Γ	Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.
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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

A F	or the	2020 calendar year, or tax year beginning and endi	ling		
B Ci	heck if pilcable	TRANSGENDER DEGAL DEFENSE AND EDUCATION		D Employer identific	eation number
<u></u>	change Name	FUND, INC		04-37628	1 2
\vdash	change	Doing business as			
	return Final return/	520 EIGHTH AVENUE 220		E Telephone number (646)862	-9396
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	- 1	G Gross receipts \$	2,692,187.
	Amend	NEW TORK, NI 10010	$\overline{}$	H(a) Is this a group re	
	Application pendin			for subordinates	····· — —
		SAME AS C ABOVE		H(b) Are all subordinates in	
ΙT	ax-exe	mpt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or	527		list. See instructions
		e: ▶ WWW.TRANSGENDERLEGAL.ORG		H(c) Group exemption	
			L Year o	f formation: 2003	State of legal domicile; NY
Pa	rt I	Summary	DM O	OO DADM TT	T TIME 1
Activities & Governance	1 1	Briefly describe the organization's mission or most significant activities: SEE FOR	RM 9	90, PART II	I, LINE I.
Ě	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of	of more	than 25% of its net as	sets.
8	3 1	Number of voting members of the governing body (Part VI, line 1a)			10
9	4	Number of independent voting members of the governing body (Part VI, line 1b)			10
S	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			14
夏	6	Total number of volunteers (estimate if necessary)			11
<u>5</u>	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	ь	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
e		Contributions and grants (Part VIII, line 1h)		1,032,004.	2,626,320.
en.		Program service revenue (Part VIII, line 2g)		3,750. 1,305.	52,635.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		-13,130.	-7,385. -107,740.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,023,929.	2,563,830.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,000.	2,303,030.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,000.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		620,618.	1,162,266.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	├	020,010.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 283,880			
Š		10(2) (4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(428,833.	340,427.
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,051,451.	1,502,693
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-27,522.	1,061,137.
-S	19	Revenue less expenses. Subtract line 18 from line 12	Ber	ginning of Current Year	End of Year
Net Assets or Fund Balances		Tabel assate /Deut V line 16\	100	720,436.	1,952,614.
Sse	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		79,411.	250,452.
net/	21	Net assets or fund balances. Subtract line 21 from line 20		641,025.	1,702,162.
P	art II	Signature Block			
Und	er nena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and	nd stateme	ents, and to the best of m	y knowledge and belief, it is
true.	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer	has any knowledge.	
		Marie H. Marie		8/2	121
Sig	n	Signature of officer		Date	7
Her		ANDREA HONG MARRA, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		ate Check	PTIN
Paid	1	RICHARD J. LOCASTRO, CPA Richard & Locast	10 7	7/30/2021 self-employ	P00288314
Prej	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN ▶	52-1392008
Use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N			04 \ 054 0000
-		BETHESDA, MD 20814-2930		Phone no. (3	
May	the II	RS discuss this return with the preparer shown above? See instructions			X Yes No

Par	T III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u>. </u>
1	Briefly describe the organization's mission:	
	THE TRANSGENDER LEGAL DEFENSE AND EDUCATION FUND IS COMMITTED TO	
	ENDING DISCRIMINATION BASED ON GENDER IDENTITY AND EXPRESSION, AND T	0
	ACHIEVING EQUALITY FOR TRANSGENDER PEOPLE THROUGH PUBLIC EDUCATION,	
	TEST-CASE LITIGATION, DIRECT LEGAL SERVICES AND PUBLIC POLICY EFFORT	s.
_	Did the organization undertake any significant program services during the year which were not listed on the	
2		X No
	DINI 1 OIII 000 01 000 CE1	MALI INU
	If "Yes," describe these new services on Schedule O. Did the organization case conducting or make significant changes in how it conducts, any program services? Yes	₹
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	-A∟ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, as	nd
	revenue, if any, for each program service reported.	
4a	F40 200	35.)
	THE IMPACT LITIGATION PROGRAM SEEKS TO EXPAND AND SAFEGUARD LEGAL	
	PROTECTIONS FOR TRANSGENDER AND NON-BINARY PEOPLE IN FEDERAL AND STA	TE
	COURTS AS WELL AS ADMINISTRATIVE AGENCIES THROUGHOUT THE COUNTRY. TH	
	PRIMARY FOCUS OF THE PROGRAM IS TO SECURE COMPREHENSIVE PROTECTIONS	FOR
	TRANSGENDER PEOPLE BY ESTABLISHING PRECEDENTS - PARTICULARLY IN	
	HIGH-BARRIER STATES IN HEALTH CARE, EMPLOYMENT, EDUCATION, AND PUBLI	~
		<u>. </u>
	ACCOMMODATIONS AMONG OTHER ISSUES.	
4b	(Code;) (Expenses \$ 238,722 • including grants of \$) (Revenue \$)
	THE NAME CHANGE PROJECT PROVIDES A VITAL LEGAL SERVICE TO LOW-INCOME	
	TRANSGENDER AND NONBINARY PEOPLE WHO RESIDE IN GEORGIA, ILLINOIS,	
	MICHIGAN, NEW JERSEY, NEW YORK, PENNSYLVANIA, AND WISCONSIN. FOR MAN	ĪΥ
	TRANSGENDER PEOPLE, SECURING A LEGAL NAME CHANGE IS A SIGNIFICANT ST	EP
	TOWARDS ENSURING THEIR LEGAL IDENTITIES MATCH THEIR AUTHENTIC SELVES	3.
	TLDEF PROVIDES ITS CLIENTS WITH ACCESS TO PRO BONO LEGAL REPRESENTAT	ION
	TO NAVIGATE THE PROCESS AND SUCCESSFULLY SECURE A LEGAL NAME CHANGE.	
	TO MAY TOWN THE TWO CODD THAT DOCUMENT DECIMAL IN THE TWO CODD THAT DECIMAL IN THE T	
		-
	215 562	
4c	(Code:) (Expenses \$ 215,562 including grants of \$) (Revenue \$	
	THE PUBLIC EDUCATION PROGRAM LEVERAGES TLDEF'S STAFF EXPERTISE ON A	17
	RANGE OF ISSUES TO EMPOWER TRANSGENDER PEOPLE WHO ARE OFTEN ROUTINEI	<u> </u>
	SUBJECT TO DISCRIMINATION. TLDEF ALSO SEEKS TO BUILD THE COMPETENCY	AND
	EXPERTISE OF INDIVIDUAL ATTORNEYS, LAW FIRMS, AND BUSINESS LEADERS	
	COMMITTED TO BETTER SERVING TRANSGENDER AND NON-BINARY PEOPLE. TLDER	
	PRIMARILY CENTERS ITS PUBLIC EDUCATION ACTIVITIES ON "KNOW YOUR RIGHT	ITS"
	WORKSHOPS, CORPORATE TRAININGS, AND CONTINUING LEGAL EDUCATION	
	OPPORTUNITIES.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 1,002,613.	30 (2020)
	roini 💸	() ((((((((((((() ((((((((((((() ((((((((((((() ((((((((((((() ((((((((((((() ((((((((((((() ((((((((((((() ((((((((((((() ((((((((((((()

