	•		** PUBLIC DISCLOSURE COP Return of Organization Exempt Fr	y ** om li	ncome Tax	OMB No. 1545-0047
For	" 9	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C			2022
Depa	rtment	of the Treasury	Do not enter social security numbers on this form as it	-	•	Open to Public
Inter	nal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the			Inspection
			ar year, or tax year beginning $ ext{OCT} \ 1$, $ extsf{2022}$ and en	nding S	EP 30, 2023	
	Check if pplicab	ole:	organization		D Employer identifica	ation number
	Chang Name Chang		G Jsiness as		95-375069	4
	Initial returr Final returr	Number	and street (or P.O. box if mail is not delivered to street address) Ro	oom/suite 0 0		
_	termii ated	n- City or to	wn, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,262,724.
	returr Appli	WASH	INGTON, DC 20006		H(a) Is this a group ret	
	tion pendi	F Name a	nd address of principal officer: BRIAN BOND		for subordinates?	
			AS C ABOVE	<u> </u>	H(b) Are all subordinates incl	
		empt status:		527	1 '	st. See instructions
	Nebsi				H(c) Group exemption	
	orm o art I	f organization: [Summary	X Corporation Trust Association Other	L Year	of formation: 1982 M	State of legal domicile: CA
	1					רדא ג שים
é	1		e the organization's mission or most significant activities: TO CRE			ST AND
Governance			NG WORLD FOR LGBTQ+ PEOPLE AND THOS			
ern	2	Check this bo		d of more	I I	
Š	3					21
	4		ependent voting members of the governing body (Part VI, line 1b) \dots			21
Activities &	5		of individuals employed in calendar year 2022 (Part V, line 2a)			34
<u>it</u> i	6	Total number	of volunteers (estimate if necessary)			0
Act						0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11			0.
					Prior Year	Current Year
ē	8		and grants (Part VIII, line 1h)		5,224,375.	3,443,736.
enu	9	Program servi	ce revenue (Part VIII, line 2g)		641,952.	822,400.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		62,385.	172,276.
	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		54,177.	-476,454.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,982,889.	3,961,958.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		87,060.	33,380.
	14	Benefits paid	o or for members (Part IX, column (A), line 4)		0.	0.
Se	15		compensation, employee benefits (Part IX, column (A), lines 5-10) \ldots		2,546,161.	2,759,966.
inse	16a	Professional fu	Indraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) 827,537	/.	1	
ш	17	-	es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,523,105.	2,698,958.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,156,326.	5,492,304.
	19	Revenue less	expenses. Subtract line 18 from line 12		1,826,563.	-1,530,346.
Net Assets or				Be	ginning of Current Year	End of Year
sets	20	Total assets (F	Part X, line 16)		9,257,514.	8,327,528.
tAs	21	Total liabilities	(Part X, line 26)		579,534.	1,105,271.
			und balances. Subtract line 21 from line 20		8,677,980.	7,222,257.
	art II	Signature				
Und	er pen	alties of perjury,	declare that I have examined this return, including accompanying schedules an	nd stateme	ents, and to the best of my k	nowledge and belief, it is
<u>true</u>	, corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which	h preparer	has any knowledge.	

Sign	Signature of officer		Date								
Here BRIAN BOND, CHIEF EXECUTIVE OFFICER											
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date Check PTIN								
Paid	MARK THOMAS	MARK THOMAS	08/14/24 self-employed P00362	2982							
Preparer	Firm's name COUNCILOR, BUCHAN	AN & MITCHELL, P.C.	Firm's EIN 52-17118	39							
Use Only	Firm's address 7910 WOODMONT AVE	. STE. 500									
	BETHESDA, MD 2081	4	Phone no. (301) 986-	-0600							
May the IF	Aay the IRS discuss this return with the preparer shown above? See instructions										
232001 12-13	3-22 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.	Form	990 (2022)							

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Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1			[]
1	Briefly describe the organization's mission:		
	TO CREATE A CARING, JUST, AND AFFIRMING WORLD FOR LGBTQ		
		IVE WORLD WHE	RE
	EVERY LGBTQ+ PERSON IS SAFE, CELEBRATED, EMPOWERED AND I	LOVED.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
-			XNo
	prior Form 990 or 990-EZ?		21 NU
	If "Yes," describe these new services on Schedule O.	_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
		sis, the total expenses, a	nu
	revenue, if any, for each program service reported.		0.0.0
4a	(Code:) (Expenses \$ 1,383,599. including grants of \$ 33,380.) (Reve		036.)
	PFLAG'S FIRST PILLAR OF WORK AND PROGRAMMATIC AREA IS SU	JPPORT, BECAU	SE
	EVERY PERSON'SAND FAMILY'SJOURNEY STARTS WITH THIS NEED	AND IS	
	FOUNDATIONAL TO PFLAG'S HISTORY AND WORK. THE PFLAG CHAP		TS
	THE LARGEST PROGRAM OF PFLAG NATIONAL. RESOURCED AND SUP		
			<u>E</u>
	CHAPTER ENGAGEMENT TEAM AND THE ENTIRE PFLAG NATIONAL ST		
	CHAPTERS ARE PRIMARILY RUN BY PASSIONATE VOLUNTEERS DEDI	ICATED TO	
	PFLAG'S MISSION AND VISION AND WHO ARE DRIVEN TO MAKE TH	IINGS BETTER	IN
	THEIR LOCAL COMMUNITIES, THEIR STATES, AND THEIR COUNTRY	C. PFLAG	
	CONNECTS IS A PROGRAM THAT PROVIDES FREE VIRTUAL MEETING		ΔΤ.Τ.
	CHAPTERS, AS WELL AS TOOLS AND RESOURCES TO CREATE PROGE		CCP
	THOSE SPACES SAFE AND SECURE. PFLAG CONNECTS: COMMUNITIE		
	PROVIDES SAFE, VIRTUAL, MODERATED SPACES WHERE PEOPLE WI	TH SHARED	
4b	(Code:) (Expenses \$ 2,256,612. including grants of \$) (Reve	enue \$ 783,	189.)
	PFLAG'S SECOND PILLAR OF WORK AND PROGRAMMATIC AREA IS H		ICH
	IS CRITICAL TO BETTER UNDERSTANDING, AND SERVES A WIDE V		
	•		
	PFLAG'S MEMBERS AND SUPPORTERS. STRAIGHT FOR EQUALITY IS		HAT
	PROVIDES INTERACTIVE AND ENGAGING LEARNING SESSIONS, RES		
	PROGRAMS TO ASSIST PFLAG CHAPTERS, PFLAG MEMBERS AND SUP	PORTERS, AND	
	COMPANIES WITH CREATING DIVERSE, EQUITABLE, INCLUSIVE AN	ND ACCESSIBLE	
	COMMUNITIES AND WORKPLACES. STRAIGHT FOR EQUALITY'S WORK		
	PROGRAM IS ONE OF THE NATION'S PREEMINENT ALLYSHIP PROGR		110
	SESSIONS THAT PROVIDE EDUCATION FOR LGBTQ+ AND ALLIED EN		
	INCLUDING HUMAN RESOURCES PROFESSIONALS, FRONT-LINE AND		G
	WORKERS, AND CORPORATE ASSOCIATES, INCLUDING C-SUITE EXH	CUTIVES. WE	
	ALSO PROVIDE DIRECT GUIDANCE TO COMPANIES AND ORGANIZATI	ONS ACROSS A	
4c	(Code:) (Expenses \$ including grants of \$) (Reve		
40	(code) (Expenses \$) (reve	inue \$	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 3,640,211.		
		Form	990 (2022)
232002	SEE SCHEDULE O FOR CONTINUATION((2022)
232002		~ /	
000			EDDCC
208	13 759370 50266.0000 2022.06000 PFLAG		50266

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Par	t IV Checklist of Required Schedules			<u> </u>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	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	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	х	
b	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?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		<u> </u>
10		18	Х	1
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			<u> </u>
19		10		x
20-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		- <u></u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		<u> </u>
21	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	1
222000				(2022)
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Form 990 (2022)

PFLAG

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Pa	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			
	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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			77
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		<u> </u>
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	000		x
20	"Yes," complete Schedule L, Part IV	28c 29	Х	
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	<u></u>	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<u>30</u> 31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If "yes," complete Schedule N, Part I</i>	31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	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			
51	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u>-</u> _
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	t 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	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 39			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		162	NO				
	filed for the calendar year ending with or within the year covered by this return 2a 34							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		L				
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).			37				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	•		v				
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch						
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		<u> </u>				
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					
		7a 7b	X					
	It "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		<u> </u>				
U	to file Form 8282?	7c		x				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х				
f								
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g	N/	A				
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/					
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? N/A	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	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders 11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <u>N/A</u> <u>12b</u>							
13 а	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a						
a	Note: See the instructions for additional information the organization must report on Schedule O.	154						
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
~	organization is licensed to issue qualified health plans							
с	Enter the amount of reserves on hand 13c							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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 the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?N/A	17						
	If "Yes," complete Form 6069.		0000					
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	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"INO" I	espor	ise				
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			37				
	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21	-						
	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 0.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b 21	-						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6	X					
7a								
	more members of the governing body?	7a	Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b	Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No." go to line 13	12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe							
	on Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а		15a	Х					
b		15b	Х					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		x				
		100						
h	o If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
b		16h						
	exempt status with respect to such arrangements?	16b						
Sec	exempt status with respect to such arrangements?	16b						
Sec 17	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>SEE SCHEDULE O</u>		ovoilo					
Sec 17	exempt status with respect to such arrangements? Stion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>SEE SCHEDULE O</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3):		availa	ble				
Sec 17	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>SEE SCHEDULE O</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3): for public inspection. Indicate how you made these available. Check all that apply.		availa	ble				
Sec 17 18	exempt status with respect to such arrangements? stion C. Disclosure 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): for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)	s only)		ble				
	exempt status with respect to such arrangements? etion C. Disclosure 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)); for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	s only)		ble				
Sec 17 18 19	exempt status with respect to such arrangements?	s only)		ble				
Sec 17 18	exempt status with respect to such arrangements? etion C. Disclosure 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); for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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	s only)		ble				
Sec 17 18 19	exempt status with respect to such arrangements? status with respect to such arrangements? stor C. Disclosure 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); for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 THE ORGANIZATION - 202-467-8180	s only)		ble				
Sec 17 18 19 20	exempt status with respect to such arrangements? etion C. Disclosure 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); for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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	s only) d financ						

