EXTENSION ATTACHED

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Α	For the	he 2020 calen	dar year, or tax y	ear begin/	ning $10/$	01	, 20	20, and ending	9/	′30	,	20 2021	
В	Check	if applicable:	С							D Emplo	yer identi	ification number	
	Ad	ddress change	Legal Info	rmatio	n for F	amilies	Todav			13-	3910	567	
	Na		32 Court S				_			E Teleph			
	In	itial return	Brooklyn,	NY 112	01					(64	6) 6	13-9633	
		nal return/terminated								(0 -	, ,		
	\vdash	mended return								G Gross	receints i	\$ 3,251,705.	
	\vdash	pplication pending	F Name and addre	ss of principa	Lofficer: a	1 0		I	H(a) Is this	a group retu			
	ш~	pplication pending	Same As C	7 horro	Cat	iny Cram	ier			II subordinate ," attach a lis			
$\overline{}$	Tav	exempt status:	X 501(c)(3)	501(c) (\ ∢ /i	insert no.)	4947(a)(1) or 527	If "No	," attach a lis	t. See ins	structions	
<u>'</u>		•) ' (ilisert ilu.)	4347(a)(1					_	
			w.LIFTonli							exemption n			
K		n of organization:	X Corporation	Trust	Association	Other ►		L Year of formation	n: 199	6 IVI	State of I	egal domicile: NY	
Pa	art I	Summar				-:::C	41: -141 	, ,				- ' NT7.0	
	1											tice in NYS	
છ												support to	
Щ			epresented									<u> </u>	
ēĽ	_		hile worki										
Governance	3		ox ► ∐ if the o oting members of								1 3	seis. 18	
			dependent voting								4	18	
Activities &	5		of individuals er	-	-			•			5	46	
∄	6		of volunteers (e								6	21	
Act	7a		ed business reve								7a	0.	
			l business taxabl								7b	0.	
											Prior Year		
4.	8	Contributions	and grants (Par	t VIII, line	1h)					2,736,	475.	3,205,487.	
Revenue	9	Program serv	rice revenue (Par					, ,					
Ke	10	Investment in	ncome (Part VIII,	column (A	A), lines 3, 4	4, and 7d)					120.	5.	
ď	11										010.	19,255.	
	12	Total revenue	e – add lines 8 tl	hrough 11	(must equa	ıl Part VIII, d	column (A)), line 12)		2,751,	605.	3,224,747.	
	13	Grants and si	imilar amounts p	aid (Part I	X, column ((A), lines 1-	3)						
	14												
	15									1,798,	2,200,900.		
Ses	16a	Professional	fundraising fees	(Part IX, o	column (A),	line 11e)			, ,				
Expenses	h		sing expenses (P					332,254.					
益	17					· · · · · · · · · · · · · · · · · · ·				071	450	006 001	
			ses (Part IX, colu							871,		906,891.	
	18	•	es. Add lines 13-	-				•		2,690,		3,107,791.	
	19	Revenue less	expenses. Subt	ract line i	8 from line	12				61,		116,956.	
3 or	20	Total assets	(Dart V. line 10)							ing of Curre		End of Year	
Assets d Balanc	20 21		(Part X, line 16). es (Part X, line 20						ļ	2,239,		2,412,953.	
Net A	21		. , . ,	- /						403,		459,811.	
_			fund balances.	Subtract li	ne 21 from	line 20				1,836,	186.	1,953,142.	
Pa	art II	Signatur	e Block										
Unde	er penal	Ities of perjury, I de	eclare that I have exam	nined this retu	urn, including ac	companying sci	hedules and s	tatements, and to the	ne best of r	my knowledge	e and beli	ef, it is true, correct, and	
COIII	picte. D	I. /			an inionnation (or writeri prepare	or rias arry Kric	owicage.					
		Signatu	re of officer							6/29 late	/2022	<u>′</u>	
Sig	gn									ale			
He	re		hy Cramer						CEO				
		71	print name and title		T= .			Ta .					
		Print/Type p	oreparer's name		Preparer's sig	mature	1611	Date 6/22/20	າວວ	Check	 "	PTIN	
Pa	id	Michae	el Schall		Micha 🖋	I Schert	w	6/23/20)	self-employ	/ed	P02024184	
Preparer Use Only		er Firm's name	► SCHALL	& ASHI	ENFARB (CPAS LLC	<u>:</u>						
		ily Firm's addre	ess ► 307 FI	FTH AVI	E 15TH E	rL.				Firm's EIN	<u>►</u> 13·	-4036703	
			NEW YO	RK, NY	10016					Phone no.	(212	2) 268-2800	

