Form 990-FEZ Return of Organization Exempt From Income Tax Under section 601(c), 527, or 4971(a)(1) of the Internal Revenue Code (accept private foundations) b Do not enter social security numbers on this form, as it may be made public. Does in the internal Revenue Code (accept private foundations) b Co to www.rr.gov/form800EZ for instructions and the latest information. Open to Public Instructions A for the internal Processor Internal Revenue Code (accept private foundation) internal Revenue R			I	EXTENDED TO NOVEMBER 15, Short Form	2021			OMD No. 1545-0047
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Professional fees and other payments to independent contractors1362,037.140ccupancy, rent, utilities, and maintenance143,835.15Printing, publications, postage, and shipping1516Other expenses (describe in Schedule 0)SEE SCHEDULE O1617Total expenses. Add lines 10 through 161790,273.18Excess or (deficit) for the year (subtract line 17 from line 9)18-27,153.19Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)1986,253.20Other changes in net assets or fund balances (explain in Schedule 0)200.2159,100.2159,100.	10		Salaries, other	compensation, and employee benefits			12	
15 Frinking, publications, postage, and simpling 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 86, 253. 20 0. 21 59, 100.	Ises							62,037.
15 Frinking, publications, postage, and simpling 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 86, 253. 20 0. 21 59, 100.	ber							
16 Other expenses (describe in Schedule 0) SEE SCHEDULE O 16 24,401. 17 Total expenses. Add lines 10 through 16 17 90,273. 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 -27,153. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 86,253. 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 0. 21 59,100. 21 59,100.	Щ		Printing, public	ations, postage, and shipping			15	
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Form 990-EZ (2020) NASHVILLE LGBT CHAMBER FOR	JNDATION	**	*_******	Page 2
Part II Balance Sheets (see the instructions for Part II)				
Check if the organization used Schedule O to resp	ond to any question	in this Part II		X
		A) Beginning of year		ind of year
22 Cash, savings, and investments	<u>`</u>	77,372.	22	88,024.
23 Land and buildings		/ -	23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O		12,827.	24	0.
		90,199.	25	88,024.
25 Total assets 26 Total liabilities (describe in Schedule 0) SEE SCHEDULE O		3,946.	26	28,924.
 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 		86,253.	20	59,100.
Part III Statement of Program Service Accomplishmen				· · ·
Check if the organization used Schedule O to resp	·	,		(penses for section
What is the organization's primary exempt purpose? SEE SCHEDULE O	ond to any question		501(c)(3)	and 501(c)(4)
			organizati others.)	ons; optional for
Describe the organization's program service accomplishments for each of its three largest program se manner, describe the services provided, the number of persons benefited, and other relevant informat		In a clear and concise		
			<u> </u>	
28 PROMOTING EQUALITY AND DIVERSITY THE		S LUNCHES,	-	
DUE TO COVID-19 MOST OF THESE WERE H	IELD ONLINE.		-	
		.	_	
(Grants \$) If this amount includes foreign g			28a	
29 EDUCATION FOR EQUALITY AND DIVERSITY		LD-19	_	
SEMINARS AND EDUCATION WAS HELD ONL	LNE.		_	
		r	_	
(Grants \$) If this amount includes foreign g	rants, check here	🕨 [29a	
30			_	
			_	
			_	
(Grants \$) If this amount includes foreign g	rants, check here	🕨 [30a	
31 Other program services (describe in Schedule O)				
(Grants \$) If this amount includes foreign g			31a	
32 Total program service expenses (add lines 28a through 31a)			▶ 32	0.
Part IV List of Officers, Directors, Trustees, and Key Er	nployees (list each one e	ven if not compensated - se	e the instructions fo	r Part IV)
Part IV List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp		ven if not compensated - se	e the instructions fo	r Part IV)
		ven if not compensated - se in this Part IV (c) Reportable	e the instructions fo	
	ond to any question (b) Average hours per week devoted to	ven if not compensated - se in this Part IV (C) Reportable compensation (Forms W-2/1090-MISC)	e the instructions fo d) Health benefits, contributions to employee benefit	(e) Estimated amount of other
Check if the organization used Schedule O to resp	ond to any question (b) Average hours	ven if not compensated - se in this Part IV (C) Reportable compensation (Forms W-2/1090-MISC)	e the instructions fo d) Health benefits, contributions to	(e) Estimated
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	990-EZ (2020) NASHVILLE LGBT CHAMBER FOUNDATION			Page 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part		X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			v
<u>م</u> ۲.	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	35a		x
Ь	on lines 2, 6a, and 7a, among others)? If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b	N/	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	330	11/	<u>f</u>
U	requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	000		
	complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		x
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ 0.			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization 0.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40.0		x
41	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed NONE	40e		
	The organization's books are in care of \blacktriangleright CLAYTON KLUTTS Telephone no. \blacktriangleright 615–50	$)7 - 5^{\circ}$	185	
72 a	Located at \blacktriangleright 41 PEABODY STREET, NASHVILLE, TN ZIP+4 \blacktriangleright	3721	0	
h	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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country 🕨			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		🕨	
	and enter the amount of tax-exempt interest received or accrued during the tax year 43	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule O	44d		<u></u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	00	(00000)
		Form 9	90-EZ	(2020)

