of gift									
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee						
(a) No.										
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held						
		(e) Transfer of gi	ft							
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee						
(a) No										
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held						
			<u> </u>							
		(e) Transfer of gi	ft							
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee						
			·							
023454 11-2	5-20	<u> </u>	Schedul	e B (Form 990, 990-EZ, or 990-PF) (2020						

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24

SCHEDULE G	Suppleme	ntal Information	tion Regardii	ng Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	, or if the	2020						
	c		Open to Public						
Department of the Treasury Internal Revenue Service	► Go	•	ttach to Form 9 /Form990 for in:			the latest informat	ion.		Inspection
Name of the organization		OOTS GAY	RIGHTS H	OUND	ATI	ON		Employer ide	ntification number
			organization ans	wered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-E2	Z filers are not
required to 1 Indicate whether th	complete this par		h any of the follo	wina acti	vities	Check all that apply			
a Mail solicitat	-			-		overnment grants	•		
	email solicitations	3				nment grants			
c Phone solici			g 🛄 Spec	ial fundra	lising	events			
2 a Did the organization		or oral agreement	with any individ	ual (inclu	ding o	fficers, directors, tru	stees	s, or	
key employees list	ted in Form 990, P	art VII) or entity i	n connection wit	h profess	ional f	undraising services?	2	Yes	
b If "Yes," list the 10 compensated at le			s (fundraisers) pu	rsuant to	agree	ements under which	the fi	undraiser is to t	be
						1		• • • •	
(i) Name and addres or entity (fund		(ii) <i>4</i>	Activity	(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
Total									
3 List all states in wh					oution	s or has been notified	d it is	exempt from r	egistration
or licensing.									
					000				
LHA For Paperwork R	eauction Act Not	ice, see the Inst	ructions for For	m 990 or	990-1	EZ. 8	sche	aule G (Form 9	990 or 990-EZ) 2020

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.

		3 3		,	<u> </u>	3 ,
			(a) Event #1 REAL	(b) Event #2	(c) Other events	(d) Total events
			BAD/FUND RAI			(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Ine				(event type)		
Revenue	4	Cross ressints				
Re	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	-					
	4	Cash prizes				
	5	Noncash prizes				
ses						
Sue	6	Rent/facility costs				
Direct Expenses						
ect	7	Food and beverages				
Ē						
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through			🕨	
De	11	Net income summary. Subtract line 10 from I		000 D L N/ K 40		
Pa	ırt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or	reported more than	
		\$15,000 off Form 990-EZ, life 6a.		(b) Pull tabs/instant	[(d) Total gaming (add
IUe			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
Å	4	Gross revenue				
	<u> </u>					
í	2	Cash prizes				
nse		• • • • • • • • • • • • • • • • • • • •				
xpe	3	Noncash prizes				
Direct Expenses						
lirec	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes%	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		►	
		Net coming income summary. Culturet line 7			•	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	ter the state(s) in which the organization condu	icte gaming activities:			
		the organization licensed to conduct gaming a		states?		Yes No
		No," explain:				
		· · ·				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or t	erminated during the tax	year?	Yes No
b) If "	Yes," explain:				
0320	82 1	1-25-20			Schedule G (Fo	rm 990 or 990-EZ) 2020
J						···· ···

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Sch	edule G (Form 990 or 990-EZ) 2020 GRASS ROOTS GAY RIGHTS FOUNDATION 20-	5024	289	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	_		
	to administer charitable gaming?		Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
	An outside facility			%
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 $ ightarrow \$$			
с	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			
47	Mandatany diatvibutiana			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		Voc	
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	🖵	162	
D	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III. lir	nes 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			ez, :ez,
03208	33 11-25-20 Schedule G (For	m 990 c	or 990	-EZ) 2020
				•

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	(Form 990 or 990-EZ)			GAY	RIGHTS	FOUNDATION
Part IV	Supplemental Infor	mation (co	ntinued)			

	 	chedule G (Form 990 or 99
	50	medule a (Form 390 of 99

SCHEDULE I (Form 990)		Go	Grants and Oth overnments, ar	nd Individua	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Comp	lete if the organizatio ► Go to www.ir	Attach to Form s.gov/Form990 for	m 990.			Open to Public Inspection
Name of the organization		TS GAY RI	GHTS FOUNDA	TION				Employer identification number $20-5024289$
	ormation on Grants a							
criteria used to aw	ard the grants or assis	stance?	e amount of the grants					
			itoring the use of grant izations and Domesti			nization answered "		t IV line Of for any
			n be duplicated if addit			anization answered	res on Form 990, Par	t IV, line 21, for any
1 (a) Name and add		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CHINESE FOR AFFIRM 17 WALTER U LUM PL SAN FRANCISCO, CA		94-2161304	501(C)(3)	10,000.	0.			OUTREACH/EDUCATION OUTREACH/EDUCATION
AIDS LEGAL REFERRA 1663 MISSION ST #5	00	94-3111738	E01(0)(2)	10,000	0			
SAN FRANCISCO, CA	94103	54-3111736		10,000.	0.			OUTREACH/EDUCATION
	r of other organization	s listed in the line		ne line 1 table				Schedule I (Form 990) 2020