No

Yes

Form **8868**

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

<u>Automati</u>	c 6-Month Extension of Time. Only sub	mit origin	al (no copies needed).							
	ons required to file an income tax return other the			s, REI	MICs, and to	rusts must				
use Form 70	004 to request an extension of time to file incom Name of exempt organization or other filer, see instructions.	e tax return	S	Taxpa	yer identification	number (TIN)				
Гуре or										
orint	Legal Information for Familie	ve Today		13-3910567						
ile by the	Number, street, and room or suite number. If a P.O. box, see			113 3910307						
lue date for	32 Court Street, Suite 1208									
iling your eturn. See	City, town or post office, state, and ZIP code. For a foreign ad	dress, see instru	uctions.							
nstructions.	Brooklyn, NY 11201									
	eturn Code for the return that this application is	for (file a se	narate application for each return)			01				
THE HE HE	eturn code for the return that this application is	ioi (ille a se	parate application for each return)			01				
Application s For		Return Code	Application Is For			Return Code				
	Form 000 E7									
orm 990 or orm 990-Bl	Form 990-EZ	01	Form 990-T (corporation) Form 1041-A			07 08				
orm 4720 (02	Form 4720 (other than individual)			09				
orm 990-Pi		04	Form 5227							
	(section 401(a) or 408(a) trust)	05	Form 6069			11				
Form 990-T (trust other than above) 06 Form 8870						12				
If the orgIf this is check th	e No. • (646) 613-9633 ganization does not have an office or place of but for a Group Return, enter the organization's fou is box •	r digit Group	e United States, check this box	this is	for the who	ole group,				
	nsion is for.									
for the	st an automatic 6-month extension of time until organization named above. The extension is for calendar year 20 or $\frac{10}{01}$, 20 $\frac{20}{00}$ ax year entered in line 1 is for less than 12 morange in accounting period	r the organiz _, and endii	ng <u>9/30</u> , ²⁰ <u>21</u> .	zation al retu						
3a If this a	application is for Forms 990-BL, 990-PF, 990-T, undable credits. See instructions	4720, or 60	69, enter the tentative tax, less any	3 a	\$	0				
	application is for Forms 990-PF, 990-T, 4720, or yments made. Include any prior year overpayme			3 b	\$	0				
EFTPS	ce due. Subtract line 3b from line 3a. Include you (Electronic Federal Tax Payment System). See	instructions	S	3с	<u> </u>	0				
aution: If v	you are going to make an electronic funds withdr	rawal (direct	dehit) with this Form 8868, see Form 84	53-FC	and Form	8879-FO for				

payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

rai	Check if Schedule O contains a response or note to any line in this Part III
1	· · · · · ·
-	Legal Information for Families Today (LIFT) is an award winning non-profit dedicated
	to empowering unrepresented litigants so that they may successfully self-advocate in
	the New York Family Courts.
2	Did the organization undertake any significant program services during the year which were not listed on the prior
	Form 990 or 990-EZ?
	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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4 a	(Code:) (Expenses \$ 601,498. including grants of \$) (Revenue \$)
	See Schedule 0
4 b	(Code:) (Expenses \$525,918. including grants of \$) (Revenue \$)
	See Schedule 0
4 c	: (Code:) (Expenses \$347,387. including grants of \$) (Revenue \$)
	See Schedule 0
/ 1 -1	1 Other program convices (Describe on Schedule O.)
40	Other program services (Describe on Schedule O.) See Schedule O (Expenses \$ 0.50, 500, including grapts of \$ 0.000 (Revenue \$ 0.000)
10	(Expenses \$ 950,589 including grants of \$) (Revenue \$) ■ Total program service expenses ► 2 425 392

			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	Χ	
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		Х
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 Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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		Х
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, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	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.	11 b		Х
c	: 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	11 c		Х
c	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	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 'Yes,' complete Schedule D, Part X.</i>	11 f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete 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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
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? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions.	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	11
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19	Λ	Х
20a	Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i>	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

			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		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23	Х	
24 a	a 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		Х
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
ď	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		
c	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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		Х
ŀ	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		Х
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? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
ā	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
ŀ	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Χ
(A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ł	o If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pai	rt 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			. 📙
1.	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
ŀ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
(c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
D A A	TEFADIOII 10/07/20		000 ((0000)

Form 990 (2020) Legal Information for Families Today

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 46			
ŀ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
ŀ	tf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
4 8	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)?	4 a		Х
ŀ	olf '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).			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
(: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с		
6 a	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
ŀ	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
,	a 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?	7 a		X
ŀ	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ŀ	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
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?	8		
	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	124		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
ŀ	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
•	Enter the amount of reserves on hand			
14 a	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
ŀ	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		Х
	If 'Yes,' see instructions and file Form 4720, Schedule N.			٦,
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	16		X

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 18 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 18 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? Χ 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... 8 a X X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 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 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ... See .Schedule .0 Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ 14 Did the organization have a written document retention and destruction policy?..... 14 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? X a The organization's CEO, Executive Director, or top management official.. See . Schedule.. 0....... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply 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 financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

Willie Vega 32 Court Street, Suite 1208 Brooklyn NY 11201 (646) 613-9633

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Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		(C)								
(A) Name and title		thar	one both dire	box, an o	unles	•	on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) Cathy Cramer	40									
CEO	0			Χ				177,119.	0.	8,666.
(2) Rachel D. Andron	40									
CPO	0					Χ		122,217.	0.	6,267.
_(3) Gabriella Nawi	1									
Chair	0	Χ		Χ				0.	0.	0.
(4) Abigail Sheehan Davis	1									
Vice Chair	0	Χ		Χ				0.	0.	0.
(5) Robert Schiffer	1									
Vice Chair	0	Χ		Χ				0.	0.	0.
(6) Nancy E. Hart	1									
Secretary	0	Χ		Χ				0.	0.	0.
(7) Rebecca J. Simmons	1									
Treasurer	0	Χ		Χ				0.	0.	0.
_(8) Leslie Abbey	_ 1									
Director	0	Χ						0.	0.	0.
_(9) Ellie Becker	_ 1									
Director	0	Χ						0.	0.	0.
(10) Corey M. Chambliss	1									
Director	0	Χ						0.	0.	0.
(11) Philip H. Cohen	1									
Director	0	Χ						0.	0.	0.
(12) Wendy H. Dessy	1									
Director	0	Χ						0.	0.	0.
(13) Valerie Borden Farkas	1									
Director	0	Χ						0.	0.	0.
(14) Roy Haynes Jr.	1									
Director	0	Χ						0.	0.	0.