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pei	rson i	s both	an	compensation	compensation	amount of
	week		cer ar		Irecto	r/trus [:]	ee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	m pen		1099-NEC)	1033-NEO)	and related
	below	dual t	Institutional trustee	-	Key employee	est co oyee	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			C C
(1) BOND, BRIAN K	40.00									
CHIEF EXECUTIVE OFFICER				Х				239,807.	0.	31,152.
(2) JEAN-MARIE NAVETTA	40.00									
DIRECTOR OF LEARNING & INCLUSION						X		157,175.	0.	11,150.
(3) ELIZABETH OWEN	40.00									
DIRECTOR OF COMMUNICATIONS						X		137,384.	0.	21,964.
(4) DIEGO SANCHEZ	40.00									
DIRECTOR OF ADV, POLICY & PTN						X		130,164.	0.	25,528.
(5) JAMIE CURTIS	40.00									
DIRECTOR OF CHAPTER ENGAGEMENT						X		132,580.	0.	15,303.
(6) MAGGIE ARDIENTE	40.00									
DIRECTOR OF DEVELOPMENT						X		127,845.	0.	15,303.
(7) KEVIN COTTON	40.00									
DIRECTOR OF FINANCE				X				71,757.	0.	5,168.
(8) SERGE HYACINTHE	40.00									
DIRECTOR OF FINANCE (TERM 3/4/22)				X				30,317.	0.	10,702.
(9) SUSAN THRONSON	4.00									_
BOARD CHAIR		Х		X				0.	0.	0.
(10) ELIZABETH A. CASTRO, MS ED.	2.00									_
BOARD MEMBER		Х						0.	0.	0.
(11) ERIN ROBERTS	2.00									_
BOARD MEMBER		Х						0.	0.	0.
(12) CHAD REUMANN	2.00									
BOARD MEMBER		х						0.	0.	0.
(13) MARILYN D. WILLIS, ED.D.	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) KELLY BROOKS-HAILEY	2.00									
BOARD MEMBER		х						0.	0.	0.
(15) KATHY MARTINEZ	2.00									
BOARD MEMBER		Х						0.	0.	0.
(16) BLANCA LEOS	2.00								•	•
BOARD MEMBER	0.00	Х						0.	0.	0.
(17) PAUL SPIVEY	2.00								•	•
BOARD MEMBER		Х						0.	0.	0. Form 990 (2022)

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Form 990 (2022)

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Form 990 (2022) PFLAG									95-37	50694	<u>l</u> F	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box	not cl , unles	Pos heck i ss per	rson i	l than c s both r/trus	an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimat amount other	of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	;/ 01 a	mpensa from th rganiza nd rela ganizat	ne tion ted
(18) KAY HOLLADAY BOARD MEMBER	2.00	x						0.		D.		0.
(19) PENNY MCINTYRE BOARD MEMBER	2.00	x						0.		o.		0.
(20) ANN MILLER BOARD MEMBER	2.00	x						0.		D.		0.
(21) KATHY MUNZINGER BOARD MEMBER	2.00	x						0.).		0.
(22) KATHY GODWIN	2.00											
BOARD MEMBER	2 00	Х				-		0.		0.		0.
(23) KATHY HALBROOKS BOARD MEMBER	2.00	x						0.		b.		0.
(24) DAVID SCHUUR BOARD MEMBER	2.00	x						0.		o.		0.
(25) SARAH ECHOHAWK BOARD MEMBER	2.00	x						0.		o.		0.
(26) ANTON CASTELLANOS USIGLI SECRETARY	4.00	x		х				0.		b .		0
1b Subtotal c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A							1,027,029. 0. 1,027,029.). 13).	36,2 36,2	0.
Total number of individuals (including but n compensation from the organization												6
3 Did the organization list any former officer,	-			•	-						Yes	No X
 line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> For any individual listed on line 1a, is the su and related organizations greater than \$150 	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		x	
 5 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i> 	iccrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	lual for services			x
Section B. Independent Contractors			<i></i>		2010							
1 Complete this table for your five highest co	•	•								nsation f	rom	
the organization. Report compensation for t	ine calendar ye	ear e	nain	ig w		or wi	<u>inin</u>	(B)	ear.		(C)	
Name and business			<u> </u>	<u></u>				Description of s			ensatio	on
TEAL MEDIA TOTAL, 32600 T SUITE 100, BINGHAM FARMS,	MI 480	25						WEBSITE DEVE & SUPPORT	LOPMENT	27	70,7	58.
ID MATTERS, LLC TOTAL, 70 BOULEVARD 8TH FL, LOS ANG	ELES, C	A	90	02	8			PUBLICITY SE	RVICES	18	32,5	17.
PRODUCTION SOLUTIONS, INC. TOTAL, 1953 GALLOWS RD, SUITE 500, VIENNA, VA 22182 PRINT MATERIALS								ALS	13	32,1	16.	
2 Total number of independent contractors (ii \$100,000 of compensation from the organia	zation				3	3			ore than		000	(2222)
SEE PART VII, SECTION 232008 12-13-22	I A CONT	ти	0A	ΤT	ON	Ъ.	n£	1010		Forn	n 990	(2022)

Form 990 PFLAG									95-375	0694
Part VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est (
(A) Name and title	(B) Average hours	(cl	heck	Pos	C) ition that		ly)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former		from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) CHAD LIBERTUS TREASURER	4.00	x		x				0.	0.	0.
(28) LIZ DEJESUS	4.00									
VICE-CHAIR		x		x				0.	0.	0.
(29) EDITH GUFFEY	4.00									
VICE-CHAIR		x		x				0.	0.	0.
		-								
		-								
	<u> </u>									
Total to Part VII, Section A, line 1c										

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	990 (; t VII		-	1				95-3750	694 Pag
		Check if Schedule O	contains	a respor	ise or note to any	line in this Part VIII . (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax und sections 512 -
ts	1 a	Federated campaigns		. 1a					
and Other Similar Amounts		Membership dues							
ŭ		Fundraising events			128,95	4.			
ar A		Related organizations							
mi	е	Government grants (contr	ibutions) 1e					
ŝ	f	All other contributions, gifts,	grants, a	nd					
the		similar amounts not included	above .	1f	3,314,78	2.			
0 P	g	Noncash contributions included in	lines 1a-1f	1g \$	51,36	6.			
an	h	Total. Add lines 1a-1f				3,443,736.	,		
					Business Co	le			
	2 a	TRAINING SERVICE FE	ES		900099	756,364.	756,364.		
ð	b	MEMBERSHIP DUES			900099	66,036.	66,036.		
nue	с								
Revenue	d								
Œ	е								
		All other program service							
	-	Total. Add lines 2a-2f				. 822,400.			
	3	Investment income (includ	•			1=1 0.10			
		other similar amounts)				. 171,848.			171,8
	4	Income from investment o				276			2
	5	Royalties				376.			3
	•	0		(i) Real	(ii) Persona				
	6 a	Gross rents	6a 6b			-			
		Less: rental expenses Rental income or (loss)				-			
		Net rental income or (loss)	6c						
		Gross amount from sales of) Securiti	es (ii) Other				
	<i>i</i> a	assets other than inventory		3,637,0		-			
	h	Less: cost or other basis	/a	,,.		-			
b		and sales expenses	7b	3,636,6	25.				
	c	Gain or (loss)			28.				
2		Net gain or (loss)				428.			4
		Gross income from fundraisi							
5		including \$							
		contributions reported on							
		Part IV, line 18			8a 106,84	7.			
	b				8b 610,50	2.			
	с	Net income or (loss) from	fundrais	ing event	s				-503,6
	9 a	Gross income from gamin							
		Part IV, line 19			9a	_			
	b	Less: direct expenses			9b				
		Net income or (loss) from							
	10 a	Gross sales of inventory, I							
		and allowances		10a 70,88					
		Less: cost of goods sold			10b 53,63		15.041		
+	С	Net income or (loss) from	sales of	inventory		. 17,244.	17,244.		
		MISCELLANEOUS			Business Coo 900099		0 501		
ne						9,581.	9,581.		
Revenue	b								
Be	с с								
		All other revenue				9,581.			
	<u>е</u> 12	Total. Add lines 11a-11d				3,961,958.		0.	-331,0
	16	Total revenue. See instructio				· 1 · · · · · · · · · · · · · · · · · ·			Form 990 (2

