DLN: 93493315019919 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 **C** Name of organization D Employer identification number **B** Check if applicable LGBTQ Victory Institute Inc ☐ Address change 52-1835268 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) 1225 I Street NW No 525 □ Application pending (202) 628-9151 City or town, state or province, country, and ZIP or foreign postal code Washington, DC $\,$ 20005 **G** Gross receipts \$ 2,454,293 Name and address of principal officer H(a) Is this a group return for Annise Parker □Yes ☑No subordinates? 1225 I Street NW No 525 H(b) Are all subordinates Washington, DC 20005 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) ☐ 501(c)() **◄** (Insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www victoryinstitute org L Year of formation 1993 M State of legal domicile DC **K** Form of organization lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other lacktriangle1 Briefly describe the organization's mission or most significant activities To achieve full equality for lesbian, gay, bisexual and transgender people by building, supporting, and advancing a diverse network of LGBT public leaders Activities & Governance Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 12 4 12 Number of independent voting members of the governing body (Part VI, line 1b) 5 35 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 25 Total number of volunteers (estimate if necessary) . . . 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year** Current Year 8 Contributions and grants (Part VIII, line 1h) . . 2,356,472 2.458.771 Ravenue 9 Program service revenue (Part VIII, line 2g) . . 126,941 96,345 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) n 1,469 2,454,293 2,585,715 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3). 0 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1,081,736 1,215,106 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . 2,840 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶389,062 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,581,252 1,374,301 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 2,665,828 2,589,407 19 Revenue less expenses Subtract line 18 from line 12 . -80,113 -135,114 Net Assets or Fund Balances **Beginning of Current Year End of Year**

Signature Block

20 Total assets (Part X, line 16) .

21 Total liabilities (Part X, line 26) .

22 Net assets or fund balances Subtract line 21 from line 20

For Paperwork Reduction Act Notice, see the separate instructions.

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

585,297

298,963

2019-11-11

Cat No 11282Y

775,969

624,749

151,220

Form **990** (2018)

Sign Here Paid Prepar Use Or	'	nature of officer on Samulcek Chief Operating Officer e or print name and title			Date	
		Print/Type preparer's name Firm's name Rogers & Compar	Preparer's signature	Date 2019-11-11	Check ☐ If self-employed	PTIN P01049760
•		Firm's address > 8300 Boone Boule Vienna, VA 2218	evard Suite 600		Phone no (703	
May the ID) C. diccii	· · · · · · · · · · · · · · · · · · ·	shown shows? (see instructions)		l	V vos □ No

Form	990 (2018)					Page 2
Pa	statement	of Program Service	e Accomplis	hments		
	Check if Sche	dule O contains a respo	onse or note to a	any line in this Part III		🗹
1		organization's mission		,		
		rks to increase the nun	nber of LGBTQ p	eople in public office a	nd to provide programming, service	and other support to
help	ensure their success					
2	Did the organization	undertake any significa	nt program ser	vices during the year w	hich were not listed on	
	the prior Form 990 o	r 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on Sch	nedule O			
3	Did the organization	cease conducting, or m	nake significant	changes in how it cond	ucts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedu	le O			
4	Section 501(c)(3) an		ons are required	to report the amount	largest program services, as meast of grants and allocations to others, t	
4a	(Code) (Expenses \$	1,631,821	including grants of \$) (Revenue \$	51,735)
	See Additional Data					
4b	(Code) (Expenses \$	284,734	including grants of \$) (Revenue \$	44,610)
	See Additional Data					
4c	(Code) (Expenses \$	216,677	ıncludıng grants of \$) (Revenue \$)
	See Additional Data					
4d	Other program service	ces (Describe in Schedi	ule O)			
	(Expenses \$	ıncl	uding grants of	\$) (Revenue \$)
4e	Total program serv	vice expenses ▶	2,133,2	32		

21

19

20a

20b

21

22

Nο

Nο

Νo

Nο

Form **990** (2018)

Form	990 (2018)			Page 3
Par	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 Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III *	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
	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		No
	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 2	11c		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	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		No
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		No
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Form	990 (2018)			Page 4
Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		,
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		,
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.	28	Yes	

Yes

Yes | Form **990** (2018)

24

0

1a

1b

No

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

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

Part V

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

Enter the amount of reserves the organization is required to maintain by the states in

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Note. See the instructions for additional information the organization must report on Schedule O

13b

13c

13a

14a

14b

15

No

No

Form **990** (2018)