	(B)	(C)			-							
(A)	Average			heck		than o		(D)	(E)		(F)	
Name and title	hours per	box offic	, unle cer an	ss pe nd a d	erson direct	is both or/trust	an tee)	Reportable compensation from	Reportable compensation from	Estim	ated am	ount
	week (list any hours	우灵	SL	ç	Κe	Hig em	٦ و	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compe	of other nsation rganiza	from
	for related	Individual or director	ituti	Officer	y em	Highest co employee	Former			an	d relate anizatio	d
	organiza - tions	io io	onal		Key employee	com e	٠			0.9	ai ii <u>L</u> uci o	
	below dotted	Individual trustee or director	Institutional trustee		ee	Highest compensated employee						
	line)	0	8			ated						
(15) Anna Klein	1											
Director	0	Х						0.	0.			0.
(16) Jane Koltsove	1											
Director	0	Χ						0.	0.			0.
(17) Sheri Cyd Sandler	1											
Director	0	Х						0.	0.			0.
(18) William C. Silverman	1							•	0			0
Director	0	Х						0.	0.			0.
(19) Susan Warren Director	1	Х						0.	0.			0.
(20) Lisa Zeiderman, Esq., CFL	1	Λ						0.	0.			0.
Director	0	Х						0.	0.			0.
(21)												
(22)												
(23)												
(23)												
(24)												
(25)												
1 b Subtotal							<u> </u>	299,336.	0		111	022
c Total from continuation sheets to Part VII, Secti							•	299,336.	0.		14,	933.
d Total (add lines 1b and 1c)							•	299,336.	0.		14.	933.
2 Total number of individuals (including but not limited							/ed					, , , , , , , , , , , , , , , , , , ,
from the organization 2												
											Yes	No
3 Did the organization list any former officer, direct	tor, truste	e, ke	ey er	nplo	oyee	e, or l	high	nest compensated	employee			
on line 1a? If 'Yes,' compléte Schedule J for suc	h individu	al								. 3		X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportab	le co	mpe	nsa	tion	and	oth	er compensation to	from			
such individual	: I IIIaII ֆI						μι ε 			. 4	Х	
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e compen	satio	n fro	om :	any	unre	late	ed organization or	individual	. 5		37
Section B. Independent Contractors	s, comple	te St	спеа	uie	J 10	r Suc	пр	erson		. Э		X
1 Complete this table for your five highest compen	sated inde	epen	dent	COI	ntrad	ctors	tha	t received more th	nan \$100,000 of			
compensation from the organization. Report compen		the c	alend	uar <u>.</u>	year	enair	ig v	(B)	Ī		C)	
(A) Name and business add	ress							Description of	of services	Compe	nsatio	on
Amy Wolfson 750 Kappock St Bronx, NY 10463 Public Relations									ons			400.
DCH Consulting Services, Inc. 248 W88th St., #11B New York, NY 10024 Consulting									1	56,0	000.	
2 Total number of independent contractors (including by	out not limi	ited to	n tha	ا مع	istor	l aho	رمر	who received more	than			
\$100,000 of compensation from the organization		แฮน ((o uio	/ಎ೮	اعادا	. auu\	vc)	AATIO LECEINEU IIIOLE	шан			
,,												

	n 990 (2020) Legal Information for Families t VIII Statement of Revenue		13-3910567 Page				
rai	Check if Schedule O contains a response or note to any	· line in this Dort \/	111				
	Check if Schedule O contains a response or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Revenue Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f g Noncash contributions included in lines 1a-1f 1 g h Total. Add lines 1a-1f Business Code Business Code	3,205,487.					
Program Service Revenue	c d e f All other program service revenue g Total. Add lines 2a-2f						
	3 Investment income (including dividends, interest, and other similar amounts)▶ 4 Income from investment of tax-exempt bond proceeds ▶ 5 Royalties	258.			258.		
	d Net rental income or (loss)	252			252		
Other Revenue	8 a Gross income from fundraising events (not including \$ 659,649. of contributions reported on line 1c). See Part IV, line 18	-253.			-253.		
	9 a Gross income from gaming activities. See Part IV, line 19						
_	c Net income or (loss) from sales of inventory Business Code						
llaneous ænue	11a Other Income 900099 b	19,255.	19,255.				

19,255

d All other revenue. e Total. Add lines 11a-11d

12 Total revenue. See instructions.....

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a re	(A)	(B)	(C)	(D)
6b,	7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	183,172.	128,220.	27,476.	27,476.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,606,617.	1,439,501.	44,436.	122,680.
8	Pension plan accruals and contributions	1,000,017.	1,433,301.	44,430.	122,000.
0	(include section 401(k) and 403(b) employer contributions)	39,572.	35,388.	624.	3,560.
9	Other employee benefits	224,534.	192,958.	8,955.	22,621.
10	Payroll taxes	147,005.	126,332.	5,863.	14,810.
11	Fees for services (nonemployees):	117,000.	120,002.	0,000.	11/0101
á	Management				
	Legal				
	: Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other, (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule 0.5ch. 0 Advertising and promotion	455,782.	202,874.	245,988.	6,920.
13	Office expenses	25,979.	24,135.	594.	1,250.
14	Information technology	,	·		,
15	Royalties				
16	Occupancy	195,058.	171,022.	7,734.	16,302.
17	Travel	7,008.	6,144.	278.	586.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	.,	0, = ===	2.00	
19	Conferences, conventions, and meetings	12,424.	10,893.	493.	1,038.
20	Interest	ĺ	·		,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,744.	15,557.	703.	1,484.
23	Insurance	23,215.	20,355.	920.	1,940.
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 O.)	·			
ā	Special Event Expense	106,631.			106,631.
_	Telephone and Communications	30,647.	26,870.	1,216.	2,561.
	Dues and Subscriptions	21,405.	18,767.	849.	1,789.
	Equipment Rental	5,508.	4,830.	218.	460.
	All other expenses	5,490.	1,546.	3,798.	146.
25	Total functional expenses. Add lines 1 through 24e	3,107,791.	2,425,392.	350,145.	332,254.
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)				,