Schedule I (Form 990) 2020

GRASS ROOTS GAY RIGHTS FOUNDATION

20-5024289

Page 2

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

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

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

GRASS ROOTS GAY RIGHTS FOUNDATION

Employer identification number 20-5024289

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

FRANCISCO

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

SAN FRANCISCO BAY AREA LESBIAN, GAY, BISEXUAL AND TRANSGENDER

COMMUNITY.

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

FORM 990 IS PREPARED BY AN OUTSIDE TAX PROFESSIONAL. THE FORM IS THEN REVIEWED BY THE ORGANIZATION'S TREASURER. THE TREASURER THEN DISCUSSES THE CONTENTS OF THE RETURN WITH THE OUTSIDE TAX PROFESSIONAL IF NECESSARY. AFTER A FULL REVIEW (WITH MODIFICATIONS WHERE NECESSARY), THE FINAL VERSION OF THE TAX RETURN IS PROVIDED TO ALL MEMBERS OF THE ORGANIZATION'S VOTING BODY. AN OFFICER SIGNS THE AUTHORIZATION TO EFILE THE RETURN WITH THE DEPARTMENT OF THE TREASURY.

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

THE BOARD OF DIRECTORS REVIEWS ALL POTENTIAL CONFLICTS OF INTEREST AT LEAST ANNUALLY. ALL BOARD MEMBERS ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS AND ANY RELATED PARTY AFFILIATIONS. LOANS BETWEEN THE ORGANIZATION AND MEMBERS OF THE BOARD ARE STRICTLY PROHIBITED. THE ORGANIZATION SEEKS FULL TRANSPARENCY ON ALL RELATIONSHIPS. ANY POTENTIAL CONFLICTS (IN FACT OR APPEARANCE) ARE DISCUSSED OPENLY AND RESOLVED IN ACCORDANCE WITH THE ORGANIZATION'S POLICIES AND PROCEDURES.

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

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form
 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

 032211
 11-20-20
 31

 09000616
 718997
 2009149
 2020.03050
 GRASS
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 20091491

32212 11-20-2	0						32			Schedule O	(Form 99	0 or 990-EZ) 2020
00616	718997	20093	149		202	0.03050	GRASS	ROOTS	GAY	RIGHTS	FOUN	20091491
		32212 11-20-20 00616 718997		32212 11-20-20 00616 718997 2009149				32	32	32	32	32

UPON REQUEST.

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

ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND

OTHER LEGAL FILINGS ARE MAINTAINED IN A SECURE ENVIRONMENT AND HELD

AVAILABLE FOR INSPECTION BY TAX AUTHORITIES AND THE GENERAL PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 18:

ALL OF THE ORGANIZATIONS TAX FILINGS ARE MAINTAINED IN A SECURE ENVIRONMENT

AND HELD AVAILABLE FOR INSPECTION BY TAX AUTHORITIES AND THE GENERAL PUBLIC

THE ORGANIZATION FUNCTIONS WITH VOLUNTEER LABOR AND HAS NO EMPLOYEES.

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization

GRASS ROOTS GAY RIGHTS FOUNDATION

Employer identification number 20-5024289

2020 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

MARCH 31, 2021

Prepared for	
-	GRASS ROOTS GAY RIGHTS FOUNDATION
	584 CASTRO ST #495
	SAN FRANCISCO, CA 94114
Prepared by	
	WMB2, LLP
	101 LARKSPUR LANDING CIRCLE, #200 LARKSPUR, CA 94939-1750
To be signed and dated by	NOT APPLICABLE
Amount of tax	Total tax \$ 0.00
	1 + cost = compared and aradita = 0 = 0 = 0.00
	Plus: other amount \$ 0.00 Plus: interest and penalties \$
	NO PMT REQUIRED \$
Overpayment	Credited to your estimated tax \$ 0.00
	Other amount \$ 0.00
	Refunded to you \$
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	