NASHVILLE LGBT CHAMBER FOUNDATION

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Form 990-EZ (2020)

Form 990-EZ (2	2020) NASHVILLE LGBT	CHAMBER FC	UNDATIO	N		**_******			Page 4
								Yes	No
46 Did the o	rganization engage, directly or indirectly, in po	olitical campaign activit	ies on behalf of o	r in oppositio	on to candidates for pu	blic office?			
lf "Yes," c	complete Schedule C, Part I						. 46		X
Part VI	Did the organization engape, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "res," complete Schedule C, Part I Section 501 (c)(3) Organizations Only All section 501 (c)(3) Organizations on answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Check if the organization schedule C to respond to any question in this Part VI Section 501 (c)(3) organizations manwer question in chartable related organization? Did the organization make any transfers to an exergin to chartable related organization? Did the organization make any transfers to an exergin to chartable related organization? (a) Hame and title of each employee (b) Average hours per tweek devoleted to position (c) nearcater (d) Average hours position (d) Average hours position (d) Average hours position (e) Average hours (f) Average hours (g) exercise of the organization is the highest on the organization if the highest (hourse) (d) Average hours (e) Compensation (f) Average hours (f) Average hours (g) exercise (g) Compensation (hourse) (hourse)								
	All section 501(c)(3) organizations must	answer questions 47	'-49b and 52, ar	nd complet	e the tables for lines	50 and 51			
	Check if the organization used Schedule	O to respond to an	y question in th	is Part VI					
								Yes	No
47 Did the o	rganization engage in lobbying activities or ha	ve a section 501(h) ele	ction in effect dur	ing the tax y	ear? If "Yes," complete	Sch. C, Par	t II 47		X
									X
									X
									nore
-				,	-,,,				
	· · · · ·			ne hours	(C) Reportable	(d) Health be	enefits, (e) Estim	nated
	(2) name and the er cash employee				compensation (Forms	contributio	ns to		
	NOI	VE			W-2/1099-MISC)	plans, and de	eferred C	ompens	ation
						compensa			
			-						
			1						
			1						
			1						
			-						
(a) N	lame and business address of each independe	ent contractor		(b) Type of service		(c) Comp	pensatio	<u>n</u>
	-				►				
complete	d Schedule A	·····							No
						-	wledge an	d belief,	it is
Sign Here	C C					Date			
/	Print/Type preparer's name	Preparer's signature		Date	Check				
Datal					self- emplo		-		
Paid	CATHY WERTHAN	CATHY WERT	гнам				00070	1651	
Preparer	Firm's name MARCUM LLP	CATHI WER				► 11-1			
Jse Only	Firm's address ► 401 COMMERC	יד פייסדיםיי	פוודיים 1	250		(615		5-40	00
				200	Phone no.	(013	/ 443	-40	00
A	· · ·		440				.	.	
viay the IRS di	scuss this return with the preparer shown abo	ove? See instructions					► <u>X</u> Y		
							Form	990-EZ	(2020

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SCHEDULE G	Suppleme	ental Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047	
(Form 990 or 990-EZ)	Complete if the	or if the	2020						
Department of the Treasury	L L	organization entered more than \$15 Attach to Form 990						Open to Public	
Internal Revenue Service		o to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.		Inspection	
Name of the organization		LE LGBT CHAMBER FOU		אידר	זאר		Employer ide	entification number*63	323
Part I Fundrais		Complete if the organization answe				ine 17	7. Form 990-E2	filers are not	
required to	complete this par	t.							
a Mail solicitat	-	sed funds through any of the following e Solicitat	-		Check all that apply. overnment grants				
	email solicitations				nment grants				
c Phone solicit		g Special	fundra	lising (events				
· ·		or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,	or		
		art VII) or entity in connection with pr			U U		Yes		
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursua organization.	ant to	agreer	ments under which th	ne fun	draiser is to b	9	
	;;		()	Did		60	Amount paid		
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (o 1	r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
3 List all states in whi		on is registered or licensed to solicit c	ontrib	▶ utions	or has been notified	it is e	exempt from re	gistration	
or licensing.									
								<u> </u>	
LHA For Paperwork Re	eduction Act Not	ice, see the Instructions for Form 9	90 or	990-E	Z. S	Sched	lule G (Form §	990 or 990-EZ) 2020	