		Check if Schedule O contains a response or note to	any line i	in this Part X				
					(A) Beginning of year		(B) End of year	
	1	Cash — non-interest-bearing			1,361,783.	1	397,055.	
	2	Savings and temporary cash investments		L.	173,418.	2	935,015.	
	3	Pledges and grants receivable, net			530,699.	3	920,084.	
	4	Accounts receivable, net			4			
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe		5				
	6	Loans and other receivables from other disqualified p		<u> </u>				
	0	section 4958(f)(1)), and persons described in section				6		
	7	Notes and loans receivable, net				7		
S	8	Inventories for sale or use		L		8		
set	9	Prepaid expenses and deferred charges		-	00 016	9	101 100	
Assets	_		1 1		88,916.	9	101,160.	
7		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		242,899.				
		Less: accumulated depreciation		214,453.	46,190. 8,888.	10 с 11	28,446.	
	11		tments — publicly traded securities					
	12	Investments – other securities. See Part IV, line 11.		F		12		
	13	Investments – program-related. See Part IV, line 11.		⊢		13		
	14	Intangible assets.	00.100	14	01 100			
	15	Other assets. See Part IV, line 11	29,403.	15	31,193.			
	16	Total assets. Add lines 1 through 15 (must equal line	33)		2,239,297.	16	2,412,953.	
	17	Accounts payable and accrued expenses			121,022.	17	83,525.	
	18	Grants payable		<u> </u>		18		
	19	Deferred revenue	36,878.	19	76,013.			
	20	Tax-exempt bond liabilities	<u></u>		20			
lies	21	Escrow or custodial account liability. Complete Part		<u> </u>		21		
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	utor, or 35°	%		22		
	23	Secured mortgages and notes payable to unrelated the	nird parties			23		
	24	Unsecured notes and loans payable to unrelated third	l parties		229,117.	24	285,837.	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			16,094.	25	14,436.	
	26	Total liabilities. Add lines 17 through 25			403,111.	26	459,811.	
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	X					
alai	27	Net assets without donor restrictions			1,651,216.	27	1,832,172.	
ä	28	Net assets with donor restrictions		<u></u>	184,970.	28	120,970.	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.						
ō	29	Capital stock or trust principal, or current funds			29			
ets	30	Paid-in or capital surplus, or land, building, or equipm	aid-in or capital surplus, or land, building, or equipment fund					
188	31	Retained earnings, endowment, accumulated income	, or other f	unds		31		
t A	32	Total net assets or fund balances			1,836,186.	32	1,953,142.	
Ne	33	Total liabilities and net assets/fund balances			2,239,297.	33	2,412,953.	
RΔ	^		TEEA0111L	10/07/20	•		Form 990 (2020)	

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,	224,	747.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,	107,	791.
3	Revenue less expenses. Subtract line 2 from line 1	3		116,	956.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			186.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1	953	142.
Pa	rt XII Financial Statements and Reporting			<i>,</i>	172.
. u	<u> </u>				
	Check if Schedule O contains a response or note to any line in this Part XII				
-	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
1	Accounting method used to prepare the Form 990. Cash Accordan Other		-		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a			
1	b Were the organization's financial statements audited by an independent accountant?		2	ь Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both:	te			
	X Separate basis Consolidated basis Both consolidated and separate basis				
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2	c X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3	а	Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	b	
BAA	TEEA0112L 10/19/20		For	m 990	(2020)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization Employer identification number Legal Information for Families Today 13-3910567 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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	tion A. Public Support		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	2,037,574.	2,392,336.	2,435,579.	2,736,475.	3,205,487.	12,807,451.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		,				0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	2,037,574.	2,392,336.	2,435,579.	2,736,475.	3,205,487.	12,807,451.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						454,269.
6	Public support. Subtract line 5 from line 4						12,353,182.
Sec	tion B. Total Support						12,333,102.
Cale	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	2,037,574.	2,392,336.	2,435,579.	2,736,475.	3,205,487.	12,807,451.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	102.	102.	102.	120.	258.	684.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). See Part VI.	5,270.	22,688.	14,000.	15,010.	19,255.	
11	Total support. Add lines 7 through 10						12,884,358.
12	Gross receipts from related activ	vities, etc. (see in:	structions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support P	'ercentage				
14	Public support percentage for 20	020 (line 6, colum	n (f), divided by li	ne 11, column (f))	14	95.88 %
15	Public support percentage from						95.77 %
16a	33-1/3% support test—2020. If t and stop here. The organization	he organization d qualifies as a pul	id not check the b blicly supported o	oox on line 13, an rganization	d line 14 is 33-1/3	3% or more, checl	this box
b	33-1/3% support test—2019. If the and stop here. The organization	ne organization did n qualifies as a pu	d not check a box blicly supported c	on line 13 or 16a or 16a or 16a or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this	box and stop here	e. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the facts-a d-circumstances'	ind-circumstances test. The organiza	s test, check this lation qualifies as	box and stop here a publicly support	e. Explain in Part ted organization.	VI how the▶
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions >

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	tion A. Public Support	ists listed below,	please complete	i ait ii.)			
	lar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(a) 2010	(b) 2017	(6) 2010	(u) 2019	(e) 2020	(i) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						•
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support			1	1		
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here					▶ □
	tion C. Computation of Pul						
	Public support percentage for 20	•			-		%
	Public support percentage from 2					16	%
	tion D. Computation of Inv					<u>. </u>	
	Investment income percentage for	· ·		-			0/0
	Investment income percentage f						%
	33-1/3% support tests—2020. If t is not more than 33-1/3%, check	this box and sto	p here. The orgar	nization qualifies	as a publicly supp	orted organization	۱ 🟲 📗
	33-1/3% support tests—2019. If t line 18 is not more than 33-1/3% Private foundation. If the organization	, check this box	and stop here. Th	e organization qu	ialifies as a public	ly supported organ	nization ►
20	i iivate ibuiiuatibii. Ii tile orgalii.	Zation ald Hot CHE		1 -1 , 13a, 01 130, (CHECK THIS DOX ALL	1 300 11131111101115.	· · · · · · · · · · · · · · · · · · ·