FUND, INC

Part IV Checklist of Required Schedules

04-3762842 Page 3

		_	Yes	NO
	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	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
	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		<u>X</u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			1000
	Schedule D, Part III	8		<u> </u>
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?	_		v
	If "Yes," complete Schedule D, Part IV	9		<u>x</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		X	
	Part VI	11a		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	1110		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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			
a	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	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			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
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	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	142		Х
b	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			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	15		х
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	0		
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	17		X
40	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
19	complete Schedule G, Part III	19		X
20a	The State of the S	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	000	(2020)

rom	990 (2020) FUND, INC 04-5702		- ' '	ige +
Pai	t 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		103	110
22	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	
2 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
þ	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			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OFL		x
	Schedule L, Part I	25b		7.7
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
28	instructions, for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		X
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/ff			
Ī	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f *Yes," complete			٠,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			پ
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
	Part V, line 1	34 35a		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	33a	<u> </u>	
t	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000	<u> </u>	\vdash
36		36	l	x
	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-		\vdash
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
38	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
89			Yes	N
1:	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
1	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u> </u>		
,	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	<u>1c</u>	X n 990	

			Yes	<u>No</u>						
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 14									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	За		x						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?									
þ	o If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
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		X						
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).			x						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		$\frac{x}{x}$						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b								
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a		6-		х						
	any contributions that were not tax deductible as charitable contributions?	6a								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b								
_	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	- 55								
7	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	Х							
a	compared to the state of the state of the specific provided?	7b	X							
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
С	to file Form 8282?	7c		X						
d	7d									
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year? N/A	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а										
þ	50.5									
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A 11a									
_	CIOSS BIDDITIC HOTH MICHIBOTO OF CHARLEST									
b										
40-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	N/A 19h									
13	Section 501(c)(29) qualified noncrofit health insurance issuers.									
a	N/A	13a								
•	Note: See the instructions for additional information the organization must report on Schedule O.									
b										
_	organization is licensed to issue qualified health plans									
c	Enter the amount of reserves on hand 13c									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		-						
15	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?	15		X						
	If "Yes," see instructions and file Form 4720, Schedule N.			x						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		1						
	If "Yes," complete Form 4720, Schedule O.	For	n 996	(2020)						
		FULL	シンし	、としとり)						

Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			LX.
Sec	tion A. Governing Body and Management			
			Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
L	Enter the number of voting members included on line 1a, above, who are independent1b1			
b	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2		2		X
_	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3		3		X
	of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	-		-
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			x
	more members of the governing body?	7a		<u> </u>
p	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x
	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	940	v	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			.,
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		_	
			Yes	
10a		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	The state of the s	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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	X	
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
162	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		X
h	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		
Sac	exempt status with respect to such an angements?			
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)	(3)s onl	y) ava	ilable
18	for public inspection. Indicate how you made these available. Check all that apply.	• •	•	
	▼			
46	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and fina	ncial	
19				
	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
20	ANDREA HONG MARRA - (646)862-9396			
	520 EIGHTH AVENUE, SUITE 2204, NEW YORK, NY 10018			
_	320 EIGHIN AVENUE, BULLE 2207, NEW TORK, MI 10010	Fore	- 000	1/2020

Form 990 (2020) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

- 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.

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- 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.