	c_{1}		r organizationa must con	aplata aglumn (A)	
Secti	on 501(c)(3) and 501(c)(4) organizations must compl			npiete column (A).	X
	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		ch ponece	general expenses	
	and domestic governments. See Part IV, line 21	33,380.	33,380.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	390,325.	205,469.	119,940.	64,916.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,956,484.	1,499,925.	195,447.	261,112.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	45,424.	33,097.	6,035.	6,292. 24,585. 25,378.
9	Other employee benefits	184,510.	138,970.	20,955.	24,585.
10	Payroll taxes	183,223.	133,500.	24,345.	25,378.
11	Fees for services (nonemployees):				
а	Management				
	Legal	100 000		100 000	
	Accounting	172,927.		172,927.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	10 026		12 926	
f	Investment management fees	12,836.		12,836.	
g	Other. (If line 11g amount exceeds 10% of line 25,	670,304.	486,290.	122,032.	61 082
40	column (A), amount, list line 11g expenses on Sch 0.) _ Advertising and promotion	67,548.	18,500.	4,486.	61,982. 44,562.
12 13	Office expenses	916,971.	640,318.	98,316.	178,337.
13 14	Information technology	146,353.	41,357.	28,964.	76,032.
15	Royalties	110,0000	11,0074		/0/0020
16	Occupancy	86,970.	42,478.	23,253.	21,239.
17	Traval	204,674.	114,317.	90,357.	==,==,==,
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	178,557.	105,555.	55,517.	17,485.
20	Interest		- ,	,	,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	128,233.	113,373.	14,860.	
23	Insurance	16,941.	1,982.	14,959.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	OTHER EXPENSES	66,410.	13,466.	13,327.	39,617.
b	STAFF DEVELOPMENT	30,234.	18,234.	6,000.	6,000.
c		·			•
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,492,304.	3,640,211.	1,024,556.	827,537.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm 990 (2022)

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Form 990 (2022)

Form 990 (2022) PFLAG
Part IX Statement of Functional Expenses

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Fai		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,282,325.	1	768,306.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			683,359.	3	338,807.
	4	Accounts receivable, net			109,037.	4	197,600.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub		· · · ·			
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqu		· · · · · · · · · · · · · · · · · · ·			
		under section 4958(f)(1)), and persons describ				6	
ø	7	Notes and loans receivable, net				7	75,000.
Assets	8	Inventories for sale or use			78,399.	8	135,281.
¥s	9				60,521.	9	140,883.
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		925,274.			
	b	Less: accumulated depreciation	10b	925,274. 396,504.	136,929.	10c	528,770.
	11	Investments - publicly traded securities			5,789,854.	11	4,790,569.
	12	Investments - other securities. See Part IV, line			1,007,035.	12	1,015,562
	13	Investments - program-related. See Part IV, III		_,	13	_,,	
	14	Intangible assets				14	
	15		110,055.	15	336,750		
	16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must eq	9,257,514.	16	8,327,528		
	17	Accounts payable and accrued expenses	314,564.	17	513,936		
	18	Grants payable	511/5010	18	5157550		
	19	Deferred revenue			264,970.	19	280,820
	20	Tax-exempt bond liabilities			20175700	20	20070200
	21	Escrow or custodial account liability. Complet				21	
	21	Loans and other payables to any current or fo				21	
Liabilities	22	trustee, key employee, creator or founder, sub					
E li		controlled entity or family member of any of th				22	
Lia	23	Secured mortgages and notes payable to unre		F		22	
	23 24	Unsecured notes and loans payable to unrela				23 24	
	24 25	Other liabilities (including federal income tax,				24	
	25	parties, and other liabilities not included on lin					
		• •	11-24)		0.	25	310,515.
	26	of Schedule D Total liabilities. Add lines 17 through 25			579,534.	25 26	1,105,271.
_	20	Organizations that follow FASB ASC 958, c			575,554.	20	1,105,2716
ŝ			neck ner				
ů n	07	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			6,926,995.	07	6,110,051.
ala	27		1,750,985.	27 28	1,112,206.		
а р	28	Net assets with donor restrictions Organizations that do not follow FASB ASC		ak bara	1,750,505.	20	1,112,2000
<u>-</u>		•	9 56 , che				
5	00	and complete lines 29 through 33.	1.				
ŝ	29 20	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			Q 677 000	31	7 222 257
ž	32	Total net assets or fund balances			8,677,980.	32	7,222,257
	33	Total liabilities and net assets/fund balances			9,257,514.	33	8,327,528

Form 990 (2022)

Form	n 990 (2022) PFLAG	95-37	50694	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,961		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,492		
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,530		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,677		
5	Net unrealized gains (losses) on investments	5	74	1,62	23.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	7,222	2,2	57.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	L

Form **990** (2022)

(Form 990)

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

OMB No. 1545-0047	
2022	

Department	epartment of the Treasury Attach to Form 990 or Form 990-EZ.					Open to Public					
Internal Reve				Form990 for instructions and the latest information.					Inspection		
Name of	the organizati							Employer	r identification number		
		PFLA							5-3750694		
Part I	Reason	for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	s.			
The organ	nization is not a	a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)					
1	A church, cor	nvention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1	I)(A)(i).				
2	A school des	cribed in sect	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	า 990).)						
3	A hospital or	a cooperative	hospital service org	anization described in se	ection 170	(b)(1)(A)(ii	ii).				
4	A medical res	search organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
	city, and state	e:									
5	An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in		
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)								
6	A federal, sta	te, or local gov	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).				
7 X	An organizati	on that norma	Illy receives a substa	intial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	public described in		
	section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8 🔛	A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9	An agricultura	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college		
	or university of	or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	e or		
	university:										
10	-		•	than 33 1/3% of its supp				-	•		
				ct to certain exceptions; a	. ,			••			
				(less section 511 tax) fro	om busines	ses acqui	red by the org	janization a	ifter June 30, 1975.		
			mplete Part III.)								
	-	-	-	ively to test for public sa	•						
12	-	-	-	ively for the benefit of, to	-			•			
			-	ed in section 509(a)(1) of autoparting organization					JHECK THE DOX ON		
a [_	•	• •	of supporting organizatior supervised, or controlled		-		-	aivina		
a				gularly appoint or elect a	• • • •	-					
		-	complete Part IV, Se		majonty c				ipporting		
b	7 -		-	d or controlled in connect	tion with it	s sunnorte	organizatio	n(s) hy hay	vina		
~ _			-	anization vested in the sa			-		-		
		•	at complete Part IV,					ge the cap			
c	¬ ~	. ,	•	g organization operated	in connect	tion with. a	and functional	lv integrate	ed with.		
		-		s). You must complete I				.,	,		
d		•		oorting organization oper				ted organiz	zation(s)		
		-		zation generally must sat				-			
	requiremen	nt (see instructi	ions). You must co	mplete Part IV, Sections	A and D,	and Part	v .				
e	Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III			
	functionally	/ integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.					
f Ent	er the number	of supported o	organizations								
			n about the supporte			- institut listed					
	(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount o	-	(vi) Amount of other		
	organization	1		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)		

Schedule A (Form 990) 2022

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9	5-	3	7	5	0	6	9	4	Page 2
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 Part II
 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2163129.	5546967.	3755085.	5289925.	3509772.	20264878.
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	2163129.	5546967.	3755085.	5289925.	3509772.	20264878.
	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)						3603470.
6	Public support. Subtract line 5 from line 4.						16661408.
_	tion B. Total Support						200021000
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	2163129.	5546967.	3755085.	5289925.		20264878.
8	Gross income from interest,	21031251	33103071	5755655	52055251	55057720	
0	,						
	dividends, payments received on						
	securities loans, rents, royalties,	69,286.	35,975.	55,846.	63,841.	172,224.	397,172.
~	and income from similar sources	09,200.	55,975.	55,040.	05,041.	1/2,224.	<u> </u>
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.)		711.				711.
11	Total support. Add lines 7 through 10						20662761.
	Gross receipts from related activities,						,418,209.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
_	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I		-			14	80.63 %
	Public support percentage from 2021					15	75.60 %
1 6a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	r e. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization	-	
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organization				• •		
			<i>t</i>				(Earm 000) 2022

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 20	22 (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						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support				•	÷	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 20	22 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) org	anization,
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2022 (ine 8, column (f), c	livided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	83 1/3%, and	d line 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	fies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33	1/3%, and
	line 18 is not more than 33 1/3%, che						zation
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	structions .	
23202	23 12-09-22					Sch	edule A (Form 990) 2022

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2022

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
-	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		-	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction	is).	.
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.	<u>2a</u>		
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.			
а	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		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	L	<u> </u>

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Schedule A (Form 990) 2022

Yes

No

Schedule A (Form 990) 2022 PFLAG

Part IV	Supporting Organizations	(continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

	dule A (Form 990) 2022 PFLAG rt V Type III Non-Functionally Integrated 509(a)(3) Support	na Oraani:		95-3750694 Pa
1	Check here if the organization satisfied the Integral Part Test as a qualify	<u> </u>		Part VI). See instructio
	All other Type III non-functionally integrated supporting organizations mu			,
ecti	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
3	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
3	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ecti	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ecti	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2022