Form	990 (2018)			Page 6
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "New Sa, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•	onse to	lines
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
Ь	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		.,	
a	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	•	N
10-	Did the average team have least shoutons because on efficience?	10-	Yes	No
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b		No
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ► VA , PA , NY , FL , DC , CO , CA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►Annise Parker President & CEO 1225 I Street NW No 525 Washington, DC 20005 (202) 628-9151			

Compensation of Officers, Directors Trustees, Key Employees, Highest Compensated Employees

compensation of officers, birectors, frustees, ke	y Employees, mgnest	Compensated Employees,
and Independent Contractors		

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

- 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, or 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 List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

Name and Title	Check this box if neither the organization no (A)	(B)			(C				(D)	(E)	(F)
(3) John Tedstrom (2) Stephen Lewis (2) Stephen Lewis (2) Stephen Lewis (3) Linds Asbookan (4) Paul Horning (5) Brandon Hemandez (6) Michael Holloman (7) Louis Vega (7) Louis Vega (8) Clare Lucas (8) Clare Lucas (9) Ross Lalaemiese (10) Ross Lalaemiese (10) Ross Lalaemiese (10) Ross Lalaemiese (11) Michael Fuller (12) Annise Parker Director Officer (12) Annise Parker Director Officer (13) Rosalad Davy (13) Rosalad Davy (20) Ross Lalaemiese (14) Annise Parker Director Officer (15) Rosalad Davy (20) COO (3) Stephen Gorzales (3) Clare Samulicek (4) Annise Parker Director Officer (4) Annise Parker Director Officer (5) Rosalad Davy (5) Rosalad Davy (6) Lalaemic Samulicek (7) Louis Vega (7) Louis Vega (8) Clare Lucas (9) O O O O O O O O O O O O O O O O O O O		Average hours per week (list any hours for related	than o	ne bo oth ai direct	no ox, u n of or/t	t cha unle: ficer rust	ss pers and a ee)	son	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and
1,1 John Heasten		below dotted	ndividual trustee ir director	เราะ	Mice	ey employee	lighest compensated mplovee	onner	MISC)	MISC)	
2 2 2 2 2 2 2 2 2 2			х		Х				0	0	0
(3) Linda Kaboolian	(2) Stephen Lewis		Х		x				0	0	0
(4) Paul Horning 2 00	(3) Linda Kaboolian		X		X				0	0	0
Treasury	(4) Paul Horning										
X			Х		X				0	0	0
X	` '		x						0	0	0
X			х						0	0	C
Solution Competed Competed			х						0	0	C
Solution Solution	`		Х						0	0	C
Company Comp	· ·		Х						0	0	C
COO Coo									0	0	0
X X 75,000 0 1,939			Х						0	0	C
X 40,732 0 1,886 1,8			Х		x				75,000	0	1,939
X 25,690 0 1,286 COO					x				40,732	0	1,886
X 158,819 0 11,880					Х				25,690	0	1,286
							х		158,819	0	11,880
										_	

Form 990 (2018)									Page 8
Part VII Section A. Officer	s, Directors, Trustees	, Key E	mploy	ees,	and	High	nest Compensate	d Employees (co	ntinued)
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	individual trustee or director	n (do n	unle fficei	ss pers r and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

compensated e				
oloyee				
cnal Trustee				
ol trustee or				

	1b Sub-Total												
d Total (add lines 1b and 1c)						▶		300,241	0	16,991			
2 Total number of individuals (including			e liste	ed al	bove	e) who	rece	eived more than \$1	.00,000				

1b 9	Sub-Total						>				•				
c 1	otal from continuation sheets to Pa	rt VII , Section	Α				▶ _								
d٦	otal (add lines 1b and 1c)						▶		3	00,241		()		16,991
2	Total number of individuals (including of reportable compensation from the o			e liste	ed al	bove	∍) who	rece	eived mor	e than	\$100,000				
														Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>	,			•		, ,		-	•			3		No

1b 9	Sub-Total						>								
c 1	otal from continuation sheets to Pa	rt VII , Section	Α				▶								
d 1	otal (add lines 1b and 1c)						▶		300,241			()		16,991
2	Total number of individuals (including of reportable compensation from the o			e list	ed a	bove	≘) who	rece	eived more than	\$100	0,000				
												_		Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>								- '				3		No
4	For any individual listed on line 1a, is organization and related organizations										the	ļ			

c ·	Sub-Total	0		16,991	
u	Total (add lines 1b and 1c)	٧		10,991	
2	2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1				
			Yes	No	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual				
	manyadan	4	Yes		

	otal from continuation sheets to Part VII, Section A	0		16,991
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 1			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Vos	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for	4	Yes	

2	2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1				
			Yes	No	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for				