Check this box if neither the organization		orga	<u>niza</u>			nper	rsat		(E)	(F)
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	n an	(D) Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кву втрюуев	Highest compensated employee	Formar	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ANDREA HONG MARRA	40.00						İ	450 440		10 720
EXECUTIVE DIRECTOR				X	_	<u> </u>		153,148.	0.	19,720.
(2) DAVID BROWN	40.00			i				110 040	o.	19,276.
LEGAL DIRECTOR	40.00	<u> </u>	<u> </u>	_	<u> </u>	X	<u> </u>	119,848.		19,270.
(3) SUE LEE TROUTMAN	40.00					x		104,648.	0.	18,826.
DIRECTOR OF DEVELOPMENT		┝	_			Α	<u> </u>	104,040.	0.	10,020.
(4) KATHERINE COOPER	2.00	x]	x				0.	l o.	0.
CO-CHAIR	2.00	₽	├—	₽	H	⊢	⊢			
(5) ALAINA KUPEC	2.00	x		X	1			0.	0.	0.
CO-CHAIR	2.00	Δ.	 	Α		┢	\vdash	 		
(6) FREDERICK ALEXANDER	2.00	x		x		1		0.	0.	0.
SECRETARY (7) CATHARINE HOUGH	2.00	<u> </u>	┢		╁	\vdash				
(7) CATHARINE HOUGH TREASURER	2.00	x	1	x				0.	0.	0.
(8) SEAN COLEMAN	1.00		╁	==	┢	1	┪			
DIRECTOR (UNTIL 3/20)		x				l		0.	0.	0.
(9) MAEVE CUNNINGHAM	1.00		Τ		Γ		Γ	_	1	
DIRECTOR		X			<u> </u>			0.	0.	0.
(10) JOSEPH HALL	1.00		Γ		1		l			
DIRECTOR		X				上	<u> </u>	0.	0.	0.
(11) ANDREA JENKINS	1.00		1							_ ا
DIRECTOR		X	┖	┖	┸	↓_	igspace	0.	<u> </u>	0.
(12) SEAN MADDEN	1.00		1		١		1		. 0.	0.
DIRECTOR		X	_	_	┸	_	┺	0.	0.	, ·
(13) C. RILEY SNORTON	1.00			1	1		1	0.		. 0.
DIRECTOR	1 00	X	1	+	╀	+	+-	0.	· ·	· ·
(14) ANNE TOMPKINS	1.00			1	1		1	0.		. 0.
DIRECTOR		X	+	-	╀	+	╀	0.		<u> </u>
		1								
					Τ	T	Τ			
		+	+		+	+	+			
		1			L					5 000 (000

	990 (2020) FUND , IN									04-37	628	342	Pa	ge 8
Par	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C		es (continued)				
	(A) Name and title	(B) Average hours per week	rerage urs per (do not check more than one box, unless person is both an officer and a director/trustee) rom from from									Est am	(F) imate ount o other	
		(list any hours for related organizations below line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga and	ensat om the inizati relate nizatio	e on ed
			L											
			$\left\{ \cdot \right\}$											
			-											
			Τ											
			-	T										
			┢			T		H						
-			-	F	-	t	T	\vdash						
4 h	Cubtatal					_		┢	377,644.		0.	5'	7,8	22
10	Subtotal Total from continuation sheets to Part \	/II, Section A		· · · · · ·	•••••			•	0.		0.			0
	Total (add lines 1b and 1c)								377,644.		0.	5	7,8	22
2	Total number of individuals (including but	not limited to t	hose	e list	ed a	abov	/e) w	ho r	received more than \$10	0,000 of reportab	e			
	compensation from the organization												Yes	No
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for											3		x
4	For any individual listed on line 1a, is the sand related organizations greater than \$15	sum of reportal	ole c	omp	ens	satio	n an	d o	ther compensation from	the organization		4	x	
5	Did any person listed on line 1a receive or	accrue compe	ensa	tion	fron	n ar	ıy un	rela	ted organization or indi-	idual for services	,	5		х
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	ripiete Scriedu	ile J	101 3	SUCI	pe	13011							
1	Complete this table for your five highest of	ompensated in	nder	end	ent	con	tract	ors	that received more than	\$100,000 of con	npens	ation 1	rom	
	the organization. Report compensation fo	r the calendar	year	enc	iii ig	WILI	1011	WILL II	(B)			((}	
	Name and busines	s address	N	ON	E				Description of	services		ompe	nsatio	<u>n</u>
							_							
							_					<u> </u>		
										11.				
2	Total number of independent contractors		not	limit	ed t	o th	ose 0	liste	ed above) who received	more than				
_	\$100,000 of compensation from the orga	IIIZauOII										Form	990	2020

FUND, INC

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII ŒΪ (A) O Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns b Membership dues 1b 382,830 1c c Fundraising events d Related organizations 1d 537,438 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above ... 1,706,052 g Noncash contributions included in lines 1a-1f 2,626,320. Total. Add lines 1a-1f **Business Code** 2 a FEE-FOR-SERVICE 52,635. 900099 52,635. Program Service All other program service revenue ... 52,635 Total. Add lines 2a-2f Investment income (including dividends, interest, and 388. 388 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 6a 6 a Gross rents 6b b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of 12,674. assets other than inventory b Less: cost or other basis 20,447 Other Revenue and sales expenses -7,773 c Gain or (loss) ______7c -7,773. -7,773. d Net gain or (loss) 8 a Gross income from fundraising events (not 382,830. of including \$ contributions reported on line 1c). See 170 Part IV, line 18 107,910. **b** Less: direct expenses -107,740. -107,740. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses _____9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances _____ b Less; cost of goods sold ______10b Net income or (loss) from sales of inventory **Business Code** Miscellaneous d All other revenue e Total. Add lines 11a-11d 0. -115,125. 2,563,830. 52,635 Total revenue. See instructions 12

Form **990** (2020)