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No				
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe							
	the designation. If historic and continuing relationship, explain.	1						
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2						
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	За						
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b						
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.	3c						
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.	4a						
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b						
c	: Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c						
5а	a 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?	5b						
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с						
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 .	6						
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7						
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8						
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 .	9a						
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9b						
C	: Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9с						
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)? If 'Yes,' answer line 10b below.	10a						
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.).	10b						

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Part	t IV	Supporting Organizations (continued)			
11	Lloc t	the examination eccented a gift or contribution from any of the following persons?		Yes	No
		the organization accepted a gift or contribution from any of the following persons? son who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,			
-		overning body of a supported organization?	11a		
b	A fan	nily member of a person described in line 11a above?	11b		
		controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Sect	tion I	B. Type I Supporting Organizations		11	
1	Did #	he governing body, members of the governing body, officers acting in their official capacity, or membership of one		Yes	No
'	or mo office organ than	ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers			
		g the tax year.	1		
2	that o	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sect	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 ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the			
		orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
1	Did #	he organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
'	organ	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization'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	Ry re:	ason of the relationship described in line 2, above, did the organization's supported organizations have a significant			
Ū	voice	in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
		is regard.	3		
Sect	tion I	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Пт	The organization satisfied the Activities Test. Complete line 2 below.			
b	Πт	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Πт	he organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instrı	ıctions	s).
•	Λ - 1::	The Tark Annual Page Or and Oh halves	ĺ		
		ities Test. Answer lines 2a and 2b below.		Yes	No
а	organ respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was possive to those supported organizations, and how the organization determined that these activities constituted			
	subst	tantially all of its activities.	2a		
b	more	he activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the			
		ons for the organization's position that its supported organization(s) would have engaged in these activities or the organization's involvement.	2b		
3	Parer	nt of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	Did th	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>If 'Yes' or 'No,' provide details in Part VI.</i>	3a		
b	Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-E	Z) 2020	Legal	Information	for	Families	Today
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Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion 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):			
a	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
-	Total (add lines 1a, 1b, and 1c)	1d		
•	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		
Sec	tion 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		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	I Type III supporting or	ganization
D 4 4			0 1 1 1 4 4	000 000 EZ\ 000

Schedule A (Form 990 or 990-EZ) 2020

Pai	ব V │Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (contin	ued)					
Sec	Section D — Distributions						
1	Amounts paid to supported organizations to accomplish exempt purposes	1					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3					
4	Amounts paid to acquire exempt-use assets	4					
5	Qualified set-aside amounts (prior IRS approval required – provide 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 organization is responsive (provide details						
	in Part VI). See instructions.	8					
9	Distributable amount for 2020 from Section C, line 6	9	_				
10	Line 8 amount divided by line 9 amount	10					

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			
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Schedule A (Form 990 or 990-EZ) 2020

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Part VI

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

Part II, Line 10 - Other Income

Nature and Source			2020		2019		2018		2017		2016
Other income	Total	\$ \$	19,255. 19,255.	\$ \$	15,010. 15,010.	\$ \$	14,000. 14,000.	<u>\$</u> \$	22,688. 22,688.	\$ \$	5,270. 5,270.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

•	•	1501(c)(4), (5), or (6) o	rganizations: Complete Part III.						
	of organ	***************************************			Employer identification	ation number			
Lec	gal]	Information for	Families Today		13-391056				
		•	ganization is exempt under section			zation.			
1	Provi (See	de a description of the dinstructions for definition	organization's direct and indirect political on of 'political campaign activities')	campaign activities in	Part IV.				
2	Politic	cal campaign activity ex	penditures (See instructions)		▶\$				
3	Volur	nteer hours for political	campaign activities (See instructions)						
Par	t I-B	Complete if the or	rganization is exempt under section	on 501(c)(3).					
1	Enter	the amount of any exc	ise tax incurred by the organization under	section 4955	> \$	0.			
2	Enter	the amount of any exc	ise tax incurred by organization managers	under section 4955.	▶\$	0.			
3	If the	organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes No			
4 a	Was	a correction made?				Yes No			
Ł	If 'Ye	s,' describe in Part IV.							
Par	t I-C	Complete if the or	ganization is exempt under section	on 501(c), excep	t section 501(c)(3).				
1	Enter	the amount directly ex	pended by the filing organization for section	on 527 exempt function	n activities > \$				
2			g organization's funds contributed to other s						
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b								
4	Did th	ne filing organization file	e Form 1120-POL for this year?			Yes No			
5	Enter organ amou segre	the names, addresses nization made payments nt of political contribution gated fund or a politica	and employer identification number (EIN) s. For each organization listed, enter the all s received that were promptly and directly del I action committee (PAC). If additional spa	of all section 527 pol mount paid from the f livered to a separate po ace is needed, provide	itical organizations to willing organization's fundition's funditical organization, such a information in Part IV	which the filing ds. Also enter the as a separate			
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0			
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2020

Part II-A Complete if section 501(the organization	on is exempt under sec	ction 501(c)(3) and	l filed Form 5768 (el	ection under
		ngs to an affiliated group (and	list in Part IV each affili	ated group member's name	<u>,</u>
		nd share of excess lobbying			
B Check ► if the filing	ng organization ch	ecked box A and 'limited cor	ntrol' provisions apply.		
(The term	Limits on Lobb 'expenditures' me	oying Expenditures eans amounts paid or incurr	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit	ures to influence p	oublic opinion (grassroots lob	bying)		
b Total lobbying expendition	ures to influence a	a legislative body (direct lobb	ying)		
, , ,	•	and 1b)			
e Total exempt purpose e	xpenditures (add	lines 1c and 1d)			
		mount from the following tab			
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	amount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1		\$100,000 plus 15% of the excess			
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$	517,000,000	\$225,000 plus 5% of the excess of	over \$1,500,000.		
Over \$17,000,000	amount (enter 25%	\$1,000,000. 6 of line 1f)			
•	·	ss, enter -0			
_		ss, enter -0			
j If there is an amount other	er than zero on eithe	er line 1h or line 1i, did the org	janization file Form 4720	reporting	Yes No
3001011 4311 107 1110	y carr				
(Som		4-Year Averaging Period L nat made a section 501(h) el pelow. See the separate inst	ection do not have to		
		bying Expenditures During			
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying					
expenditures BAA					1 990 or 990-EZ) 2020

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)).