Sche Pai	dule A (Form 990) 2022 PFLAG t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continue		5-3750694	Page 7
	on D - Distributions		nizations (continue	<i>aa)</i>	Current Yea	
1	Amounts paid to supported organizations to accomplish exer	mot purposes		1	Ourrent rea	
2	Amounts paid to supported organizations to accomplish exch Amounts paid to perform activity that directly furthers exemp			•		
-	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	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	e organization is responsive				
	(provide details in Part VI). See instructions.	C I		8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	5	(iii) Distributable Amount for 20	
_1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
<u>a</u>	From 2017					
b	From 2018					
C	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2018					
b	Excess from 2019					
C	Excess from 2020					
d	Excess from 2021					
е	Excess from 2022					

Schedule A (Form 990) 2022

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Schedule A	(Form 990) 2022	PFLAG		95-3750694 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9 lines 2 and 3; Part IV, Section E, I	ns required by Part II, line 10; Part II, line 17a c 0c, 11a, 11b, and 11c; Part IV, Section B, lines ines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part 5, and 6. Also complete this part for any additio	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
232028 12-09-2	2			Schedule A (Form 990) 2022
			22	. ,

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2022

Employer identification number

95-3750694

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

PFLAG

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set is the set in t

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

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

Schedule B (Form 990) (2022)

	3 (Form 990) (2022)		Page 2
Name of or	rganization	Employer identificati	on number
PFLAG		95-3750694	4
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d Total contributions Type of co	
1		\$_122,000. \$\$Complete Painoncash cont	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d Total contributions Type of co	
2		\$182,141. Person Payroll Noncash (Complete Pai noncash cont	
(a)	(b)	(c) (d	
<u>No.</u>	Name, address, and ZIP + 4	Total contributions Type of col \$ 250,000. Person \$ 250,000. Noncash (Complete Pain noncash conting) Noncash	X The second se
(a) No.	(b) Name, address, and ZIP + 4	(c) (d Total contributions Type of co	
4		Person \$ 100,000. \$ 000,000. Complete Pain Noncash (Complete Pain noncash cont	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d Total contributions Type of co	
5		\$90,000. \$\$Complete Painoncash cont	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d Total contributions Type of co	
<u> </u>		\$_100,000. \$\$Complete Pain noncash cont Schedule B (Fo	ributions.)

Schedule B (Form 990) (2022)

	B (Form 990) (2022)		Page 2
Name of o	rganization	Emp	loyer identification number
PFLAG		9	5-3750694
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7_		\$150,000.	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
		\$	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.)
(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.)

Schedule B (Form 990) (2022)

223452 11-15-22

2

ame of or	3 (Form 990) (2022) ganization	En	Panployer identification numb
FLAG			95-3750694
Part 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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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Schedule B (Form 990) (2022)

Name of o	rganization		Employer identification number				
PFLAG			95-3750694				
Part III	Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional s	through (e) and the following line entri- haritable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year y. For organizations				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gift					
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gift					
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(h) D						
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(a) Transfor of sift					
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gift					
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
223454 11-15	5-22		Schedule B (Form 990) (202				

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Department of the Treasury Internal Revenue Service	-	if the organization is described to to www.irs.gov/Form990 for inst)-EZ.	Open to Public Inspection
If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then						
.,.,	r than section 50	plete Parts I-A and B. Do not com I1(c)(3)) organizations: Complete P Part I-A only.	•	Do not complete Part	: I-B.	
If the organization answ	wered "Yes," on	Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, li	ne 47 (Lobbying Activ	vities), the	n
.,.,	•	nave filed Form 5768 (election und		•	•	
.,.,	•	have NOT filed Form 5768 (election				•
Tax) (See separate inst	ructions), then	Form 990, Part IV, line 5 (Proxy	Tax) (See separate i	nstructions) or Form	990-EZ, F	art V, line 35C (Proxy
Name of organization	, or (6) organizat	ions: Complete Part III.			Employer	identification number
· · · · · · · · · · · · · · · · · · ·	PFLAG					5-3750694
Part I-A Comple	ete if the org	anization is exempt under	r section 501(c) o	or is a section 52		
 Provide a description Political campaign Volunteer hours for 	activity expendit				··· · <u> </u>	
Part I-B Compl	ete if the org	anization is exempt under	section 501(c)(3).		
=		incurred by the organization under		•	\$	
2 Enter the amount o	f any excise tax	incurred by organization managers				
		n 4955 tax, did it file Form 4720 fo	r this year?			Yes No
4a Was a correction m						Yes No
b If "Yes," describe in Part I-C Comple		anization is exempt under	section 501(c).	except section 5	01(c)(3).	
-		by the filing organization for secti		-		
		ization's funds contributed to othe	•		····· + <u> </u>	
exempt function ac	tivities		.		\$	
	ion expenditures	. Add lines 1 and 2. Enter here and	d on Form 1120-POL,			
		1120-POL for this year?				Yes No
5 Enter the names, and made payments. For contributions received	ddresses and em or each organizat ved that were pro	pployer identification number (EIN) tion listed, enter the amount paid f omptly and directly delivered to a s additional space is needed, provid	of all section 527 pol from the filing organiz separate political orga	litical organizations to ation's funds. Also en anization, such as a se	which the ter the amo	filing organization
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ente	n's cor er-0 I d	e) Amount of political htributions received and promptly and directly elivered to a separate political organization. If none, enter -0
For Paperwork Reduct	ion Act Notice	see the Instructions for Form 99	0 or 990-F7		Scher	dule C (Form 990) 2022

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

(Form 990)

SCHEDULE C

232041	11-08-22

LHA

OMB No. 1545-0047

2022

	PFLAG			95-3	750694 Page 2
Part II-A Complete if the org section 501(h)).	anization is exem	pt under section	501(c)(3) and file	d Form 5768 (ele	ction under
	tion belongs to an affili	ated group (and list in	Part IV each affiliated	aroup member's name	address FIN
	re of excess lobbying e	• • •		group momber o name	, addrood, Ent,
	tion checked box A an	• •	visions apply.		
Limi	ts on Lobbying Expen ditures" means amou	ditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (g	rassroots lobbying)		6,447.	
b Total lobbying expenditures to influ	uence a legislative body	/ (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and 1b)			6,447.	
d Other exempt purpose expenditure	es			6,102,806.	
e Total exempt purpose expenditure	s (add lines 1c and 1d)			6,109,253.	
f Lobbying nontaxable amount. Ente	er the amount from the	following table in both	n columns.	455,463.	
If the amount on line 1e, column (a) o	or (b) is: The lobb	oying nontaxable amo	ount is:		
Not over \$500,000	20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,00	D plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5		0 plus 10% of the exce			
Over \$1,500,000 but not over \$17,	000,000 \$225,00	0 plus 5% of the exces	s over \$1,500,000.		
Over \$17,000,000	\$1,000,0	00.			
				112 066	
g Grassroots nontaxable amount (en	,			<u>113,866.</u> 0.	
h Subtract line 1g from line 1a. If zer	, , , , ,			0.	
i Subtract line 1f from line 1c. If zero		no 1; did the exercise		0.	
j If there is an amount other than ze				Г	Yes No
reporting section 4911 tax for this		raging Period Under		L	
(Some organizations the second s	hat made a section 50		nave to complete all o	f the five columns be	low.
	Lobbying Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	296,604.	317,724.	357,816.	455,463.	1,427,607.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					2,141,411.
c Total lobbying expenditures	2,063.	2,205.	264.	6,447.	10,979.
d Grassroots nontaxable amount	74,151.	79,431.	89,454.	113,866.	356,902.
e Grassroots ceiling amount (150% of line 2d, column (e))					535,353.
f Grassroots lobbying expenditures	2,063.	2,205.	264.	6,447.	10,979.
				Schedu	le C (Form 990) 2022

(For)90)

232042 11-08-22

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	lobbying activity.	Yes	Νο	Amount	
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?				
g h	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
j 2a	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
с	If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5	5), or sec	tion	
1	Were substantially all (90% or more) dues received nondeductible by members?		1	Yes	No
2	Did the organization make only in house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year?	, 3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is
1	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic		1		
	expenses for which the section 527(f) tax was paid). Current year		2a		
b	Carryover from last year Total		2b		
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	ess			
5 Par	expenditures next year? Taxable amount of lobbying and political expenditures. See instructions t IV Supplemental Information		<u>4</u> <u>5</u>		
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-/	A, lines 1 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