Form 990 (2020) FUND , INC
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	e or note to any line in t	(B)	(C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
-	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
_					
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
					Was alk
	Benefits paid to or for members				
	Compensation of current officers, directors,	172,868.	138,294.	17,287.	17,287
	trustees, and key employees	27270001			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	745,086.	498,142.	68,603.	178,341
	Pension plan accruals and contributions (include		•		
0	section 401(k) and 403(b) employer contributions)	21,342.	12,709.	3,854.	4,779
_		148 998.	90,693.	26,132.	32,173
9	Other employee benefits	73,972.	46,385	12,438.	15,149
10	Payroll taxes	7373720	20,000		•
11	Fees for services (nonemployees):				
a	Management	16,630.	16,630.		
	Legal	29,899.	1,304.	28,595.	
_	Accounting	23,033.			
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25,	56,342.	31,197.	19,652.	5,493
	column (A) amount, list line 11g expenses on Sch O.)	30,342.	<u> </u>		
12	Advertising and promotion	51,549.	28,506.	16,333.	6,710
13	Office expenses	8,485.	4,052.	3,980.	453
14	Information technology	0,403.	1,002.	0,2001	
15	Royalties	131,755.	104,086.	9,223.	18,446
16	Occupancy	8,954.	6,014.	871.	2,069
17	Travel	0,551.	0,011	0,21	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	9,191.	7,212.	1,218.	761
19	Conferences, conventions, and meetings	9,191.	1,212.		
20	Interest				
21	Payments to affiliates	9,690.	7,655.	678.	1,357
22	Depreciation, depletion, and amortization	12,558.	6,788.	5,580.	190
23	Insurance	12,550.	0,700.	3,300.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
a	amount, list line 24e expenses on Schedule 0.) PAYROLL SERVICE FEES	5,005.	2,715.	1,694.	596
	PROF. DEVELOPMENT	369.	231.	62.	76
þ					
c					
d	All other expenses				
e ^=	All other expenses Total functional expenses. Add lines 1 through 24e	1,502,693.	1,002,613.	216,200.	283,880
<u>25</u>	Joint costs. Complete this line only if the organization	_, _ , _ , _ ,			
26					
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X | Balance Sheet X Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 971,175. 111,583. Cash - non-interest-bearing 337,279. 324,194. 2 2 Savings and temporary cash investments 186,073. 522,471. 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net _____ 8 Inventories for sale or use 1,290. 33,526. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 50,723. basis. Complete Part VI of Schedule D _____ 10a 28,077. 36,410. 22,646. 10c b Less: accumulated depreciation ______10b 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 60,086. 60,886. 15 Other assets. See Part IV, line 11 15 1,952,614. 720,436. Total assets. Add lines 1 through 15 (must equal line 33) 16 78,241. 64,074. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 182,700. 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 1,170. 3,678. 25 of Schedule D 79,411. 250,452. Total liabilities. Add lines 17 through 25 . Organizations that follow FASB ASC 958, check here > X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 989,649. 471,858. 27 Net assets without donor restrictions 27 712,513. 169,167. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31

1,952,614. Form 990 (2020)

1,702,162.

32

Total net assets or fund balances

Total liabilities and net assets/fund balances

641,025.

720,436.

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>
1 2 3 4 5 6	Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses	1 2 3 4 5 6 7	2,563 1,503 1,063	3,83 2,63	93. 37.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	1,70	2.1	62.
Dai	column (B)) rt XIII Financial Statements and Reporting	10	_,		
1 (41	Check if Schedule O contains a response or note to any line in this Part XII				
	Check is Scriedule O Contains a response of note to any line in this Tareya.			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		2a		x
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
b	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa consolidated basis, or both:		2b	x	
c	X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Sc		2c	x	
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Start and OMB Circular A-133?	ngle Audit	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requor audits, explain why on Schedule O and describe any steps taken to undergo such audits	uired audit	3b	990	(2020)
			romi	330	(۲۷۵۷)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization TRANSGENDER LEGAL DEFENSE AND EDUCATION 04-3762842 FUND, INC Part Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 🔟 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Light Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization lister in your governing document (vi) Amount of other (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (described on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions))

Total

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

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

Sec	tion 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.")	750,009.	790,953.	755,811.	1,032,004.	2,626,320.	5,955,097.
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	750,009.	790,953.	755,811.	1,032,004.	2,626,320.	5,955,097.
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)						648,974.
6	Public support. Subtract line 5 from line 4.						5,306,123.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	750,009.	790,953.	755,811.	1,032,004.	2,626,320.	5,955,097.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,576.	1,526.	1,268.	1,305.	388.	6,063.
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.)		253.	1,668.	3,989.		5,910.
11	Total support. Add lines 7 through 10						5,967,070.
	Gross receipts from related activities					12	145,504.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section (501(c)(3)	
_	organization, check this box and stor						<u></u>
	ction C. Computation of Publ						00 00
	Public support percentage for 2020 (14	88.92 %
	Public support percentage from 2019					15	89.22 %
16a	33 1/3% support test - 2020. If the						
	stop here. The organization qualifies						
t	33 1/3% support test - 2019. If the						
	and stop here. The organization qua						
178	10% -facts-and-circumstances tes						
	and if the organization meets the fac-					VI how the organiz	zation
	meets the facts-and-circumstances to						
k	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets t						. —
	organization meets the facts-and-circ						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	ia, 16b, 17a, or 17b	o, check this box a	and see instruction	ıs
					Scho	edule A (Form 990	or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 FUND, INC
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 t
If you don't be trade listed below places complete Bort II \