	(election under section 501(n)).						
-	Not be a second of the second	(a	1)		(b)		
	each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description he lobbying activity.	Yes	No		Amoun	t	
1	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:						
	a Volunteers?		X				
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X				
	c Media advertisements?		Χ				
	d Mailings to members, legislators, or the public?		X				
	e Publications, or published or broadcast statements?		Χ				
	f Grants to other organizations for lobbying purposes?		Χ				
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		Χ				
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Χ				
	i Other activities?		Χ				
	j Total. Add lines 1c through 1i						0.
2	a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Χ				
	b If 'Yes,' enter the amount of any tax incurred under section 4912						
	c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912						
	d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or				
	section 501(c)(6).				1.7		
	W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Г	Ye	S I	No
	Were substantially all (90% or more) dues received nondeductible by members?			_	1	_	
2					2	_	
3					3		
	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	Part l	, or s II-A,	ectio line 3	n 501(d 8, is	:)	
1	Dues, assessments and similar amounts from members		1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).						
	a Current year		2 a				
	b Carryover from last year		2 b				
	c Total		2 c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4				
5	Taxable amount of lobbying and political expenditures (See instructions)		5				_

Part IV | Supplemental Information

Provide 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 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Legal Information for Families Today 13-3910567 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate value of contributions to (during year). Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit?.... Yes **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a **b** Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a)..... d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X.....

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following

b Assets included in Form 990, Part X.....

amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1.....

Part III Organizations Maintai	ning Coll	ections	oi Art, HISTO	ricai i reasures, oi	r Other Similar Ass	ets (C	บทเทน	iea)		
3 Using the organization's acquisition, items (check all that apply):	accession, a	and other i	_		nake significant use of its	collection	on			
a Public exhibition			H	or exchange program						
b Scholarly research			e Other	-						
- <u> </u>	c Preservation for future generations									
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5 During the year, did the organizat to be sold to raise funds rather th Part IV Escrow and Custodial	an to be ma	aintained	as part of the or	rganization's collection	?	Yes		No		
line 9, or reported an a	amount or	Form 9	990, Part X, I	line 21.	swered res offre	1111 33	o, i ai			
1 a Is the organization an agent, trus on Form 990, Part X?					er assets not included	Yes	. [No		
b If 'Yes,' explain the arrangement	in Part XIII	and comp	olete the following	ng table:						
						Amour	ıt			
c Beginning balance										
d Additions during the year										
e Distributions during the yearf Ending balance										
2a Did the organization include an a						Yes		- No		
b If 'Yes,' explain the arrangement					•			No		
b if res, explain the arrangement	III Part Alli.	CHECK HE	ere ii tile explait	ation has been provide	eu on Part Alli					
Part V Endowment Funds. Co	omoleta if	the ora	anization an	swarad 'Vas' on Fo	orm 990 Part IV li	na 10				
Lindowine it Funds. Co	(a) Curren		(b) Prior year				Four year	e hark		
1 a Beginning of year balance	(a) Guilleii	it year	(b) i noi year	(c) Two years back	(u) Tillee years back	(6)	i oui yeai	3 Dack		
b Contributions										
·										
c Net investment earnings, gains, and losses										
d Grants or scholarships										
e Other expenditures for facilities and programs										
f Administrative expenses										
g End of year balance										
2 Provide the estimated percentage	e of the curre	ent year e	end balance (line	e 1g, column (a)) held	as:					
a Board designated or quasi-endowme			 %							
b Permanent endowment ▶	9	5								
c Term endowment ►	 %									
The percentages on lines 2a, 2b, an	nd 2c should	equal 100°	%.							
3a Are there endowment funds not in the	ne possession	n of the or	ganization that a	re held and administered	d for the	1		т		
organization by:							Yes	No		
(i) Unrelated organizations						3a(i)				
(ii) Related organizations						. 3a(ii)				
b If 'Yes' on line 3a(ii), are the rela	•					. 3b				
4 Describe in Part XIII the intended			tion's endowme	nt funds.						
Part VI Land, Buildings, and E Complete if the organization			'Yes' on Forn	n 990. Part IV. line	e 11a. See Form 99	0. Pai	t X. li	ne 10.		
Description of property			or other basis	(b) Cost or other	(c) Accumulated		Book va			
		(inv	vestment)	basis (other)	depreciation	(u)	DOOK V			
1 a Land.		-								
b Buildings				10.010	10 010					
c Leasehold improvements				19,910.	19,910.			0.		
d Equipment				188,063.	159,617.		28	<u>,446.</u>		
e Other			n 000 Port V -	34,926.	34,926. ►		2.0	0.		
BAA	ri (u) must e	yuai rom	II 220, Mart X, C	olullili (b), lille 10c.)		lulo D /F	28 orm 99 0	, 446.		
					Scried	uie D (F	01111 221	J) ZUZU		