TAXABLE	YEAR	California Exempt Organization				028941 12-22-20 FORM
202	0	Annual Information Return				199
Calendar Yea	r 2020	or fiscal year beginning (mm/dd/yyyy) $04/01/2020$, and ending (m	m/dd/yy	yy)	03	/31/2021 .
Corporation/Org	anizatio	n name	Cal	ifornia corp	oration n	lumber
		TS GAY RIGHTS FOUNDATION		2884	029	
Additional inform	nation. S	See instructions.	FE		0.24	200
Street address (suite or	room)		ZU-S PMB no.	024	209
		O ST #495				
City			tate	ZIP code		
SAN FR	ANC	ISCO	CA	9411	4	
Foreign country	name	Foreign province/state/county		Foreign p	ostal co	de
A First retu	rn	Yes X No I Did the organization have a	any chan	ges to its	guideli	nes
B Amended		77				
C IRC Section	on 494	I7(a)(1) trust Yes 🔀 No 🖌 If exempt under R&TC Sec	tion 237	01d, has t	the org	
D Final info	rmatio					
	Dissolve					
Enter date: E Check ac			•			
		ng method: (1) $\$ cash (2) Accrual (3) other led? (1) $\$ 990T(2) $\$ 990F (3) $\$ sch H (990) M Did the organization file Fo	-			
		090 series report taxable income?				• Yes X No
		iling? See instructions • Yes 🗴 No 🛛 Is the organization under a				е
H Is this or	ganizat	ion in a group exemption Yes 🔀 No 🛛 IRS audited in a prior years	?			
lf "Yes," v	vhat is	the parent's name? 0 Is federal Form 1023/1024	l pending	j?		
		Date filed with IRS				
Part I	Comple	te Part I unless not required to file this form. See General Information B and C.				
	· ·	Gross sales or receipts from other sources. From Side 2, Part II, line 8		•	1	35,450 oc
	2	Gross dues and assessments from members and affiliates			2	00
			TMT	1•	3	16,718 ₀₀
Receipts		Total gross receipts for filing requirement test. Add line 1 through line 3.		_		E2 160
and		This line must be completed. If the result is less than \$50,000, see General Information B Cost of goods sold • 5			4	52,168 ₀₀
Revenues		Cost of goods sold 5 Cost or other basis, and sales expenses of assets sold 6		00		
		Total costs. Add line 5 and line 6			7	00
	8	Total gross income. Subtract line 7 from line 4			8	52,168 oc
Expenses		Total expenses and disbursements. From Side 2, Part II, line 18			9	52,057 ₀₀
		Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		•	10	111 oc
		Total payments Use tax. See General Information K		•	11	00
		Use tax. See General Information K Payments balance. If line 11 is more than line 12, subtract line 12 from line 11			12 13	
Filing Fee		Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12			14	
· · · · · · · · · · · · · · · · · · ·		Penalties and Interest. See General Information J			15	00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result			16	00
Sign	it is tru	penalties of perjury, 1 declare that 1 have examined this return, including accompanying schedules and statemen e, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prep	parer has a	ny knowled	ige.	Jwiedge and belief,
Here	Signat		Date			Telephone
	Signat of offic	er TREASURER				● PTIN
	Prepar signati	^{er's} ► 06/16/21	Check self-er	nployed 🕨		P01295922
Paid	Firm's					● Firm's FEIN
Preparer's	(or you if self-	^{rs,} ▶ WMB2, LLP				26-3789391
Use Only	employ and ac					Telephone
		LARKSPUR, CA 94939-1/50		·		415-925-1120
	May t	he FTB discuss this return with the preparer shown above? See instructions		• X	Yes	No