Sec	tion A. Public Support	, p		_			
	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.")				 		
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						
	Gross receipts from activities that						
J	are not an unrelated trade or bus-			1			
	iness under section 513						
4	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf				ļ		
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge					-	
_	Total. Add lines 1 through 5			-	<u> </u>		
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			1			
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						L
	tion B. Total Support		T	T	1 (0.000	(-) 0000	(A T-1-1
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on		1		1		
	securities loans, rents, royalties,						1
į.	and income from similar sources Unrelated business taxable income						
	(less section 511 taxes) from businesses				1		
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business		7.00				
	activities not included in line 10b, whether or not the business is					1	
	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.) First 5 years. If the Form 990 is for the		int seemd third	fourth or fifth to	r year as a section	501(c)(3) organiza	tion.
14							>
Se	check this box and stop here ction C. Computation of Publ	ic Support Pe	ercentage			1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Public support percentage for 2020 (, column (fi)		15	%
16	Public support percentage from 2019					16	%
	ction D. Computation of Inve	stment Incon	ne Percentage				
	Investment income percentage for 20)	17	
18	Investment income percentage from:	2019 Schedule A	, Part III, line 17			18	%
19:	a 33 1/3% support tests - 2020. If the	organization did	not check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	ind stop here. The	e organization qua	lifies as a publicly	supported organiz	zation	▶∟∟
ı	33 1/3% support tests - 2019. If the	organization did	not check a box o	n line 14 or line 19	ga, and line 16 is m	ore than 33 1/3%,	, and
	line 18 is not more than 33 1/3%, che	eck this box ands	top here. The org	anization qualifies	as a publicly supp this how and see it	orteu organization etructione	' \
<u>20</u>	Private foundation. If the organization	on ala not check a	LUOX UN IINE 14, 1	ea, or red, check	שוום שעא מווע סכים וו		

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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.
- 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 EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.)

		37	
Г		Yes	NO
	1		
	2		
- 1	3a		-
	3b		
Ī			
Ĺ	3c		
H	4a		
	4b		
ı			
-	4c		
- 1			
- 1			
- 1	5a		
-	5b		
ŀ	5c		
	6		
	7		
	8		
	9a		_
	9b		
	9c		
	90		
	10a		
	10b		

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Pai	t IV Supporting Organizations (continued)			
50			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
C	A 35% 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 B. Type I Supporting Organizations		T.,	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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,	2		
Cas	supervised, or controlled the supporting organizations.			
<u> </u>	tion C. Type II Supporting Organizations		Yes	No
_	181	7.00	163	140
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	1		
500	the supported organization(s). Ition D. All Type III Supporting Organizations			
360	CHOIL D. All Type III Supporting Organizations		Yes	No
	Distilly and in the second to each of the currented exceptions, by the last day of the fifth month of the		163	140
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
•	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	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			
	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.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions	;).		
a	The second of th			
b	The state of the s			
c	- Supported a governmental entity (see i	nstructio	ons).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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				
	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 lines 3a and 3b below.			
E	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.	3a		
k	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- AL		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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TRANSGENDER LEGAL DEFENSE AND EDUCATION

04-3762842 Page 6 Schedule A (Form 990 or 990-EZ) 2020 FUND, INC Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a Average monthly value of securities 1b b Average monthly cash balances 10 c Fair market value of other non-exempt-use assets 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) **Current Year** Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continu	ued)	
Section	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	1			
2	Amounts paid to perform activity that directly furthers exemp	nt purposes of supported		1 1	
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	S	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				
	(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			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio 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				
a	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е_	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	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				
<u>C</u>	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.				
	Breakdown of line 7:		W-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V		
	Excess from 2016			-	
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
<u> </u>	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

TRANSGENDER LEGAL DEFENSE AND EDUCATION

Schedule A	(Form 990 or 990-EZ) 2020 FUND,	INC	04-3762842 Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c, line 1: Part IV. Section D, lines 2 and	Provide the explanations required by Part II, line 10; Pa 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Se 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, Section E, lines 2, 5, and 6. Also complete this part	rt II, line 17a or 17b; Part III, line 12; action B, lines 1 and 2; Part IV, Section C, V. line 1: Part V. Section B. line 1e: Part V.
	(See Illaudodolla)		
1			
	<u> </u>		
		-	
-			
- 			

** PUBLIC DISCLOSURE COPY **

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **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

Name of the organization TRANSGENDER LEGAL DEFENSE AND EDUCATION

Employer identification number

FUND, INC

04-3762842

Organiza	ition type (check o	ne):
Filers of:		Section:
Form 990	or 990-EZ	Sol(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
	_	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special I	Rules	
	sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 or, 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; line 1. Complete Parts I and II.
	contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the preventions of more than \$1,000 exclusively for religious, charitable, scientific, onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering) instead of the contributor name and address), II, and III.
	year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the section se
but it mu	st answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 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.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

04-3762842

Employer identification number

TRANSGENDER LEGAL DEFENSE AND EDUCATION FUND, INC

Part I	art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1		\$201,026.	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2			Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3			Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4		\$125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
6		\$ 62,292.	Person X Payroll				

Name of organization

TRANSGENDER LEGAL DEFENSE AND EDUCATION

Employer identification number

FUND,	INC	04	-3/62842
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ll space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>100,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroil Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP ÷ 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

TRANSGENDER LEGAL DEFENSE AND EDUCATION

FUND, INC

Employer identification number

04-3762842

art II	Noncash Property (see instructions). Use duplicate copies of P	art 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
İ		\$	
(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
		s	
(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	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I			
			

023453 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) **Employer identification number** Name of organization TRANSGENDER LEGAL DEFENSE AND EDUCATION 04-3762842 FUND, INC Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (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.