Part VII Investments - Other Securities. Complete if the organization answered	d 'Ves' on Form 99	N/A O Part IV line 11h See Form 9	000 Part Y line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	
(1) Financial derivatives	(2) 20011 141140	(c) meaned of valuations door of one	your market value
(2) Closely held equity interests.			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •			
Part VIII Investments — Program Related.	1.1)/ 1 5 00	N/A	200 5 1 1/ 1: 10
Complete if the organization answered			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)	 		
<u>(6)</u>			
(7)			
(8)			
(9)			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . •	<u> </u>		
Part IX Other Assets.	N/A	4	
Complete if the organization answered	d 'Yes' on Form 99	0, Part IV, line 11d. See Form 9	
	escription		(b) Book value
(1)			
(2)			
<u>(3)</u> (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	<u></u>	•
Part X Other Liabilities.	F 000 D IV I' 1	11 11(O F 000 D V I' 0F	
Complete if the organization answered 'Yes' on I (a) Desc	ription of liability	THE OF THE See FORM 990, Part X, line 25	(b) Book value
(1) Federal income taxes	iption or hability		(b) book value
(2) Deferred Rent			14,436.
(3)			14,450.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			1 4 40 0
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			14,450.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fortunate has positions under FASB ASC 740. Check here if the text of the footnote has	=		liability for uncertain

Part VII Investments - Other Securities. Complete if the organization answered	d 'Ves' on Form 99	N/A O Part IV line 11h See Form 9	000 Part Y line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	
(1) Financial derivatives	(2) 20011 141140	(c) meaned of valuations door of one	your market value
(2) Closely held equity interests.			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •			
Part VIII Investments — Program Related.	1.1)/ 1 5 00	N/A	200 D 1 1/ 1/ 10
Complete if the organization answered			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)	 		
<u>(6)</u>			
(7)			
(8)			
(9)			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . •	<u> </u>		
Part IX Other Assets.	N/A	4	
Complete if the organization answered	d 'Yes' on Form 99	0, Part IV, line 11d. See Form 9	
	escription		(b) Book value
(1)			
(2)			
<u>(3)</u> (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	<u></u>	•
Part X Other Liabilities.	F 000 D IV I' 1	11 11(O F 000 D V I' 0F	
Complete if the organization answered 'Yes' on I (a) Desc	ription of liability	THE OF THE See FORM 990, Part X, line 25	(b) Book value
(1) Federal income taxes	iption or hability		(b) book value
(2) Deferred Rent			14,436.
(3)			14,450.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			1 4 40 0
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			14,450.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fortunate has positions under FASB ASC 740. Check here if the text of the footnote has	=		liability for uncertain

EXTENSION ATTACHED

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Α	For the	he 2020 calen	dar year, or tax y	ear begin/	ning $10/$	01	, 20	20, and ending	9/	′30	,	20 2021
В	Check	if applicable:	С							D Emplo	yer identi	ification number
	Ad	ddress change	Legal Info	rmatio	n for F	amilies	Todav			13-	3910	567
	Na		32 Court S				_			E Teleph		
	In	itial return	Brooklyn,	NY 112	01					(64	6) 6	13-9633
		nal return/terminated								(0 -	, ,	
	\vdash	mended return								G Gross	receints i	\$ 3,251,705.
	\vdash	pplication pending	F Name and addre	ss of principa	Lofficer: a	1 0		I	H(a) Is this	a group retu		
	ш~	pplication pending	Same As C	7 horro	Cat	iny Cram	ier			II subordinate ," attach a lis		
$\overline{}$	Tav	exempt status:	X 501(c)(3)	501(c) (\ ∢ /i	insert no.)	4947(a)(1) or 527	If "No	," attach a lis	t. See ins	structions
<u>'</u>		•) ' (ilisert ilu.)	4347(a)(1					_
			w.LIFTonli							exemption n		
K		n of organization:	X Corporation	Trust	Association	Other ►		L Year of formation	n: 199	6 IVI	State of I	egal domicile: NY
Pa	art I	Summar				-:::C	41: -141 	, ,				- ' NT7.0
	1											tice in NYS
છ												support to
Щ			epresented									<u> </u>
ēĽ	_		hile worki									
Governance	3		ox ► ∐ if the o oting members of								1 3	seis. 18
			dependent voting								4	18
Activities &	5		of individuals er	-	-			•			5	46
∄	6		of volunteers (e								6	21
Act	7a		ed business reve								7a	0.
			l business taxabl								7b	0.
									F	Prior Year		Current Year
4.	8	Contributions	and grants (Par	t VIII, line	1h)					2,736,	475.	3,205,487.
Revenue	9	Program serv	rice revenue (Par	rt VIII, line	e 2g)							, ,
ĕ.	10	Investment in	ncome (Part VIII,	column (A	A), lines 3, 4	4, and 7d)					120.	5.
ď	11	Other revenue	e (Part VIII, colu	mn (A), lir	nes 5, 6d, 8	c, 9c, 10c, a	and 11e)			15,		19,255.
	12	Total revenue	e – add lines 8 tl	hrough 11	(must equa	ıl Part VIII, d	column (A)), line 12)		2,751,	605.	3,224,747.
	13	Grants and si	imilar amounts p	aid (Part I	X, column ((A), lines 1-	3)					
	14	Benefits paid	to or for member	ers (Part I)	X, column (/	A), line 4)						
	15	Salaries, other	er compensation,	, employee	e benefits (F	Part IX, colu	ımn (A), lir	nes 5-10)		1,798,	461.	2,200,900.
Ses	16a	Professional	fundraising fees	(Part IX, o	column (A),	line 11e)				20,		
Expenses	h		sing expenses (P					332,254.				
益	170					· · · · · · · · · · · · · · · · · · ·				071	450	006 001
			ses (Part IX, colu							871,		906,891.
	18	•	es. Add lines 13-	-				•		2,690,		3,107,791.
	19	Revenue less	expenses. Subt	ract line i	8 from line	12				61,		116,956.
3 or	20	Total assets	(Dart V. line 10)							ing of Curre		End of Year
Assets d Balanc	20 21		(Part X, line 16). es (Part X, line 20						ļ	2,239,		2,412,953.
Net A	21		. , . ,	- /						403,		459,811.
_			fund balances.	Subtract li	ne 21 from	line 20				1,836,	186.	1,953,142.
Pa	art II	Signatur	e Block									
Unde	er penal	Ities of perjury, I de	eclare that I have exam	nined this retu	urn, including ac	companying sci	hedules and s	tatements, and to the	ne best of r	my knowledge	e and beli	ef, it is true, correct, and
COIII	picte. D	L /			an inionnation (or writeri prepare	or rias arry Kirc	owicage.				
		Signatu	re of officer							6/29 late	/2022	<u>′</u>
Sig	gn									ale		
He	re		hy Cramer						CEO			
		71	print name and title		T= .			Ta .				
		Print/Type p	oreparer's name		Preparer's sig	mature	1611	Date 6/22/20	າວວ	Check	 "	PTIN
Pa	id	Michae	el Schall		Micha 🖋	I Scher	w	6/23/20)	self-employ	/ed	P02024184
Pre	epare	er Firm's name	► SCHALL	& ASHI	ENFARB (CPAS LLC	<u>:</u>					
Us	e On	ily Firm's addre	ess ► 307 FI	FTH AVI	E 15TH E	rL.				Firm's EIN	<u>►</u> 13·	-4036703
			NEW YO	RK, NY	10016					Phone no.	(212	2) 268-2800