232043 11-08-22

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,



		Open to Public			
	ment of the Treasury I Revenue Service		Inspection		
Nam	e of the organizati	Empl	oyer identification number 95-3750694		
Pa	rt I Organiza	PFLAG ations Maintaining Donor Advise	d Funds or Other Similar Funds or Ac	count	
		n answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised funds	b) Fund	s and other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4	Aggregate value at end of year				
5		writing that the assets held in donor advised func	ls		
	are the organizatio	n's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used o	nly	
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose conferr	ing	
	impermissible priv				Yes No
Pa	rt II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV,	line 7.	
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).		
	Preservation	of land for public use (for example, recrea	tion or education)	orically ir	nportant land area
		f natural habitat	Preservation of a certi	fied hist	oric structure
	Preservation	of open space			
2			ied conservation contribution in the form of a co		
	day of the tax year				Held at the End of the Tax Year
а				2a	
b	-			2b	
С			ucture included in (a)	2c	
d		vation easements included in (c) acquired a			
•				2d	
3		vation easements modified, transferred, rel	eased, extinguished, or terminated by the organi	zation d	uring the tax
	year		energia in la cata d		
4		where property subject to conservation eas			
5		tion have a written policy regarding the per orcement of the conservation easements it			Yes No
6			holds?		
0		Thous devoted to monitoring, inspecting,		ii easeii	ients during the year
7	Amount of expens	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation eas	sements	during the year
8	Does each conser	 vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)	(i)	
	and section 170(h)				Yes No
9	In Part XIII, describ	be how the organization reports conservation	on easements in its revenue and expense statem	ent and	
	balance sheet, and	d include, if applicable, the text of the footn	ote to the organization's financial statements that	at descri	bes the
		ounting for conservation easements.			
Pa	rt III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Other S	imilar	Assets.
	Complete it	the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	ance she	eet works
	of art, historical tre	easures, or other similar assets held for put	lic exhibition, education, or research in furtherar	ice of pl	Jolic
	service, provide in	Part XIII the text of the footnote to its finar	cial 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 p	ubli	c 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, provid	e
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022

232051 09-01-22

Sche	dule D (Form 990) 2022 PFLAG					95-37	5069	4 Pa	age 2
Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	easures, or Othe	er Simila	r Assets	(contin	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following that make s	significant (use of its			
	collection items (check all that apply):		_						
а	Public exhibition	d		change program					
b	Scholarly research	e	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	-	•	-		se in Part	XIII.		
5	During the year, did the organization solicit or		,				7		٦.,
Dar	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arrange				- F arma 000		Yes		<u>No</u>
T ai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Parl		te if the organizatio	on answered "Yes" of	n Form 990	, Part IV, I	ine 9, or		
10	Is the organization an agent, trustee, custodia		any for contribution	s or other assets not	included				
Ia	on Form 990, Part X?		•				Yes		No
h	If "Yes," explain the arrangement in Part XIII a					∟			
			owing table.				Amoun	t	
с	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
	Ending balance								
	Did the organization include an amount on Fo						Yes		No
b	If "Yes," explain the arrangement in Part XIII.]
Par	t V Endowment Funds. Complete if	the organization and	swered "Yes" on Fo	orm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Fou	' years	back
1a	Beginning of year balance	499,685.	517,449.	462,662.	4	23,520.		408,	996.
b	Contributions								
	Net investment earnings, gains, and losses	26,552.	-17,764.	54,787.		39,142.		14,	524.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses	506 007	400 605	E17 440		<u> </u>		402	F 0 0
-	End of year balance	526,237.	499,685.		4	62,662.		423,	520.
2	Provide the estimated percentage of the curre	ent year end balance)) held as:					
a	Board designated or quasi-endowment	0/	_%						
D	Permanent endowment 69.0000 Term endowment 31.0000	%							
с	Term endowment <u>31.0000</u> The percentages on lines 2a, 2b, and 2c shou	-							
30	Are there endowment funds not in the posses	•	ion that are held a	nd administered for t	ho				
Ja	organization by:	sion of the organizat					1	Yes	No
	(i) Unrelated organizations						3a(i)		х
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	d on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipme								
	Complete if the organization answered	I "Yes" on Form 990,	Part IV, line 11a. S	See Form 990, Part X	, line 10.				
	Description of property	(a) Cost or ot	her (b) Cos	t or other (c)	Accumulate	ed	(d) Boo	k valu	e
		basis (investm	ent) basis		epreciation				
1a	Land								
	Buildings								
	Leasehold improvements								
d	Equipment				71,0			5,3	
-	Other				325,4	21.		<u>3,4</u> :	
Tota	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part X	(, column (B), line 1	0c.)				8,7	
						Schedule	D (Forn	n 990)	2022

Schedule D (Form 990) 2022

14290813 759370 50266.0000

Schedule D (Form 990) 2022 PFLAG		95	5-3750694 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) CERTIFICATES OF DEPOSITS	1,015,562.	END-OF-YEAR MARKET	VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	1 015 560		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" o	1,015,562.	11. Cap Form 000 Part V line 12	
(a) Description of investment			d of voar market value
	(b) Book value	(c) Method of valuation: Cost or en	u-u-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25	ō.
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITY			310,515.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line .	25.)		310,515.
2. Liability for uncertain tax positions. In Part XIII, provide t	he text of the footnote to	the organization's financial statements t	
organization's liability for uncertain tax positions under F	ASB ASC 740. Check he	re if the text of the footnote has been pr	ovided in Part XIII X

Schedule D (Form 990) 2022

232053 09-01-22

Sche	edule D (Form 990) 2022 PFLAG	95-3	3750694 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	4,777,868.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 74,623.		
b	Donated services and use of facilities 2b 89,982.		
с			
d			
е	Add lines 2a through 2d	2e	218,244.
3	Subtract line 2e from line 1	3	4,559,624.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а			
b	Other (Describe in Part XIII.) 4b -610,502.		
с	Add lines 4a and 4b	4c	-597,666.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,961,958.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	eturi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	6,233,591.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а			
b	, , ,		
С			
d	Other (Describe in Part XIII.)		854 100
е	Add lines 2a through 2d	2e	754,123.
3	Subtract line 2e from line 1	3	5,479,468.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	······································		
b			10 000
С	Add lines 4a and 4b	4c	12,836.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,492,304.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ARNOLD T. SCHWAB ENDOWMENT FUND WAS ESTABLISHED TO PROVIDE

SCHOLARSHIPS.

PART X, LINE 2:

PFLAG REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON

A "MORE-LIKELY-THAN-NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR

EXPECTED TO BE TAKEN IN A TAX RETURN. PFLAG DOES NOT BELIEVE ITS FINANCIAL

STATEMENTS INCLUDE, OR REFLECT, ANY UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COSTS OF GOODS SOLD

232054 09-01-22

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53,639.

Schedule D (Form 990) 2022

ART XI, LINE 4B - OTHER ADJUSTMENTS:	
PECIAL EVENT EXPENSE	-610,502.
ART XII, LINE 2D - OTHER ADJUSTMENTS:	
OSTS OF GOODS SOLD	53,639.
PECIAL EVENT EXPENSE	610,502.
OTAL TO SCHEDULE D, PART XII, LINE 2D	664,141.

Schedule D (Form 990) 2022

232055 09-01-22

14290813 759370 50266.0000

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047		
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19, c	or if the	2022		
Department of the Treasury		Attach to Form 990 c						Open to Public		
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.								Inspection		
Name of the organizatior	Employer ide $95 - 3750$	entification number 694								
Part I Fundrais										
required to complete this part.										
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events									
	ast \$5,000 by the	organization.	T					1		
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or cor contrib	trol of	(iv) Gross receipts from activity	tò (oi fi	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization		
			Yes	No						
Total	ich the organizatio	n is registered or licensed to solicit o	ontrib		or has been notified	it is o	vompt from ro			
or licensing.	ch the organizatio		,ontrib		or has been notified			gistiation		

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Schedule G (Form 990) 2022

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PFLAG

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

Ра	rt I	Fundraising Events. Complete if the of fundraising event contributions and gr	v			
			(a) Event #1 50TH ANNIVERSARY	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	
Revenu	1 Gross receipts		235,801.			235,801.
	2	Less: Contributions	128,954.			128,954.
_	3	Gross income (line 1 minus line 2)	106,847.			106,847.
	4	Cash prizes				
	5	Noncash prizes				
senses	6	Rent/facility costs	185,028.			185,028.
Direct Expenses	7	Food and beverages	192,814.			192,814.
Di	8	Entertainment				75,970.
	9	Other direct expenses				156,690.
	10	Direct expense summary. Add lines 4 through				610,502.
	11	Net income summary. Subtract line 10 from I				-503,655.
Pa	rt I		answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		(L) Dull tabe/instant		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
ş	2	Cash prizes				
xpense	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	5		Yes %	Yes %	Yes %	
	6	Volunteer labor	□ Tes % □ No		No 70	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? Yes **b** If "No," explain:

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes **b** If "Yes," explain:

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Schedule G (Form 990) 2022

No

No

Sch	edule G (Form 990) 2022	PFLAG		95-3	3750694	Page 3
11	Does the organization conduct ga	ning activities with nonmembers	?		Yes	No
	Is the organization a grantor, bene to administer charitable gaming?	ficiary or trustee of a trust, or a m	nember of a partnership or other	entity formed	Yes	No
13	Indicate the percentage of gaming					
	The organization's facility	•			13a	%
	An outside facility				13b	%
	Enter the name and address of the					
	Name					
	Address					
15a	Does the organization have a cont	ract with a third party from whom	n the organization receives gamin	g revenue?	Yes	No No
b	If "Yes," enter the amount of gami of gaming revenue retained by the		-	and the amount		
c	If "Yes," enter name and address					
	Name					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation	\$				
	Description of services provided					
	Director/officer	Employee	Independent contractor			
	Mandatory distributions: Is the organization required under	state law to make charitable dist	ributions from the gaming procee	ds to		
	retain the state gaming license?				Yes	No No
b	Enter the amount of distributions i organization's own exempt activiti	equired under state law to be dis				
Pa	rt IV Supplemental Infor	nation. Provide the explanation	ns required by Part I, line 2b, colu litional information. See instructio		t III, lines 9,	9b, 10b,
	135, 136, 10, and 175, as	applicable. Also provide any add		113.		
2320	83 10-27-22			Sched	ule G (Form	990) 2022