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		line 1a? If "Yes," complete Schedule J for such individual	3		No
converse rendered to the arganization? If "Vas." complete Schedule 1 for such person	4	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	4	Yes	
	5	, ,	5		No

4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No			
Se							
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation						

	organization and related organizations greater than \$130,000. If res, complete Schedule 3 for such		- 1			
	ındıvıdual	.	• Yes			
5 S e	 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person					
1	. Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year					
	(A)	(B)		<u>/C\</u>		

5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person					
Section B. Independent Contractors						
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year					
	(A) (B)		-	(C)		

Se	Section B. Independent Contractors							
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.							
	(A) Name and business address	(B) Description of services	(C) Compensation					

Form **990** (2018)

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

		(2018)							Page 9
Part	VIII			- rocno	once or note to any	line in this Bort VIII			П
		Check II Schedul	e O contains	a respo	onse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campaign	ns	1a	909		revenue		512 - 514
nts nts		• Membership dues		1b					
is an		•							
A, G		Fundraising events		1c					
a its		d Related organizatio		1d					
3, E		Government grants (co		1e					
utions ver Si	f	 All other contributions, and similar amounts no above 		1f	2,355,563				
Contributions, Gifts, Grants and Other Similar Amounts	ç	Noncash contribution in lines 1a - 1f \$	ons included						
<u>ರ ಕ</u>	_	h Total. Add lines 1a	-1f	•	•	2,356,472			
le					Business				
Program Service Revenue	2a	Training & conferences				900099	96,345	96,345	
æ	b								
S.	c								
žer v	d			_					
٦.	e			_					
gra	f	All other program se	rvice revenue	!					
PG	a.	Total. Add lines 2a-2	۰f		•	96,345			
		Investment income (ii			<u> </u>	1			
		imilar amounts) .			Price case, and other	7	7		7
	4 I	Income from investme	ent of tax-exe	empt bo	ond proceeds >				
	5 F	Royalties			<u> ▶</u>				
			(ı) Rea	l	(II) Personal	_			
	6a	Gross rents							
	b	Less rental expenses				-			
	С	Rental income or (loss)				1			
	d	Net rental income o	r (loss)			1			
			(ı) Securit	ties	(II) Other				
		Gross amount from sales of assets other							
		Less cost or other basis and							
		sales expenses Gain or (loss)							
		Net gain or (loss) .			•				
Other Revenue		contributions reporte	ed on line 1c)	of					
eve		See Part IV, line 18				_			
Ŗ.		Less direct expense: Net income or (loss)		b	onto]			
he		Gross income from g			ents •	1			
ō		See Part IV, line 19							
				а					
		Less direct expense		b]			
		Net income or (loss)		activit	les >	1			
		Gross sales of invent returns and allowand		a					
	b	Less cost of goods s	sold	b		†			
		Net income or (loss)		ا invent	ory >	_			
		Miscellaneous			Business Code				
	11:	a CC Rewards			900099	1,469			1,469
	ь	,							
	С								
		All other revenue							
		Total. Add lines 11a			•	1,469)		
	12	Total revenue. See	Instructions			2,454,293	96,3	345	0 1,476
						, , ,			Farm 000 (2018)

Forr	n 990 (2018)				Page 10
	Statement of Functional Expenses cion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nizations must comp	elete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			<u> \square</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		·		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	169,949	116,694	25,577	27,678
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	889,480	713,752	5,508	170,220
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	23,404		23,404	
9	Other employee benefits	51,743	3,892	47,851	
10	Payroll taxes	80,530		80,530	
11	Fees for services (non-employees)				
ā	Management				
	Legal	1,331		1,331	
	Accounting	13,394		13,394	
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	129,214	39,828	37,386	52,000
12	Advertising and promotion	1,131	1,131		
13	Office expenses	62,458	21,717	14,268	26,473
	Information technology	96,658	20,073	72,668	3,917
15	Royalties				
	Occupancy	133,908	92,261	20,103	21,544
	Travel	138,290	85,755	29,966	22,569
	Payments of travel or entertainment expenses for any federal, state, or local public officials	· ·	·	· · ·	<u> </u>
19	Conferences, conventions, and meetings	640,609	635,896	669	4,044
	Interest	266	,	266	·
	Payments to affiliates				
	Depreciation, depletion, and amortization				
	_ `	942		942	
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	342		272	
	a Tuition	96,600	96,600		
	b International Partner P	52,563	52,563		
	c Other	3,132	3,132		
	d Staff development	2,795	274	2,521	
	e All other expenses	1,010	249,664	-309,271	60,617
25	Total functional expenses. Add lines 1 through 24e	2,589,407	2,133,232	67,113	389,062
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Page **11**