L

GRASS ROOTS GAY RIGHTS FOUNDATION

028951 12-22-20

111

	1	Gross sales or receipts from al	l busine	ess activities. Se	e instructions		•	1	35,176 ₀₀
	2	Interest					•	2	274 ₀₀
	3	Dividends					•	3	00
Receipts	4	Gross rents					•	4	00
from	5	Gross royalties						5	00
Other	6	Gross amount received from sa	ale of as	ssets (See Instru	uctions)		•	6	00
Sources	7	0.1					-	7	00
	8							8	35,450 ₀₀
	9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	d simila	ar amounts paid		STA	TEMENT 2 •	9	20,002 ₀₀
	10	Disbursements to or for memb	ers				•	10	00
	11	Disbursements to or for memb Compensation of officers, direc	ctors, a	nd trustees		SEE STA	TEMENT 3 •	11	0 00
	12	Other salaries and wages					•	12	00
Expenses		Interest						13	00
and		Taxes						14	00
Disburse-	15	Rents					•	15	00
ments	16	Depreciation and depletion (Se Other expenses and disbursem	e instru	ictions)			•	16	00
	17	Other expenses and disbursem	ents			SEE STA	TEMENT $4 \bullet$	17	32,055 ₀₀
	18	Total expenses and disbursem	ents. A	dd line 9 throug	h line 17. Ente	r here and on Side 1, Pa	art I, line 9	18	52,057 ₀₀
Schedu	ıle L	Balance Sheet		Begiı	nning of taxab	le year	End	d of taxa	able year
Assets				(a)		(b)	(C)		(d)
1 Cash						257,677			• 255,790
2 Net ac	count	s receivable							•
3 Net no	otes re	ceivable							•
4 Invent	ories								•
5 Federa	al and	state government obligations							•
6 Invest	ments	in other bonds							•
7 Invest	ments	in stock							•
8 Mortg	age lo	ans							•
9 Other									•
10 a Dep	reciat	le assets							
b Les	s accı	mulated depreciation	()		()	
11 Land									•
12 Other	assets	;							•
13 Total	assets	3				257,677			255,790
Liabilities									
14 Accou	nts pa	iyable							•
		is, gifts, or grants payable							•
		notes payable							•
		bayable							•
18 Other									
		c or principal fund							•
		ital surplus. Attach reconciliation							•
		nings or income fund				257,677			• 255,790
-		ties and net worth				257,677			255,790
Schedu	ile N	1-1 Reconciliation of incom Do not complete this sch				e 13 column (d) is les	s than \$50 000		
1 Net in	COMP	per books			111	7 Income recorded			
		me tax			<u> </u>	not included in th			•
		ipital losses over capital gains				1	is return s return not charged		-
		recorded on books this year		•			ome this year		•
		corded on books this year not		-		9 Total. Add line 7 a			-
		this return		•		10 Net income per re			
40440				1		I Hormoonio pol It			

6 Total. Add line 1 through line 5

022

3652204

111

Subtract line 9 from line 6

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LIN	Е 3	STATEMENT	1
CONTRIBUTOR'S NAME				\propto
CA 199	CASH CONTRIBUTIONS, GIFTS, AND SIMILAR AMOUNTS PA		STATEMENT	
ACTIVITY CLASSIFICAT				
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUN	Т
CHINESE FOR AFFIRMATIVE ACTION	17 WALTER U LUM PL - SAN FRANCISCO, CA 94108	NONE	10,0	00.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUN	т
AIDS LEGAL REFERRAL PANEL	1663 MISSION ST #500 - SAN FRANCISCO, CA 94103	NONE	10,0	00.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUN	т
SAN FRANCISCO BAY AREA LEATHER ALLIANCE	584 CASTRO ST #660 - SAN FRANCISCO, CA 94114	NONE		2.
	TOTAL FOR THIS ACTIVITY		20,0	02
	RM 199, PART II, LINE 9		20,0	02.

TOTAL TO FORM 199, PART II, LINE 17

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES

32,055.

NAME AND ADDRESS		TITLE AND AVERAGE HRS WORKED/W	K COMPENSATION
PHILIP GRASSO 584 CASTRO ST #495 SAN FRANCISCO, CA 94114		PRESIDENT 0.00	0.
ERIC HOLMGREN 584 CASTRO ST #495 SAN FRANCISCO, CA 94114		VICE PRESIDENT 0.00	0.
RICHARD DELLEFAVE 584 CASTRO ST #495 SAN FRANCISCO, CA 94114		TREASURER 0.00	0.
ANDREW ROSEMAN 584 CASTRO ST #495 SAN FRANCISCO, CA 94114		SECRETARY 0.00	0.
KEN WELLS 584 CASTRO ST #495 SAN FRANCISCO, CA 94114		MEMBER 0.00	0.
MIGUEL JIMENEZ 584 CASTRO ST #495 SAN FRANCISCO, CA 94114		MEMBER 0.00	0.
TOTAL TO FORM 199, PART 1	I, LINE 11		0.
CA 199	OTHER	EXPENSES	STATEMENT 4
DESCRIPTION			AMOUNT
OTHER GENERAL AND ADMIN STORAGE FEES BANK AND PROCESSING FEE WEBSITE DIRECT EXPENSES OF FUNDRA LEGAL FEES OTHER PROFESSIONAL FEES	SISING EVENTS		5,168. 4,132. 2,239. 2,042. 15,874. 950. 1,650.