	à (Form 990)	PFLAG
Part IV	Suppleme	ental Information (continued)

(continued)	
	0.1
	Schedule G (Form 990)

232084 04-01-22

Governments, and Individuals in the United States Complete if the organization answered 'Ys' on Fom 980, Pert IV, ine 21 or 22. Attach to Form 980. ED2022 Name of the organization metantised states of the organization answered 'Ys' on Fom 980, Pert IV, ine 21 or 22. Attach to Form 980. Employer Identification number 95 - 3750 634 Part Concretation on Grants and Assistance order to award the grantstor assistance, and the selection criteria used to award the grantstor assistance, the grantset' eligibility for the grants or assistance, and the selection criteria used to award the grantstor assistance to Complete Organization and Domestic Governments. Complete if the organization answered 'Yse' on Form 980, Pert IV, line 21, for ary recipient that recorved more than 85,000. Part II can be duplicated if additional space is needed. (g) Amount of 'Walantion (bock) or government (h) Purpose of grant or assistance boomestic Complete the organization and bores to Governments. Complete if the organization or to assistance of one address of organization (b) PUN (b) PUN (c) Amount of 'Walantion (b) Complete if the organization or government (g) Description of 'Walantion (b) Complete if the organization or government (b) PUN (c) Amount of 'Walantion (b) Complete ''Noreab assistance''''''''''''''''''''''''''''''''''''	SCHEDULE I		G	irants and Oth	er Assistan	ce to Organ	izations.		OMB	No. 154	5-0047
Department of the Treasury Internal Revenue Service Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection Name of the organization PFLAG Employer identification number 95-3750694 Employer identification number 95-3750694 Part I General Information on Grants and Assistance Employer identification number 95-3750694 Part I General Information on Grants and Assistance Image: Complexity of the grants or assistance, and the selection criteria used to award the grants or assistance for monitoring the use of grant funds in the United States. Image: Complexity of the grants or assistance in the complexity of the grants or assistance in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Organizational space is needed. (f) Method of valuation (book, FMV, appriable (g) Description of or assistance (h) Purpose of grant or assistance 1 (a) Name and address of organization or government (b) EIN (c) IRC section (d) Amount of cash grant (f) Method of valuation (book, FMV, appriable (g) Description of oncash assistance (h) Purpose of grant or assistance Equilitry FLORIDA INSTITUTE INC PO BOX 13184 59-3435235 501(c) (3) 17,500. 0. Equilitry FLORIDA X PFLAG CONTRIBUTION TO EqUALITY FLORIDA X PFLAG <t< th=""><th>(Form 990)</th><th></th><th>Go</th><th>vernments, an</th><th>nd Individual</th><th>s in the Ŭni</th><th>ted States</th><th></th><th>2</th><th>202</th><th>22</th></t<>	(Form 990)		Go	vernments, an	nd Individual	s in the Ŭni	ted States		2	202	22
Internal Revenue Service Co to www.irs.gov/Form990 for the latest information. Employer identification number 95-3750694 Part I General Information on Grants and Assistance Employer identification number 95-3750694 Part I General Information on Grants and Assistance? Image: Complexity of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Image: Complexity of the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (h) Purpose of grant or assistance EQUALITY FLORIDA INSTITUITE INC PO BOX 13184 59-3435235 501(C) (3) 17,500. 0. CONTRIBUTION TO EQUALITY FLORIDA TO SUPPORT C3-QUALIFY FLORIDA INSTITUITE INC PO BOX 13184 CONTRIBUTION TO EQUALITY FLORIDA TO SUPPORT C3-QUALIFY FLORIDA INSTITUITE INC PO BOX 13184 CONTRIBUTION TO EQUALITY FLORIDA TO SUPPORT C3-QUALIFY FLORIDA TO SUPPORT C3-QUALIFY FLORIDA TO SUPPORT C3-QUALIFY FLORIDA TO SUPPORT C3-QUALIFY FLORIDA TO SUPPORT	Department of the Treasury		Comp	ete il the organizatio			111 4 , inte 21 01 22.		Ope	en to F	Public
PFLAG 95-3750694 Part I General Information on Grants and Assistance				Go to www.irs			ation.				
Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Image: Comparization is procedures for monitoring the use of grant funds in the United States. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (f) Method of valuation (book, FMV, appraisal, other) (g) Description of organisation or assistance (h) Purpose of grant or assistance EQUALITY FLORIDA INSTITUITE INC PO BOX 13184 59-3435235 501(C) (3) 17,500. 0. (contribution to sequality FLORIDA X PFLAG EQUALITY FLORIDA INSTITUITE INC PO BOX 13184 EQUALITY FLORIDA INSTITUITE INC 0. Contribution to sequality FLORIDA X PFLAG PO BOX 13184 EQUALITY FLORIDA INSTITUITE INC FLORIDA TO SUPPORT C3-QUALIFIED WORK IN THE	Name of the organizat										
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Criteria used to award the grants or assistance? X Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Image: Constraint of the organization and the constraint of the constraint of the organization and the constraint of the organization (b) EIN (c) IRC section (d) Amount of cash grant (d) Amount of cash grant (f) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (h) Purpose of grant or assistance EQUALITY FLORIDA INSTITUTE INC (b) EIN (c) IRC section (if applicable) (c) IRC section (c) IRC section (c) IRC section (c) Amount of cash grant (f) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (h) Purpose of grant or assistance EQUALITY FLORIDA INSTITUTE INC FO BOX 13184 59-3435235 501(C) (3) 17,500. 0. CONTRIBUTION TO EQUALITY FLORIDA X PFLAG EQUALITY FLORIDA INSTITUTE INC <td< td=""><td>•••••••••••••••••••••••••••••••••••••••</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	•••••••••••••••••••••••••••••••••••••••										
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, NU, appraisal, other) (g) Description of noncash assistance (h) Purpose of grant or assistance EQUALITY FLORIDA INSTITUITE INC FOR BOX 13184 59-3435235 501(C)(3) 17,500. 0. CONTRIBUTION TO EQUALITY FLORIDA X PFLAG EQUALITY FLORIDA INSTITUITE INC FO BOX 13184 CONTRIBUTION TO EQUALITY FLORIDA INSTITUITE INC CONTRIBUTION TO EQUALITY FLORIDA INSTITUITE INC CONTRIBUTION TO EQUALITY FLORIDA INSTITUITE INC FO BOX 13184 S0 S	-			-			-				
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. I (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of noncash assistance (f) Method (book, FMV, appraisal, other) (g) Description of or assistance (h) Purpose of grant or assistance EQUALITY FLORIDA INSTITUITE INC PO BOX 13184 59-3435235 501(C)(3) 17,500. 0. CONTRIBUTION TO EQUALITY FLORIDA X PFLAG EQUALITY FLORIDA INSTITUITE INC PO BOX 13184 FOR BOX 13184 Solution (c)		0								es	
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EQUALITY FLORIDA INSTITUITE INC PO BOX 13184 SAINT PETERSBURG, FL 33733 59-3435235 501(C)(3) 17,500. 0. CONTRIBUTION TO EQUALITY EQUALITY FLORIDA INSTITUITE INC PO BOX 13184 CONTRIBUTION TO EQUALITY FLORIDA TO SUPPORT C3-QUALIFIED WORK IN THE	1 (a) Name and ac	ddress of organization	1	(c) IRC section	(d) Amount of	(e) Amount of noncash	valuation (book, FMV, appraisal,				ant
PO BOX 13184 SAINT PETERSBURG, FL 33733 59-3435235 501(C)(3) 17,500. 0. C3-QUALIFIED FLORIDA EQUALITY FLORIDA INSTITUITE INC PO BOX 13184 C0 CONTRIBUTION TO EQUALITY FLORIDA TO SUPPORT C3-QUALIFIED WORK IN THE									CONTRIBUTION 1	O EQU	JALITY
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EQUALITY FLORIDA INSTITUITE INC PO BOX 13184 FLORIDA TO SUPPORT C3-QUALIFIED WORK IN THE	SAINT PETERSBURG,	FL 33733	59-3435235	501(C)(3)	17,500.	0.			-		
PO BOX 13184 C3-QUALIFIED WORK IN THE											JALITY
	~	INSTITUITE INC									
		FT. 33733	59-3435235	501(C)(3)	10 000	0					
	<u>BAINT THIERBOOKS,</u>	11 33733	55 5455255	501(0)(3)	10,000.						
$\left \begin{array}{c c c c c c c c c c c c c c c c c c c $											

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS Schedule I (Form 990) 2022

PFLAG

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information			(h.)		