36.845

775.969

317.098

307.651

624.749

61.220

90,000

151,220

775,969

Form **990** (2018)

6

8

9

10c

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31 32

33

34

585,297

150,720

148.243

298.963

-61.966

348,300

286,334

585,297

	Beginning of year		End of year
1 Cash-non-interest-bearing	150,999	1	540,281
2 Savings and temporary cash investments	2,463	2	52,425
3 Pledges and grants receivable, net	334,335	3	56,418
4 Accounts receivable, net	97,500	4	90,000
Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6 Loans and other receivables from other disqualified persons (as defined under			

section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9)

voluntary employees' beneficiary organizations (see instructions) Complete

10a

10b

Assets 10a Land, buildings, and equipment cost or other 11

12

13

14

15

16

17

18

19

20

21

23

24

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Part II of Schedule L .

Notes and loans receivable, net

Prepaid expenses and deferred charges

basis Complete Part VI of Schedule D

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Investments-program-related See Part IV, line 11

Inventories for sale or use .

b Less accumulated depreciation

Intangible assets . . .

Grants payable . .

Deferred revenue . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

Paid-in or capital surplus, or land, building or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

Form 990 (2018)

Form	990 (2018)				Page 12
Pa	rt XI Reconcilliation 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		2	,454,293
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	,589,407
3	Revenue less expenses Subtract line 2 from line 1	3			-135,114
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			286,334
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 in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			151,220
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				✓
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☑ 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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule C			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	3a		No
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	red	Зь		

Form **990** (2018)

Additional Data

Software ID:

Software Version:

EIN: 52-1835268

Name: LGBTQ Victory Institute Inc

Form 990 (2018)

Form 990, Part III, Line 4a:

The Leadership Development program provides skills development, training and scholarships to LGBTO leaders with varied levels of experience. Included in this effort is the David Bohnett LGBTQ Leaders Fellowship, which provides three-week fellowships to the Harvard Kennedy School of Government's Senior Executives in State and Local Government programs The Victory Empowerment Fellowship provides LGBTQ leaders of color and/or transgender leaders with a year-long mentoring fellowship that includes

participation in Victory Institute's Candidate & Campaign Training and International LGBTO Leadership Conference. The Victory Congressional Fellowship brings one outstanding LGBTO young professional to Washington, DC, for a year-long fellowship in the office of a co-chair of the LGBT Equality Caucus supporting the Executive Director of the LGBT Equality Caucus Similarly, the Victory Congressional Internship develops the next generation of LGBTQ public leaders each summer by providing internships on Capitol Hill for twelve outstanding LGBTQ undergraduate students and immersing them in an intensive leadership program. Victory Institute's International program aims to

advance equality by increasing the participation of LGBTO people in the democratic systems of their country through trainings, research, enhanced visibility, and the creation of open and safe spaces Finally, the International LGBTQ Leaders Conference serves as the premiere learning, training and networking event for openly LGBTQ public leaders and movement thinkers bringing together more than 550 LGBTQ elected officials, advocates and leaders each year

Form 990, Part III, Line 4b: Candidate & Campaign Trainings and LGBTQ Leadership Summits Victory Institute's four-day Candidate & Campaign Trainings provide comprehensive, non-partisan training to present and future LGBTO candidates Trainees learn necessary skills and strategies by engaging in tough, realistic campaign situations. Thousands of openly LGBTO

with other LGBTO leaders in their community

candidates and campaign workers have learned how to build winning campaigns at these trainings. Victory Institute's one-day LGBTQ Leadership Summits help participants develop the skills necessary to begin or advance a career in public service by providing them with important tools and resources and allowing them to make vital connections

Form 990, Part III, Line 4c: Research and Communications Victory Institute manages the Out for America map a database and research tool that documents every known openly LGBTO elected official in the United States. It also releases an annual Out for America research report that analyzes the current state of LGBTQ representation in elected office by demographics.