20-5024289

3

STATEMENT

TAXABL 20			fornia (mpt Or			Autho	rizatio	on f	or					84	FORM 453-EC
Exempt Org	ganization name											Identi	fying numb	per	
GRAS	S ROOT:	S GAY	RIGHT	S FOUN	IDATIO	N						20	-502	4289)
Part I			nformation (
1 Tot	al gross rece	eipts (Form	199, line 4)										1		52,168
	al gross inco														52,168
3 Tot	al expenses	and disbu	rsements (F												52,057
Part II	Settle You	ır Accoun	t Electronic	ally for Ta	xable Year	2020									
4	Electronic			4a Amour			4	b W	ithdrawal	date ((mm/dd/	vvvv)			
Part III	Banking Ir	nformatio	n (Have you	verified the	e exempt o	ganization's									
5 Rout	ting number		· · ·			-									
6 Acc	ount number						7 Тур	e of a	ccount:		Checkin	g [Savi	ings	
Part IV	Declaratio	on of Offic	er												
l authoriz on line 4a		organizatior	's account to	be settled as	s designated	in Part II. If I cl	neck Part II,	Box 4	, I authorize	e an ele	ectronic f	unds w	vithdrawa	for the	amount listed
transmitte California a balance organizati statement	er, or intermed electronic retu due return, I u ion will remain ts be transmitt	liate service urn. To the understand liable for the ted to the F	e provider and best of my kno that if the Frar he fee liability a TB by the ERO	the amounts owledge and ochise Tax B and all applic , transmitter	s in Part I ab I belief, the e oard (FTB) d cable interes , or intermed	npt organization ove agree with xempt organizz loes not receive t and penalties. liate service pro vice provider t	the amounts tion's return full and tim l authorize t ovider. If the	on th is tru ely pa he exe proce	e correspo e, correct, a yment of th empt organ essing of th	nding and co ne exer ization	lines of th mplete. If mpt organ return a	the exer the ex izatior d acc	npt organ æmpt org i's fee liat ompanyin	ization's anizatio pility, the g sched	s 2020 n is filing e exempt lules and
Sign Here	Signature	e of officer			Date		TREA	SUF	RER						
nere	orginatare				Duto		1110								
Part V						nd Paid Prep									
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TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

MARCH 31, 2021

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Prepared for	GRASS ROOTS GAY RIGHTS FOUNDATION 584 CASTRO ST #495 SAN FRANCISCO, CA 94114
Prepared by	WMB2, LLP 101 LARKSPUR LANDING CIRCLE, #200 LARKSPUR, CA 94939-1750
Amount due or refund	BALANCE DUE OF \$25.00
Make check payable to	DEPARTMENT OF JUSTICE
Mail tax return and check (if applicable) to	REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470
Return must be mailed on or before	AUGUST 16, 2021
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

STATE OF CALIFORNIA RRF-1 (Rev. 09/2017)					DEPARTME		JUSTICE
MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 Street	T	JAL REGISTRATION RENEV O ATTORNEY GENERAL OF Sections 12586 and 12587, California (11 Cal. Code Regs. sections 301-306, 3	Government (309, 311, and	RNIA Code d 312	(For Registry Use Only)		
Sacramento, CA 95814 (916)210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities	organization's minimum tax of	mit this report annually no later than four months s accounting period may result in the loss of tax of \$800, plus interest, and/or fines or filing penaltio 703; Government Code section 12586.1. IRS ext	exemption and es. Revenue & T	the assessment of a Faxation Code section			
			Check if:	ange of address			
GRASS ROOTS GAY	RIGHTS	FOUNDATION	Am	ended report			
List all DBAs and names the organization 584 CASTRO ST #			State Cha	arity Registration Nur	nber ст 0135675		
Address (Number and Street) SAN FRANCISCO,		Δ		on or Organization N			
City or Town, State, and ZIP Code 415-648-8665	<u> </u>						
Telephone Number	E-mail Address		Federal E	mployer ID No. 20	-5024289		
ANNUAL RE	GISTRATION R	ENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Departr			, 311, and 312)		
Gross Annual Revenue Less than \$25,000 Between \$25,000 and \$100,0	Fee 0 000 \$25	Gross Annual Revenue Between \$100,001 and \$250,000 Between \$250,001 and \$1 millior			001 and \$10 million 0,001 and \$50 million	Fe \$1 \$2 \$3	
PART A - ACTIVITIES							
For your most recent f	ull accounting p	period (beginning $04/01/20$	20_end	ling 03/31/2	021) list:		
Gross Annual Revenue\$	36 2	0.4		-			~ ~
Program Exper		94 Noncash Contributions\$ 35,581	Total Expe	0 Total Asse enses \$	ets \$ <u>25</u> <u>38,181</u>	5,7	90
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