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

PART I, LINE 2:

EACH GRANTEE COMPLETES A GRANT AGREEMENT AND MUST FILE A GRANT REPORT AT

THE END OF THE PERIOD COVERED BY THE AWARD DOCUMENTING THE USE OF THEIR

FUNDS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: EQUALITY FLORIDA INSTITUITE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: CONTRIBUTION TO EQUALITY FLORIDA TO

SUPPORT C3-QUALIFIED FLORIDA EQUALITY FLORIDA X PFLAG SAFE ADVOCACY &

COMMUNITY PROJECT, INSTALLMENT 1 OF 4

NAME OF ORGANIZATION OR GOVERNMENT: EQUALITY OHIO EDUCATION FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING TO SUPPORT C3 WORK -

POTENTIAL ACTIVATION AROUND HB 4, PERIOD OF EDUCATION THROUGH PRIDES ABOUT

ALL ISSUES BUT NO ANTICIPATED LEGISLATIVE ACTION, POTENTIAL MOVEMENT OF

OHIO FAIRNESS ACT (REALLY!), 616, 454, OR ANTI-TRANS SPORTS BILLS

NAME OF ORGANIZATION OR GOVERNMENT: EQUALITY FLORIDA INSTITUITE INC (H) PURPOSE OF GRANT OR ASSISTANCE: CONTRIBUTION TO EQUALITY FLORIDA TO SUPPORT C3-QUALIFIED WORK IN THE FIGHT TO PROTECT AND ADVOCATE FOR OUR COMMUNITY IN FLORIDA AGAINST ALL DETRACTORS.

NAME OF ORGANIZATION OR GOVERNMENT: EQTX EQUALITY TEXAS FOUNDATION (H) PURPOSE OF GRANT OR ASSISTANCE: CONTRIBUTION TO EQUALITY TEXAS TO SUPPORT C3-QUALIFIED WORK IN THE FIGHT TO PROTECT AND ADVOCATE FOR OUR COMMUNITY INTEXAS AGAINST ALL DETRACTORS.

Schedule I (Form 990)

232291 04-01-22

SC	HEDULE J	Compensation	n Information		OMB No. 1	545-004	17	
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest					22)	
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.						•	
Depa	epartment of the Treasury Attach to Form 990.							
Intern	al Revenue Service		Inspe					
Nam	e of the organization			Employer id			nber	
De	PFLAG 95-3750 Part I Questions Regarding Compensation							
Pa		Regarding Compensation						
						Yes	No	
1a		te box(es) if the organization provided any of the following the second se	0	990,				
		ine 1a. Complete Part III to provide any relevant info	8 8					
	First-class or c		ousing allowance or residence for person					
	Travel for com		ayments for business use of personal res ealth or social club dues or initiation fees					
	\equiv							
		pending account	ersonal services (such as maid, chauffeu	ir, chei)				
h	If any of the bayes	n line to are abacked, did the organization follow a	written policy regarding payment or					
D		n line 1a are checked, did the organization follow a v rovision of all of the expenses described above? If "N			1b			
2		require substantiation prior to reimbursing or allowing						
2		s, including the CEO/Executive Director, regarding the			2			
	indsiees, and onice				2			
3	Indicate which if ar	y, of the following the organization used to establish	the compensation of the organization's					
•		ctor. Check all that apply. Do not check any boxes for						
		tion of the CEO/Executive Director, but explain in Pa	, ,					
	Compensation	· · · ·	/ritten employment contract					
	·		ompensation survey or study					
	X Form 990 of o		pproval by the board or compensation c	ommittee				
4	During the year, did	any person listed on Form 990, Part VII, Section A, I	line 1a. with respect to the filing					
	organization or a re	• •						
а	-	-			4a		X	
b	Participate in or rec	eive payment from a supplemental nonqualified retire					X	
с		eive payment from an equity based compensation ar			4.		X	
	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 c	complete lines 5-9.					
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the orga	nization pay or accrue any compensatio	n				
	contingent on the re	venues of:						
а	The organization?				5a		X	
		ition?					X	
		r 5b, describe in Part III.						
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the orga	nization pay or accrue any compensatio	n				
	contingent on the n	et earnings of:						
а	The organization?				6a		X	
	Any related organiz	ation?					X	
	If "Yes" on line 6a c	r 6b, describe in Part III.						
7		n Form 990, Part VII, Section A, line 1a, did the orga						
		es 5 and 6? If "Yes," describe in Part III			7		X	
8	Were any amounts	eported on Form 990, Part VII, paid or accrued purs	uant to a contract that was subject to th	e				
		otion described in Regulations section 53.4958-4(a)	, , ,		8		X	
9		d the organization also follow the rebuttable presum						
		53.4958-6(c)?					Ĺ	
LHA	For Paperwork Re	duction Act Notice, see the Instructions for Form	990.	Schedu	ule J (Form	1 990)	2022	

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95-3750694

Page 2

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.

		compensation		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) BOND, BRIAN K	(i)	239,807.	0.	0.	12,465.	18,687.	270,959.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JEAN-MARIE NAVETTA	(i)	157,175.	0.	0.	0.	11,150.	168,325.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ELIZABETH OWEN	(i)	137,384.	0.	0.	6,572.	15,392.	159,348.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DIEGO SANCHEZ	(i)	130,164.	0.	0.	6,305.	19,223.	155,692.	0.
DIRECTOR OF ADV, POLICY & PTN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
((ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							<u> </u>

Schedule J (Form 990) 2022

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

Employer identification numb
95-3750694

PFLAG

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? Yes No	Par	tl	Types of Property							
1 Art - Works of at				Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		0	;
2 Art - Historical treasures	1	Art - W	orks of art							
3 At - Fractional interests										
4 Books and publications										
5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Publicly traded 11 Securities - Partnership, LLC, or trust interests 12 Securities - Naisellaneous 13 Oualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 19 Fool (mentory) 20 Drugs and medical supplies 21 Taxiderny 22 Historical straftets 23 Scientific specimens 24 Archeological artifacts 25 Other 26 Other 27 Other 28 Number of Forms 8283 received by the organization during the tax year for contributions trequired to be used for exempt purposes for the entire holding period?										
6 Cars and other vehicles										
7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Olosely held stock 11 Securities - Closely held stock 12 Securities - Narchership, LLC, or 13 Qualified conservation contribution - 14 Qualified conservation contribution - 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 19 Food inventory 10 Program 10 Program 11 Securities - Niscella rula 13 Qualified conservation contribution - 14 Qualified conservation contribution - 15 Real estate - Commercial 16 Real estate - Other 17 Real estate - Coher 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 23 Scientific specimens 24 Archeological artifacts 25 Other 26 Other 27 Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization neceive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?										
8 Intellectual property X 3 51,366.FAIR MARKET VALUE 9 Securities - Publicly traded X 3 51,366.FAIR MARKET VALUE 11 Securities - Partnership, LLC, or trust interests Interests Interests Interests Interests 12 Securities - Miscellaneous Interests Interests Interests Interests 13 Qualified conservation contribution - Historic structures Interests Interests Interests 14 Qualified conservation contribution - Other Interests Interests Interests 16 Real estate - Residential Interests Interests Interests Interests 16 Real estate - Commercial Interests Interests Interests Interests 17 Real estate - Cher Interests Interests<										
9 Securities - Publicly traded X 3 51,366. FAIR MARKET VALUE 10 Securities - Closely held stock	8									
10 Securities - Closely held stock				X	3	51,366.	FAIR MARKET	VAL	UE	
11 Securities - Partnership, LLC, or trust interests										
12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other 26 Other 27 Other 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?										
13 Qualified conservation contribution - Mistoric structures		trust in	terests							
Historic structures	12	Securit	ies - Miscellaneous							
14 Qualified conservation contribution · Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other 26 Other 27 Other 29 Verse 30a X	13	Qualifie	ed conservation contribution -							
15 Real estate · Residential 16 Real estate · Commercial 17 Real estate · Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other () 26 Other () 27 Other () 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 20 During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		Historio	structures							
16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other () 26 Other () 27 Other () 28 Other () 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 30a X	14	Qualifie	ed conservation contribution - Other \dots							
17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other () 26 Other () 27 Other () 28 Other () 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	15	Real es	tate - Residential							
18 Collectibles	16	Real es	tate - Commercial							
19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other () 26 Other () 27 Other () 28 Other () 29 Value 30a X 30a X	17	Real es	state - Other							
20 Drugs and medical supplies	18	Collect	ibles							
21 Taxidermy	19	Food ir	iventory							
22 Historical artifacts	20	Drugs a	and medical supplies							
23 Scientific specimens	21	Taxide	my							
24 Archeological artifacts										
25 Other ()	23	Scienti	fic specimens							
26 Other ()	24	Archeo	logical artifacts							
27 Other ()	25	Other								
28 Other ()	26	Other	()							
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? Yes No	27	Other	()							
for which the organization completed Form 8283, Part V, Donee Acknowledgement 29			()							
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? Yes No.										
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		for whi	ch the organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29				
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for 30a X exempt purposes for the entire holding period? 30a X)	/es	No
exempt purposes for the entire holding period? 30a X	30a	-			•••••					
			•		ntribution, and whi	ch isn't required to be used t	for			
		-		?				30a		<u> </u>
b If "Yes," describe the arrangement in Part II.			C							77
			• • •	2	•	•	ions?	31	_	X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash	32a				•	· · ·				v
	_							32a		X
b If "Yes," describe in Part II.										
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	33		rganization didn't report an amount in c e in Part II.	olumn (c) foi	r a type of property	r for which column (a) is chec	cked,			

232141 09-09-22

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS

Schedule M (Form 990) 2022

SCHEDULE O (Form 990)

Name of the organization

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

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



95-3750694

PFLAG

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

EXPERIENCES CAN CONNECT EACH MONTH TO GAIN SUPPORT, ASK QUESTIONS, AND

LEARN FROM OTHERS WHO HAVE BEEN THROUGH SIMILAR EXPERIENCES. CURRENT

MONTHLY SUPPORT MEETINGS ARE FOR BLACK/AFRICAN AMERICAN FAMILIES,

LATINO FAMILIES, ASIAN AMERICAN/PACIFIC ISLANDER FAMILIES,

GRANDPARENTS, MILITARY FAMILIES, AND FAMILIES WITH TRANSGENDER AND

GENDER-DIVERSE KIDS. THE PFLAG NATIONAL ONLINE COMMUNITY HOSTED ON THE

FACEBOOK PLATFORM IS A PLACE FOR PFLAG MEMBERS AND SUPPORTERS TO FIND

REAL-TIME, 24/7 PEER-TO-PEER CONNECTION.