and position levels. Victory Institute also promotes the work and achievements of LGBTQ elected officials in the media and through its email listsery. It will provide media strategy and support to elected officials who face homophobic or transphobic attacks as well

efile GRAPHIC print - DO NOT PROCESS			OCESS	As Filed Data -				DLN: 93493315019919		
SCI	HED	ULE A	Di	uhlic (Charity Statu	s and Dul	olic Supp	ort	OMB No 1545-0047	
	m 990			e if the or	ganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) o empt charitable	organization or trust.		2018	
•		the Treasury		► Go to 1	www.irs.gov/Form	<u>990</u> for the late	st information	•	Open to Public Inspection	
Name	e of th	ne organiza y Institute Inc	tion					Employer identific	ation number	
								52-1835268		
	rt I				ı s (All organızatıon ıt ıs (For lines 1 thro			See instructions.		
1	. ga <u>-</u>		•		sociation of churches	•		(A)(i).		
2		•		•	L)(A)(ii). (Attach Sch			(· / (· / ·		
3					ice organization desc	`	, ,	iii).		
4		·	,	·	-			,. 170(b)(1)(A)(iii). E	nter the hospital's	
_		name, city,			-6					
5	Ш		(iv). (Complete Pa		or a conege or unive	rsity owned or of	perated by a gov	ernmental unit descri	bed in section 170	
6		A federal, s	tate, or local gove	rnment or	governmental unit de	escribed in sectio	on 170(b)(1)(A	()(v).		
7	✓		ation that normally 'O(b)(1)(A)(vi).			s support from a	governmental u	init or from the gener	al public described in	
8					170(b)(1)(A)(vi)	(Complete Part I	I)			
9					scribed in 170(b)(1) e instructions Enter				ege or university or a	
10		from activit	ies related to its é	xempt fund ated busine	ctions—subject to cer ess taxable income (le	taın exceptions, a	and (2) no more	is, membership fees, than 331/3% of its su ses acquired by the c		
11		An organiza	ation organized and	doperated	exclusively to test fo	r public safety S	ee section 509	(a)(4).		
12		more public	ly supported orga	nizations d		609(a)(1) or se	ction 509(a)(2	s of, or to carry out th). See section 509(a s 12e, 12f, and 12g		
a		Type I. A so	supporting organiza	ation opera egularly a	ited, supervised, or c	ontrolled by its s	upported organiz	zation(s), typically by of the supporting orga		
b		manageme		g organiza	tion vested in the sar			organization(s), by ha ge the supported orga		
c					upporting organizatio			nd functionally integra	ted with, its	
d		Type III n	on-functionally i	ntegrated rganization	l. A supporting organ	ization operated fy a distribution	in connection wi requirement and	nu E. th its supported orgar an attentiveness req	1. 1.	
e		Check this	<i>.</i> box if the organiza	- tıon receiv	ed a written determir	nation from the I		pe I, Type II, Type II	I functionally	
f	Enter		or Type III non-fu of supported orga		integrated supporting	organization				
g	Provid	de the follow	ing information ab	out the su	oported organization(s)				
	(i) N	lame of supp organization		i) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org. in your govern	anızatıon listed ıng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
						Yes	No			
			<u> </u>							
Total	1									
Total		vork Reduc	tion Act Notice, s	ee the In	structions for	Cat No 11285	<u> </u> 	Schedule A (Form 9	 90 or 990-EZ) 2018	

Page 2

Section A. Public Support Calendar year (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and 2,098,173 2,050,475 2,231,461 2,458,771 2,353,271 11,192,151 membership fees received (Do not include any "unusual grant") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 2,050,475 2,098,173 2,231,461 2,458,771 2,353,271 11,192,151 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly

III. If the organization fails to qualify under the tests listed below, please complete Part III.)

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

	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,381,919
6	Public support. Subtract line 5 from line 4						9,810,232
•	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c)2016	(d) 2017	(e) 2018	(f)Total
7	Amounts from line 4	2,098,173	2,050,475	2,231,461	2,458,771	2,353,271	11,192,151
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			5	3	7	15
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)	3,627	3,008	16		4,670	11,321

Total support. Add lines 7 through 11,203,487 Gross receipts from related activities, etc. (see instructions) 12 608.306 Section C. Computation of Public Support Percentage 14 87 560 % 92 230 %

11 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2017 Schedule A, Part II, line 14 16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ▶ 🗸 and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14

is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ organization h 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2018

20

P	(Complete only if you cl					l to qualify un	der Part II. If
	the organization fails to						
Se	ection A. Public Support	•		, ,			
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ► Gifts, grants, contributions, and	(-,	(-,	(-,	(-,	(-,	(1)
1	membership fees received (Do not						
	include any "unusual grants")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
7	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
Se	ection B. Total Support		I				
	Calendar year	(-) 2014	(I-) 2015	(-) 2016	(4) 2017	(-) 2010	(6) T-1-1
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
۱4	First five years. If the Form 990 is for	the organization	's first, second, th	nird, fourth, or fift	h tax year as a se	ction 501(c)(3)	organization,
	check this box and stop here						▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2018 (lin	e 8, column (f) d	ıvıded by line 13,	column (f))		15	
۱6	Public support percentage from 2017 S	chedule A, Part I	II, line 15			16	
Se	ection D. Computation of Investr	nent Income	Percentage				
١7	Investment income percentage for 201			line 13, column (f))	17	
	Investment income percentage from 20	D17 Schedule A,	Part III, line 17	•		18	
18		·					no 17 io not
	331/3% support tests—2018. If the	organization did r	not check the box	on line 14, and lir	ie 15 is more than	i 33 1/3%, and I	ne 17 is not
19a	331/3% support tests—2018. If the	=					• □
	· · ·	stop here. The o	rganızatıon qualıfı	es as a publicly su	ipported organizat	tion	▶ □