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

2020 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

FUND, INC

TRANSGENDER LEGAL DEFENSE AND EDUCATION

Employer identification number 04-3762842

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) 3 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 5 are the organization's property, subject to the organization's exclusive legal control? 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? 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 (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2d listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 ☐ No violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 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)(l) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB 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. b If the organization elected, as permitted under FASB 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 2 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1

Schedule D (Form 990) 2020

b Assets included in Form 990, Part X

Sche	dule D (Form 990) 2020 FUND, IN	DER LEGAL DE: C				04-3	3762842		ge 2
Par	t III Organizations Maintaining Co	llections of Art, Hi	storical Tr	easures, c	or Other	Similar As	sets(contin	ued)	
3 a	Using the organization's acquisition, accession collection items (check all that apply): Public exhibition		ck any of the	following that hange progra	t make sigr ım	nificant use of			
b	Scholarly research	e <u> </u>	Other						
C	Preservation for future generations								
4	Provide a description of the organization's coll	actions and explain how	they further t	he organizati	on's exemp	ot purpose in F	Part XIII.		
5	During the year, did the organization solicit or						_		20
	to be sold to raise funds rather than to be main						Yes		No
Par	t IV Escrow and Custodial Arrang	ements. Complete if t	ne organizatio	n answered '	'Yes" on Fo	orm 990, Part	IV, line 9, or		
	reported an amount on Form 990, Part		Ū						
1a	Is the organization an agent, trustee, custodia on Form 990, Part X?	n or other intermediary fo					Yes		No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the followin	table:						
-		•					Amount		
c	Beginning balance					1c			
-	Additions during the year					1d			
e	Distributions during the year					1e		-	
f	Ending balance					1f			
	Did the organization include an amount on For	m 990. Part X. line 21. fc	r escrow or c	ustodial acco	unt liability	?	Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Pa		the organization answers	d "Yes" on F	orm 990. Parl	IV. line 10		*****		
1 44			Prior year) Three years ba	ck (e) Four	vears	back
4.	Beginning of year balance	(a) Current your (b)	i noi you.	(4)	,-			•	
la L	•								
D	Contributions								
Ç.	Net investment earnings, gains, and losses								
đ	Grants or scholarships			-					
е	Other expenditures for facilities								
	and programs						_		
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre		1g, column ((a)) neid as:					
а	Board designated or quasi-endowment	%							
þ	Permanent endowment	%							
C	Term endowment ▶%								
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.	. 1010						
3a	Are there endowment funds not in the posses	sion of the organization	hat are held	and administe	ered for the	organization	г	1	
	by:							Yes	No
	(i) Unrelated organizations								
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as required or	Schedule R	?			3b		
4	Describe in Part XIII the intended uses of the		nt funds.						
Pa	rt VI Land, Buildings, and Equipme Complete if the organization answered		IV. line 11a	See Form 99	0. Part X. lii	ne 10.			
-		(a) Cost or other		t or other		umulated	(d) Boo	k valu	
	Description of property	basis (investment)		s (other)		eciation	(4) 200		-
10	Land	and the second second	+	,					

46. 28,077. ▶ 28,077. Schedule D (Form 990) 2020

22,646.

50,723.

b Buildings
c Leasehold improvements
d Equipment

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

F	UND,	INC

Part VII Investments - Other Securities.	on Form 900 Dest IV Eas	a 11h See Form 990 Part Y line 19	
Complete if the organization answered "Yes" ((a) Description of security or category (Including name of security)	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
1) Financial derivatives	200		
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line (b) Book value	e 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-c	of-vear market value
(a) Description of investment	(b) BOOK Value	(v) Mediod of Valuation, Cost of end-	., , , , , , , , , , , , , , , , , , ,
(1)	· · · · · · · · · · · · · · · · · · ·		
(2)		 	
(3)			
(4)			
(5)			
(6)	 		
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes" (a)	Description	e 11g. see rorm 550, Part A, inte 15.	(b) Book value
(1)			
(3)			
(4)	-		
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.			
Complete if the organization answered "Yes" (a) Description of liability	on rorm 990, Part IV, III	ie Tie or Tii. 366 Poilli 990, Parti, ille 25.	(b) Book value
li			
(1) Federal income taxes (2) DEFERRED RENT			3,678
			<u> </u>
(3)			
(4)			
(5) (6)	<u> . </u>		
(6)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)	>	3,678
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote	to the organization's financial statements t	hat reports the
organization's liability for uncertain tax positions unde	r FASB ASC 740. Check	there if the text of the footnote has been pro	ovided in Part XIII X

032054 12-01-20

SCHEDULE G

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or Form 990-EZ.

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

TRANSGENDER LEGAL DEFENSE AND EDUCATION FUND. INC.

Employer identification number

FUND, I					U4-3762	
required to complete this part						filers are not
1 Indicate whether the organization rais a	e Solicitati f Solicitati g Special i r oral agreement with any individual art VII) or entity in connection with priduals or entities (fundraisers) pursu	ion of i ion of g fundra (includ rofessi	non-ge governising e ling of onal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees, orYes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have co or con contribu	istody	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
						<u></u>
				<u> </u>		
				<u> </u>		
Total 3 List all states in which the organization	on is registered or licensed to solicit	contril	oution	s or has been notifie	d it is exempt from r	egistration
or licensing.		-				
LHA For Paperwork Reduction Act No	tice, see the Instructions for Form	990 o	r 990	-EZ.	Schedule G (Form	990 or 990-EZ) 2020