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		le G (Form 990 or 990 EZ) 2020 NASHVIL				Faye Z
Pa	rt I					
		of fundraising event contributions and gro				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
						(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne			(event type)	(event type)	(lotal humber)	
Revenue						
Вe	1	Gross receipts				
	2	Less: Contributions				
	2					
	3	Gross income (line 1 minus line 2)				
	-					
	4	Cash prizes				
	5	Noncash prizes				
ses						
SUec	6	Rent/facility costs				
Direct Expenses						
ect	7	Food and beverages				
Dir	-					
	8	Entertainment				
	9	Other direct expenses			L	
	10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li			•	
Pa	rt I			990. Part IV. line 19. or		
		\$15,000 on Form 990-EZ, line 6a.				
			(a) Dinas	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
ш	1	Gross revenue				
Se	2	Cash prizes				
Expenses						
, adv	3	Noncash prizes				
ಕ	_					
Dire	4	Rent/facility costs				
_	-	Other direct expenses				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No 765 %	No 765 %	
	5	Volunteer labor				
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		▶	
		. ,	.,		-	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9		ter the state(s) in which the organization condu				
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re			year?	Yes No
a	IT "	Yes," explain:				
03208	32 11	I-25-20			Schedule G (For	rm 990 or 990-EZ) 2020

Sch	nedule G (Form 990 or 990-EZ) 2020 NASHVILLE LGBT CHAMBER FOUNDATION **-***	****	Page 3
	Does the organization conduct gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	Yes	No
	to administer charitable gaming?	Yes	No No
	Indicate the percentage of gaming activity conducted in:		0/
	a The organization's facility o An outside facility	13a 13b	<u>%</u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	130	70
	Name		
	Address 🕨		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
c	c) If "Yes," enter name and address of the third party:		
	Name		
	Address 🕨		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
L	retain the state gaming license?	Yes	No No
L	 Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ 		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, lines 9,	9b, 10b,
0320	83 11-25-20 Schedule G (For	m 990 or 990)-EZ) 2020
	21		

		nformation (continued	-	•	
Schedule G	(Form 990 or 990-EZ	NASHVILLE	LGBT	CHAMBER	FOUNDATION

Supplemental mornation (continued)	
	Schedule G (Form 990 or 990-EZ)

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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

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



 NASHVILLE LGBT CHAMBER FOUNDATION
 Employer identification number

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:		AMOUNT :
PROGRAM EXPENSES		9,910.
INSURANCE		785.
SCHOLARSHIPS		1,500.
TAXES & LICENSES		276.
OFFICE EXPENSES		2,717.
SPECIAL EVENTS		8,637.
MEMBERSHIP		24.
BANK FEES		303.
ADVERTISING		249.
TOTAL TO FORM 990-EZ, LINE 16		24,401.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DUE TO CHAMBER	12,827.	0.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIE		
DESCRIPTION	BEG. OF YEAR	END OF YEAR
CREDIT CARD PAYABLE	3,946.	295.
DUE TO AFFILIATE	0.	28,629.
TOTAL TO FORM 990-EZ, LINE 26	3,946.	28,924.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - FOUNDATION EDUCATES, INSPIRES, AND EMPOWERS LGB		LGBT CHAMBER
PROFESSIONALS.		

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

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		-	
E ORGANIZATION, DID NOT, DU			JMS, DIRECTLY,
INDIRECTLY, TO PAY PREMIUM			
E ORGANIZATION DID NOT, DUR			
RM 990-EZ, PART V, INFORMAT			
NASHVILLE LGE	T CHAMBER FOUNDA	TION	**_*****

Employer identification number

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

Name of the organization NASHVILLE LGBT	CHAMBER FOUNDATION		nployer identific	
Part IV List of Officers, Directors, Trustees, an				
(a) Name and title	(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of oth compensatio
BRAD O'ROURKE				
MEMBER AT LARGE	1.00	0.	0.	C
RAQUEL BARLOW				
MEMBER AT LARGE	1.00	0.	0.	0
NICOLE GIBSON				
MEMBER AT LARGE	1.00	0.	0.	0
BRIAN ROSMAN				
MEMBER AT LARGE	1.00	0.	0.	0
DEZ STEPHENS				
MEMBER AT LARGE	1.00	0.	0.	(
MARISA SWYNTUN				
MEMBER AT LARGE	1.00	0.	0.	<u>с</u>

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Schedule O (Form 990 or 990-EZ)