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

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

provide detail in Part VI.

answer line 10b below

10a

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations							
			Yes	No			
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,						

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	1
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	
un section 509(a)(1) or (2)	

	describe the designation If historic and continuing relationship, explain	1	
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		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	

	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
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	3b	
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) numbers?		

	below	3a	
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		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	f "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b in Part I, answer (b) and (c) below		

	determination	3b	'	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
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	_	$\overline{}$	

U	Did the organization have ditimate 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	4b		
С	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	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			
	organization's organizing document?	5b		
		_		

С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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 .		
	organization's supported organizations? If "Yes," provide detail in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in		

6	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.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		

	on 4958(c)(3)(C)), a ramily 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)	7			
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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

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,"

Pa	rt IV Supporting Organizations (continued)					
			Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?					
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a				
h	A family member of a person described in (a) above?	11b		\vdash		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c				
	ection B. Type I Supporting Organizations	110				
	cetion b. Type I supporting organizations		Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Par VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	!				
		1				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization					
	askian C. Tuna II Sunnaukina Ousaninakina					
3	ection C. Type II Supporting Organizations		Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)		103	110		
S	ection D. All Type III Supporting Organizations					
			Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	e				
		1				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)					
		2				
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard					
_						
1	ection E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	tions)				
	The organization satisfied the Activities Test. Complete line 2 below	tions)				
	b					
•	The organization supported a governmental entity Describe in Part VI how you supported a government entity (se	e instru	ctions)			
2	Activities Test Answer (a) and (b) below.		Yes	No		
•	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	2a				
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b				
3	Parent of Supported Organizations Answer (a) and (b) below.					
;	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? Provide details in Part VI.	3a				
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b				
		,	1	1		

instructions)

	Type III Non-i unctionally integrated 303(a)(3) Supporting of	, gain	Editions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	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		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% 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 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in	ntegrate	d Type III supporting or	ganızatıon (see

Page 6

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2
If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

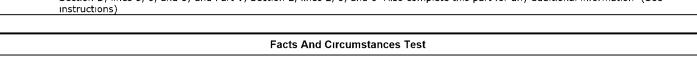
Additional Data

Software ID: Software Version:

EIN: 52-1835268

Name: LGBTQ Victory Institute Inc

Part VI
Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)



efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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

Supplemental Financial Statements

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

OMB No 1545-0047

DLN: 93493315019919

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

2

5

8

▶ Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization **Employer identification number** LGBTQ Victory Institute Inc 52-1835268 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2018