TRANSGENDER LEGAL DEFENSE AND EDUCATION

Schedule G (Form 990 or 990-EZ) 2020 FUND , INC 04-3762842 Page 2

			gross income on Form 990 (a) Event #1 TRANS ADVOCACY AWA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
۱			(event type)	(event type)	(total number)	55 (2)/
enilever	1	Gross receipts	383,000.			383,000.
1	2	Less: Contributions	382,830.	·		382,830.
	3	Gross income (line 1 minus line 2)	170.			170.
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	9,330.			9,330
Political world	7	Food and beverages	16,049.			16,049.
5	8	Entertainment	1,500.			1,500
	9	Other direct expenses	81,031.			81,031. 107,910.
١	10	Direct expense summary. Add lines 4 thro			>	-107,740
_	11	Net income summary. Subtract line 10 fro III Gaming. Complete if the organizati	m line 3, column (d)	OOO Port IV line 10	or reported more than	-107,740
a	πı	Gaming. Complete if the organizati \$15,000 on Form 990-EZ, line 6a.	on answered "Yes" on Form	1990, Part IV, IIII e 19,	of reported more triain	
		\$15,000 on Fonti 990-E2, lille 6a.	2000 - 11	(b) Pull tabs/instant	() ()	(d) Total gaming (add
			(a) Bingo	bingo/progressive bing	(c) Other gaming	col. (a) through col. (c
۱:						
.]	1	Gross revenue				
†	_					
	2	Cash prizes				
ŀ	3	Noncash prizes		<u> </u>		
CIICCL LAPOI ISCS	4	Rent/facility costs				
, 1					0() 1	,
'	5	Other direct expenses			%	
-			Yes %	Yes No	No No	
3		Volunteer labor	Yes %	□ No	□ No	
ı	6	Volunteer labor Direct expense summary. Add lines 2 thro	No Yes % Dough 5 in column (d)	No No	No No ►	
1	6	Volunteer labor Direct expense summary. Add lines 2 thro	No Yes % Dough 5 in column (d)	No No	No No ►	
9	6 7 8	Volunteer labor Direct expense summary. Add lines 2 thro Net gaming income summary. Subtract lines the state(s) in which the organization co	yes % No Dough 5 in column (d) ne 7 from line 1, column (d) Dough 5 in column (d)	No No	No No ►	
9	6 7 8	Volunteer labor Direct expense summary. Add lines 2 thro	yes % No Dough 5 in column (d) ne 7 from line 1, column (d) Dough 5 in column (d)	No No	No No ►	
a	6 7 8 En	Volunteer labor Direct expense summary. Add lines 2 thro Net gaming income summary. Subtract lines the state(s) in which the organization co	No No No Pugh 5 in column (d) No No No No No No No No No N	No No states?	No No ►	
e a	6 7 8 En	Volunteer labor Direct expense summary. Add lines 2 thro Net gaming income summary. Subtract lines the state(s) in which the organization counter the organization incomes to conduct gamin	No No No Pugh 5 in column (d) No No No No No No No No No N	No No states?	No No ►	
e a b	6 7 8 En is	Volunteer labor Direct expense summary. Add lines 2 thro Net gaming income summary. Subtract line nter the state(s) in which the organization of the organization licensed to conduct gamin	No No No Pugh 5 in column (d) No No Pugh 7 from line 1, column (d) No Pugh 3 in column (d) No Pugh 4 in column (d) No Pugh 5 in column (d) No Pugh 5 in column (d) No Pugh 6 in column (d) No Pugh 7 from line 1, column (d) No Pugh 7 from line 1, column (d) No Pugh 7 from line 1, column (d) No Pugh 7 from line 1, column (d) No Pugh 7 from line 1, column (d)	No No states?	No No	Yes N
9 a b	6 7 8 En is:	Volunteer labor Direct expense summary. Add lines 2 thro Net gaming income summary. Subtract line the state(s) in which the organization of the organization licensed to conduct gamin "No," explain: Gere any of the organization's gaming license	Yes % No Dough 5 in column (d) The 7 from line 1, column (d) Conducts gaming activities: and activities in each of these These revoked, suspended, or the second column (d) The second column (d) The second column (d) The second column (d) The second column (d) The second column (d) The second column (d) The second column (d)	estates?	No	Yes N
9 a b	6 7 8 En is:	Volunteer labor Direct expense summary. Add lines 2 thro Net gaming income summary. Subtract line nter the state(s) in which the organization of the organization licensed to conduct gamin	Yes % No Dough 5 in column (d) The 7 from line 1, column (d) Conducts gaming activities: and activities in each of these These revoked, suspended, or the second column (d) The second column (d) The second column (d) The second column (d) The second column (d) The second column (d) The second column (d) The second column (d)	estates?	No	Yes

TRANSGENDER LEGAL DEFENSE AND EDUCATION

Schedule G (Form 990 or 990-EZ) 2020 FUND, INC	04-3762842 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 L No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's garning/special events books and recon	ds:
Name	
Address ▶	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amo	unt
of gaming revenue retained by the third party >\$	
c If "Yes," enter name and address of the third party:	
Name ►	
Address >	
16 Gaming manager information:	
Name	
Gaming manager compensation > \$	
Garring manager compensation	
Description of services provided	
	·····
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the
organization's own exempt activities during the tax year ▶ \$	North Cod III Face C Ob 10b
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v)	; and Part III, lines 9, 90, 100,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
	-3000
032083 11-25-20 Schedule	e G (Form 990 or 990-EZ) 202

TRANSGENDER LEGAL DEFENSE AND EDUCATION 04-3762842 Page 4 FUND, INC Schedule G (Form 990 or 990-EZ) Part IV Supplemental Information (continued)

SCHEDULE J (Form 990)

Department of the Treasury

ternal Revenue Service

Compensation Information

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

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

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

TRANSGENDER LEGAL DEFENSE AND EDUCATION

Employer identification number 04-3762842

OMB No. 1545-0047

Open to Public

Inspection

Name of the organization

FUND, INC

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

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

Schedule J (Form 990) 2020

Regulations section 53.4958-6(c)?