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

VARIETY OF INDUSTRIES, INCLUDING APPAREL MANUFACTURERS AND DESIGNERS,

ENTERTAINMENT AND MEDIA COMPANIES, AND MAJOR FOOD BRANDS. PFLAG ACADEMY

ONLINE IS A MONTHLY ONLINE LEARNING PROGRAM WITH BOTH LIVE AND

ON-DEMAND SESSIONS COVERING A DIVERSE ARRAY OF TOPICS INCLUDING

ALLYSHIP, LGBTQ+ HISTORY, DIVERSE IDENTITIES, CHAPTER OPERATIONS, AND

MORE. LEARNING WITH LOVE: THE PFLAG NATIONAL CONVENTION IS A MULTI-DAY,

BIENNIAL EVENT WITH WORKSHOPS, PANELS, AND PRESENTATIONS FROM PFLAG

NATIONAL STAFFERS, PARTNERS, AND COMMUNITY LEADERS PROVIDING INSIGHT,

EXPERTISE, TRAINING, STRATEGIES, AND BEST PRACTICES SO THAT PFLAG

LEADERS, MEMBERS, AND SUPPORTERS, AND PHILANTHROPIC PARTNERS CAN WORK

TOGETHER TO FULFILL OUR ORGANIZATIONAL MISSION.

PFLAG'S THIRD PILLAR OF WORK AND PROGRAMMATIC AREA IS ADVOCACY AT THE

LOCAL, STATE, REGIONAL, AND FEDERAL LEVELS, BOTH WITH LEGISLATORS AND

 WITH PEERS, FRIENDS, AND COMMUNITY MEMBERS. PFLAG'S SHARING OF PERSONAL

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

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 10-28-22

Schedule O (Form 990) 2022	Page 2
Name of the organization PFLAG	Employer identification number $95-3750694$
STORIES IS FOUNDATIONAL TO OUR WORK AS WE STRIVE TO SOFTEN	HEARTS,
CHANGE MINDS, AND CREATE LASTING LEGISLATIVE AND SOCIAL CH.	ANGE. PFLAG
MEMBERS, WITH THE SUPPORT OF PFLAG NATIONAL STAFF, TOOLS,	AND RESOURCES
HAVE ORGANIZED AT SCHOOL BOARD MEETINGS; HOSTED BOOK DRIVE	S, TESTIFIED
IN SUPPORT OF INCLUSIVE EDUCATION AND ACCESS TO HEALTH CAR	E TO STATE
AND FEDERAL LEGISLATORS; URGED BUSINESSES IN SMALL TOWNS A	ND BIG CITIES
TO BE LGBTQ+ INCLUSIVE IN ALL THEY DO; AND CREATED SAFE SC	HOOL
CLIMATES. PFLAG NATIONAL, FOR THE FIRST TIME IN THE ORGANI	ZATION'S 50+
YEAR HISTORY, SERVED AS THE PLAINTIFF IN MULTIPLE LAWSUITS	CHALLENGING
BANS ON MEDICALLY NECESSARY HEALTHCARE FOR TRANSGENDER YOU	TH AND TO
PREVENT AFFIRMING PARENTS FROM BEING INVESTIGATED FOR CHIL	D ABUSE.
PFLAG VOTES IS PFLAG NATIONAL'S VOTER ENGAGEMENT PROGRAM R	OOTED IN
GETTING OUT THE VOTE AND ENSURING THAT VOTERS UNDERSTAND T	HE ISSUES
THAT ARE AT STAKE.	

FORM 990, PART VI, SECTION A, LINE 4:

CHANGING LGBTQ TO LGBTQ+; UPDATING MISSION & VISION STATEMENT, ADDITIONS OF DIVERSITY LANGUAGE: REPRESENTATIVES OF THE COMMUNITIES THAT WE SERVE ADDED.

EXECUTIVE COMMITTEE: UPDATE EXECUTIVE DIRECTOR TO CEO, PRESIDENT TO CHAIR, VICE PRESIDENT TO VICE CHAIR, AND FINANCIAL COMMITTEE TO AUDIT COMMITTEE.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS TWO CLASSES OF MEMBERS: MEMBERS AND AFFILIATES. ONLY MEMBERS MAY VOTE.

FORM 990, PART VI, SECTION A, LINE 7A:

OUR DUES-PAYING MEMBERS ELECT SEVEN OF THE TWENTY-ONE BOARD MEMBERS.

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50 2022.06000 PFLAG

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
PFLAG	95-3750694

ELECTIONS FOR THE SEVEN MEMBER-ELECTED BOARD MEMBERS ARE DONE

ELECTRONICALLY.

FORM 990, PART VI, SECTION A, LINE 7B:

THE BYLAWS MAY BE AMENDED BY A TWO-THIRDS VOTE OF MEMBERS PRESENT AND VOTING AT ANY DULY CALLED MEETING OF THE ORGANIZATION. AMENDMENTS MAY BE PROPOSED BY ANY MEMBER IN GOOD STANDING, AMENDMENTS SO PROPOSED AND SIGNED BY 25 MEMBERS IN GOOD STANDING WILL BE PRESENTED TO THE ANNUAL MEETING FOR A VOTE.

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

THE CHIEF EXECUTIVE OFFICER WILL MAKE THE FINAL DRAFT OF THE FEDERAL TAX RETURN 990 AND THE FINAL AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE FINANCE AND INVESTMENT COMMITTEE UPON THEIR COMPLETION. THEY SHALL HAVE 48 HOURS TO CONDUCT THEIR REVIEW AND APPROVE. ONCE THE FINANCE AND INVESTMENT COMMITTEE HAS PROVIDED THEIR FINAL APPROVAL, THE CHIEF EXECUTIVE OFFICER WILL SEND THE 990 AND THE FINAL AUDITED FINANCIAL STATEMENTS TO THE BOARD OF DIRECTORS FOR THEIR REVIEW. THE BOARD WILL REVIEW THE 990 AND THE FINAL AUDITED FINANCIAL STATEMENTS AND PROVIDE ANY QUESTIONS OR CONCERNS TO THE CHIEF EXECUTIVE OFFICER WITHIN 48 HOURS OF THEM BEING MADE AVAILABLE. THE EXPLICIT APPROVAL OF THE BOARD OF DIRECTORS IS NOT REQUIRED. THE CHIEF EXECUTIVE OFFICER WILL BE RESPONSIBLE FOR TIMELY AND ACCURATE FILING OF THE FEDERAL FORM 990. THE BOARD SHALL REVIEW THE PAYMENT OF PAYROLL TAXES VIA AN ATTESTATION OF THE FINANCE AND INVESTMENT COMMITTEE.

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

BOARD MEMBERS AND EMPLOYEES ARE ANNUALLY REQUESTED TO DISCLOSE THEIR

INVOLVEMENTS WITH OTHER ORGANIZATIONS, WITH VENDORS OR ANY OTHER

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Name of the organization

PFLAG

ASSOCIATIONS THAT MIGHT PRODUCE A CONFLICT.

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

THE EXECUTIVE COMMITTEE AND PERFORMANCE REVIEW COMMITTEE USE A COMBINATION

OF FACTORS INCLUDING AVAILABLE MARKET COMPARATIVE DATA, PERFORMANCE AND

EMPLOYMENT HISTORY WHEN REVIEWING THE EMPLOYMENT CONTRACTS OF THE CHIEF

EXECUTIVE OFFICER. THE CHIEF EXECUTIVE OFFICER SIMILARLY REVIEWS

PERFORMANCE OF ALL OF THE KEY EMPLOYEES AT THEIR EMPLOYMENT ANNIVERSARY

USING THE SAME CRITERIA.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AZ,AR,CA,CO,CT,DE,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY, DC

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

AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON WEBSITE, POLICIES AND

GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	486,290.
MANAGEMENT AND GENERAL EXPENSES	122,032.
FUNDRAISING EXPENSES	61,982.
TOTAL EXPENSES	670,304.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	670,304.

FORM	990,	PART	XII,	LINE	2C	

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Schedule O	(Form 990)	2022

Name of the organization

PFLAG

95-3750694

THE BOARD ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND

SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED

FROM PRIOR YEARS.

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