Par	t III	Organizations Maintainir	ng Collections o	of Art, Histo	orical T	reasu	res, or Othe	r Similar A	ssets (continued)
3		g the organization's acquisition, ac s (check all that apply)	ccession, and other	records, ched	ck any of	the fol	llowing that are	a significant	use of it	s collection
а		Public exhibition		C	ı 🗆	Loan	or exchange pro	ograms		
b		Scholarly research		€		Other				
c		Preservation for future generation	ons							
4	Provi Part	de a description of the organization	on's collections and	explain how	they furt	her the	e organization's	exempt purpo	ose in	
5		ng the year, did the organization s ts to be sold to raise funds rather						mılar	□ Y ₆	es 🗆 No
Pa	rt IV	Escrow and Custodial Ar Complete if the organizatio X, line 21.		" on Form 9	90, Part	IV, lır	ne 9, or repor	ted an amo	unt on	Form 990, Part
1a		e organization an agent, trustee, ded on Form 990, Part X?	custodian or other	intermediary i	for contri	butions	s or other asset	s not	☐ Y	es 🗆 No
Ь	If "Y	es," explain the arrangement in P	art XIII and comple	ete the followi	ng table			-	mount	
c	Begır	nning balance					1c			
d	Addıt	tions during the year					1 d			
е	Dıstr	butions during the year					1e			
f	Endır	ng balance					1f			
2a	Dıd t	he organization include an amoun	it on Form 990, Pai	t X, line 21, f	or escrov	or cus	stodial account	lıabılıty?	☐ Ye	es 🗌 No
b	If "Ye	es," explain the arrangement in Pa	art XIII Check here	e if the explan	ation has	s been	provided in Par	t XIII		
Pa	rt V	Endowment Funds. Comp	lete if the organ	ızatıon answ	ered "Y					
_	_		(a)Currer	t year (b	Prior yea	r ((c)Two years back	(d)Three ye	ars back	(e)Four years back
	_	ning of year balance	•							
		butions								
		vestment earnings, gains, and los	ses							
d	Grants	s or scholarships								
е		expenditures for facilities rograms								
f	Admın	istrative expenses								
g	End of	year balance								
2	Provi	de the estimated percentage of th	ne current year end	l balance (line	1g, colu	mn (a)) held as			
а	Boar	d designated or quasi-endowment	: ▶							
b	Perm	nanent endowment 🟲								
С	Temp	porarily restricted endowment >								
	The p	percentages on lines 2a, 2b, and 2	2c should equal 100	0%						
3а	Are there endowment funds not in the possession of the organization that are held and administered for the organization by Yes No									
	(i) u	nrelated organizations							_	a(i)
ь	• •	related organizations es" on 3a(ii), are the related orga	nızatıons lısted as ı	equired on Sc	 :hedule R	?.				a(ii) 3b
4	Desc	ribe in Part XIII the intended uses	of the organizatio	n's endowmer	nt funds				_	
Pai	rt VI									
	Descr		n answered "Yes ost or other basis nvestment)	(b) Cost or otl			(c) Accumulated			ne 10. (d) Book value
1 -	Land									
	Buildir									
		-								
		hold improvements								
		ment								
	Other Add	lines 1a through 1e (Column (d)	must equal Form 9	90 Part X co	lumn (P)	line 1	[[[[]]]]	•		0

Part VII Investments—Other Securities. Complete if the o See Form 990, Part X, line 12.	organization a	nswered "Yes" o	n Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b Boo valu	k Co	(c) Method of valuation st or end-of-year market value
(1) Financial derivatives (2) Closely-held equity interests (3)Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form	n 990, Part I\	/, lıne 11c. See F	Form 990, Part X, line 13.
(a) Description of investment	(b) Book va	lue Co	(c) Method of valuation st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered 'Ye.	s' on Form 990	, Part IV, line 11d	See Form 990, Part X, line 15
(a) Description			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			+
(7)			-
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			•
Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.	vered 'Yes' or	Form 990, Part	IV, line 11e or 11f.
 (a) Description of liability Federal income taxes 	(t) Book value	_
Due to Victory Fund		307,651	<u>-</u>
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶	307,651	
2. Liability for uncertain tax positions In Part XIII, provide the text of the organization's liability for uncertain tax positions under FIN 48 (ASC 740)			_

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Total revenue, gains, and other support per audited financial statements

Page 4

2,523,893

69,600

2,589,407

2.589.407

Schedule D (Form 990) 2018

1

69.600

2e

3

4c

5

Schedule D (Form 990) 2018

Donated services and use of facilities . . .

Subtract line 2e from line 1

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Supplemental Information

Add lines **4a** and **4b**

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Return Reference

See Additional Data Table

Part XI

1

c

d

е 3

b

c

Part XIII

5

4

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

2a 2b

2c

2d

4a 4b

Explanation

Schedule D (Forn	n 990) 2018	Page 5
Part XIII	Supplemental Info	rmation (continued)
Retur	n Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 52-1835268

Name: LGBTQ Victory Institute Inc

Supplemental Information

on

Return Reference Explanation

Part X, Line 2 Management evaluated the Institute's tax positions, and concluded that the Institute's fin ancial statements do not include any uncertain tax positions