TRANSGENDER LEGAL DEFENSE AND EDUCATION

04-3762842

FUND, INC Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	p e	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	penetits	(n)-(i)(g)	in column (b) reported as deferred on prior Form 990
(1) ANDREA HONG MARRA EXECUTIVE DIRECTOR	€ €	128,148.	25,000.	0	3,894.	15,826.	172,868. 0.	0.0
	€ €							
	€€							
	€ €							
	€ €							
	€ €							
	88							
	€ 🗐							
	E E							
	3							
	(i)							
	€ 🛢				ii uii			
	88							
	88							
	€ €							
							Sched	Schedule J (Form 990) 2020

TRANSGENDER LEGAL DEFENSE AND EDUCATION FUND, INC

Page 3

04-3762842

Schedule J (Form 990) 2020 FUND, INC

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.

											0000 (000 L) - 1 - 1 - 0
	PAYMENTS:										
	DURING THE YEAR, THE FOLLOWING EMPLOYEES RECEIVED BONUS PAYMENTS:										
	EMPLOYEES										
	FOLLOWING	\$25,000	\$5,000	\$5,000							
LINE 7:	HE YEAR, THE	- ANDREA HONG MARRA \$25,000	BROWN	JTMAN							
PART I, LINE 7:	DURING T	- ANDREA	- DAVID BROWN	EUE LE							

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

2020
Open to Public Inspection

Internal Revenue Service

Name of the organization

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

TRANSGENDER LEGAL DEFENSE AND EDUCATION
FUND, INC

Employer identification number 04-3762842

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE EXECUTIVE DIRECTOR AND FINANCE & AUDIT COMMITTEE. THE RETURN WAS PROVIDED TO THE BOARD FOR REVIEW, AND THEN AFTER APPROVAL, AUTHORIZED THE EXECUTIVE DIRECTOR TO SIGN AND THE ACCOUNTANT TO E-FILE THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD REVIEWS THE POLICY AND COMPLIANCE WITH IT ON AN ANNUAL BASIS AT BOARD MEETINGS, AND APPLIES TO ALL DIRECTORS, OFFICERS AND STAFF OF THE ORGANIZATION. IF A POTENTIAL CONFLICT OF INTEREST ARISES, COVERED PERSONS AND OTHER STAFF ARE AT ALL TIMES EXPECTED TO ERR ON THE SIDE OF CAUTION AND BRING TO THE ATTENTION OF THE GOVERNANCE AND NOMINATIONS COMMITTEE. ONCE A MEMBER OF THE GOVERNANCE AND NOMINATIONS COMMITTEE RECEIVES NOTIFICATION OF A POSSIBLE CONFLICT THAT MEMBER IMMEDIATELY BRINGS THE MATTER TO THE ATTENTION TO THE OTHER MEMBERS OF THE COMMITTEE. IN ADDITION, EACH COVERED PERSON WHO CURRENTLY SERVES AS A DIRECTOR OR OFFICER, OR AS AN EMPLOYEE OR INDEPENDENT CONTRACTOR, OR ANY PERSON WHO CURRENTLY HAS THE ABILITY TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE ORGANIZATION COMPLETES A QUESTIONNAIRE CONCERNING CONFLICTS OF INTEREST EACH YEAR OF THEIR AFFILIATION WITH THE ORGANIZATION, DISCLOSING ANY ACTUAL, POTENTIAL OR APPARENT CONFLICTS, AND AFFIRMING THAT THEY HAVE READ, UNDERSTAND, AND HAVE AND WILL CONTINUE TO ADHERE TO THIS CONFLICT POLICY. THE GOVERNANCE AND NOMINATIONS COMMITTEE EVALUATES CONFLICT DISCLOSURES AND MAKES OTHER NECESSARY INQUIRIES TO DETERMINE THE EXTENT AND NATURE OF ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST AND, IF APPROPRIATE, INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT.

032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

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Name of the organization TRANSGENDER LEGAL DEFENSE AND EDUCATION FUND, INC

THE COMMITTEE REPORTS TO THE DISINTERESTED MEMBERS OF THE BOARD FOR RESOLUTION. AFTER DISCLOSURE OF THE POTENTIALLY CONFLICTING INTEREST AND ALL MATERIAL FACTS, AND AFTER ANSWERING ANY QUESTIONS, THE INTERESTED PERSON IS RECUSED FROM DELIBERATIONS AND VOTING RELATING TO THE MATTER AND REFRAINS FROM ATTEMPTING TO INFLUENCE OTHER DECISION-MAKERS RELATING TO THE MATTER. HOWEVER, AS A MEMBER OF THE BOARD OR COMMITTEE, AN INTERESTED DIRECTOR MAY BE COUNTED IN DETERMINING THE ESTABLISHMENT OF THE QUORUM AT A MEETING RELATING TO THE MATTER.

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

THE BOARD OF DIRECTORS REVIEW AND APPROVE COMPENSATION FOR THE EXECUTIVE DIRECTOR AS PART OF THE ANNUAL BUDGETING PROCESS AND IS NOTED IN THE MEETING MINUTES. THE EXECUTIVE DIRECTOR'S COMPENSATION IS SET WITH CONSIDERATION OF COMPARABLE SALARIES. THE LAST COMPENSATION REVIEW TOOK PLACE DECEMBER 2020.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: CA, FL, GA, IL, MD, MA, MI, MN, NJ, NY, NC, P<u>A,</u> VA, W<u>I</u>

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST.

FORM 990, PART X, LINE 24:

ON MAY 14, 2020, THE FUND RECEIVED LOAN PROCEEDS IN THE AMOUNT OF \$182,700 UNDER THE PAYCHECK PROTECTION PROGRAM (PPP). THE LOAN CALLS FOR MONTHLY PRINCIPAL AND INTEREST (1%) PAYMENTS AMORTIZED OVER THE

TERM OF THE LOAN WITH A DEFERRAL OF PAYMENTS FOR THE FIRST SIXTEEN Schedule O (Form 990 or 990-EZ) 2020 032212 11-20-20