efil	e GRAPHIC pr	int - DO NOT PROCESS As Filed	l Dat	a -	DLN: 934	19331	5019	919
	edule J	Compen	sat	ion Information	ОМ	1B No	1545-(0047
•	n 990) tment of the Treasury	For certain Officers, Direct Com ► Complete if the organization ► Go to www.irs.gov/Form9	e 23.	2018 Open to Public				
•	al Revenue Service					Insp	ectio	n
	ne of the organiza TQ Victory Institute			Em	ployer identificat	ion nu	ımber	
	TQ VICCOTY INSCREE	The state of the s		52-	1835268			
Pa	rt I Questi	ons Regarding Compensation						
1a	Check the appro	opiate box(es) if the organization provided ection A, line 1a Complete Part III to prov	any c ide ai	f the following to or for a person listed on ny relevant information regarding these it	ı Form ems		Yes	No
	First-class	s or charter travel		Housing allowance or residence for pers	onal use			
		companions		Payments for business use of personal r				
		nification and gross-up payments	H	Health or social club dues or initiation fe				
	☐ Discretion	nary spending account	Ш	Personal services (e g , maid, chauffeur	r, chef)			
b		xes in line 1a are checked, did the organiza			or reimbursement	1b		
2		ation require substantiation prior to reimbu			_	2		
	directors, truste	es, officers, including the CEO/Executive D	irecto	or, regarding the items checked in line la-	,			
3	organization's C	of any, of the following the filing organization if the control of the control of the control of the compensation of the compe	/ Do	not check any boxes for methods	art III			
	Compensa	ation committee		Written employment contract				
	☐ Independ	ent compensation consultant		Compensation survey or study				
	✓ Form 990	of other organizations	✓	Approval by the board or compensation	committee			
4	During the year related organiza	, did any person listed on Form 990, Part \ ition	∕II, Se	ection A, line 1a, with respect to the filing	organization or a			
а	Receive a sever	ance payment or change-of-control payme	nt?			4a		No
b	Participate in, o	r receive payment from, a supplemental no	nqua	lified retirement plan?		4b		No
c	•	r receive payment from, an equity-based c				4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and provide t	he ap	plicable amounts for each item in Part III				
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiza	tions	must complete lines 5-9				
5	For persons liste	ed on Form 990, Part VII, Section A, line 1 ontingent on the revenues of						
а	The organization	٦ [?]				5a		No
b	Any related orga					5b		No
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section A, line 1 ontingent on the net earnings of	a, dıd	the organization pay or accrue any				
а	The organization	٦٦				6a		No
b	Any related orga					6b		No
	If "Yes," on line	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section A, line 1 escribed in lines 5 and 6? If "Yes," describe				7		No
8		nts reported on Form 990, Part VII, paid o nitial contract exception described in Regul			be	8		No
9	If "Yes" on line 5 53 4958-6(c)?	8, did the organization also follow the rebu	ttable	presumption procedure described in Reg	ulations section	9		
Ear D	Danarwark Badu	iction Act Notice, see the Instructions	for E	orm 990 Cat No 5005	3T Schedule 1	/Earn	990)	2018

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

instructions, on row (ii)) Do no	not list any individuals that	orted on Schedule J, report at are not listed on Form 99 ndividual must equal the to	990, Part VII				at individual
(A) Name and Title		(i) Base (ii) Bonus & incentive compensation (iii) Bonus & compensation		SC compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 Ruben Gonzales Vice President	en Gonzales (i) 157,889 930 0		0	6,238	5,642	170,699	0	
Vice Fresident	(ii)	0	0	0	0	0	0	0
			Ţ	1				
	+-'							
	+-'		+					
	'		 	<u> </u>				<u> </u>
	'							
	'							1
				1				
		'						

Schedule J (Form 990) 2018 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Schedule J (Form 990) 2018

efile GRAPH	IIC print -	DO NOT PROCESS	As Filed Data -		DLN:	93493315019919		
SCHEDUL	E O	Supplemental Information to Form 990 or 990-EZ				OMB No 1545-0047		
(Form 990 or EZ)		Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.			ions on	2018		
Department of the T	Freasury	▶ Go to <u>и</u>		Open to Public Inspection				
Name l B€the ।তি LGBTQ Victory Ins					Employer identi 52-1835268	fication number		
990 Schedul	e O, Supp	lemental Informatio	n					
Return Reference				Explanation				
Form 990, Part VI, Section B, line 11b	The Audit	Committee reviews the Fo	orm 990 in detail. The	Board is then provided a copy p	rior to filing			

Return Explanation
Reference

990 Schedule O, Supplemental Information

line 12c

Form 990, Board members sign an Annual Conflict of Interest and Gift Policy Disclosure Statement
Part VI,
Section B.

Return Explanation Reference

Form 990. The CEO's compensation is determined by the Board of Directors. The Board surveys the comp ensation of similar organizations in similar non-profit fields as a benchmark when negotia Part VI.

Section B. ting the CEO's base compensation line 15

990 Schedule O, Supplemental Information

990 Schedule O, Supplemental Information

Return Explanation

line 19

Reference	
Form 990,	The Insitute makes its governing documents, conflict of interest policy, and financial statements available to the public upon
Part VI,	request
Section C,	

Return Explanation Reference

Form 990. The Institute's Board of Directors assumes responsibility for the oversight of the audit. Part XII. Line including the selection of the independent accountant. The process is consistent with previous

ious years

990 Schedule O, Supplemental Information