No

Yes

Form **8868**

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

<u>Automati</u>	c 6-Month Extension of Time. Only sub	mit origin	al (no copies needed).			
	ons required to file an income tax return other the			s, REI	MICs, and to	rusts must
use Form 70	004 to request an extension of time to file incom Name of exempt organization or other filer, see instructions.	e tax return	S	Taxpa	yer identification	number (TIN)
Гуре or					,	
orint	Legal Information for Familie	ve Today		12_	3910567	
ile by the	Number, street, and room or suite number. If a P.O. box, see			113	3910307	
lue date for	32 Court Street, Suite 1208					
eturn. See	Urn. See City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
nstructions.	Brooklyn, NY 11201					
	eturn Code for the return that this application is	for (file a se	narate application for each return)			01
THE HE HE	eturn code for the return that this application is	ioi (ille a se	parate application for each return)			01
Application s For		Return Code	Application Is For			Return Code
	Form 000 E7					07
orm 990 or orm 990-Bl	Form 990-EZ	01	Form 990-T (corporation) Form 1041-A			07
orm 4720 (02	Form 4720 (other than individual)			09
orm 990-Pi		04	Form 5227			10
	(section 401(a) or 408(a) trust)	05	Form 6069			11
	(trust other than above)	06	Form 8870			12
If the orgIf this is check th	e No. • (646) 613-9633 ganization does not have an office or place of but for a Group Return, enter the organization's fou is box •	r digit Group	e United States, check this box	this is	for the who	ole group,
	nsion is for.					
for the	st an automatic 6-month extension of time until organization named above. The extension is for calendar year 20 or $\frac{10}{01}$, 20 $\frac{20}{00}$ ax year entered in line 1 is for less than 12 morange in accounting period	r the organiz _, and endii	ng <u>9/30</u> , ²⁰ <u>21</u> .	zation al retu		
3a If this a	application is for Forms 990-BL, 990-PF, 990-T, undable credits. See instructions	4720, or 60	69, enter the tentative tax, less any	3 a	\$	0
	application is for Forms 990-PF, 990-T, 4720, or yments made. Include any prior year overpayme			3 b	\$	0
EFTPS	ce due. Subtract line 3b from line 3a. Include you (Electronic Federal Tax Payment System). See	instructions	S	3с	<u> </u>	0
aution: If v	you are going to make an electronic funds withdr	rawal (direct	dehit) with this Form 8868, see Form 84	53-FC	and Form	8879-FO for

payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

Par	Check if Schedule O contains a response or note to any line in this Part III			. X
1	Briefly describe the organization's mission:			. 21
-	Legal Information for Families Today (LIFT) is an award winning non-prof	fit dedi	cate	ed
	to empowering unrepresented litigants so that they may successfully self			
	the New York Family Courts.	_=====		
2	Did the organization undertake any significant program services during the year which were not listed on the prior			
	Form 990 or 990-EZ?	Yes	X	No
	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? If "Yes," describe these changes on Schedule O.	Yes	X	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	acured by	vnone	202
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others.	, the total e	xpense	es,
	and revenue, if any, for each program service reported.			
	(0.1			
	(Code:) (Expenses \$ 601,498. including grants of \$) (Revenue \$)
	See Schedule 0			
	(Order) (Europe & FOE 010 including worth of &) (Docume &			
	(Code:) (Expenses \$525,918. including grants of \$) (Revenue \$)
	See Schedule 0			
1.0	(Code:) (Expenses \$347,387. including grants of \$) (Revenue \$			``
	See Schedule 0			
4 d	Other program services (Describe on Schedule O.) See Schedule O			
	(Expenses \$ 950,589. including grants of \$) (Revenue \$)	
4 e	Total program service expenses > 2,425,392		,	

			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	Χ	
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		Х
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 Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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		Х
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, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	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.	11 b		Х
c	: 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	11 c		Х
c	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	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 'Yes,' complete Schedule D, Part X.</i>	11 f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete 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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
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? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions.	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	11
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19	Λ	Х
20a	Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i>	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

			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		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23	Х	
24 a	a 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		Х
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
ď	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		
c	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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		Х
ŀ	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		Х
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? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
ā	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
ŀ	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Χ
(A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ł	o If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pai	rt 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			. 📙
1.	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
ŀ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
(c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
D A A	TEFADIOII 10/07/20		000 ((0000)

Form 990 (2020) Legal Information for Families Today

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 46			
ŀ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
ŀ	tf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
4 8	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)?	4 a		Х
ŀ	olf '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).			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
(: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с		
6 a	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
ŀ	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
,	a 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?	7 a		X
ŀ	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ŀ	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
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?	8		
	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	124		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
ŀ	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
•	Enter the amount of reserves on hand			
14 a	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
ŀ	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		Х
	If 'Yes,' see instructions and file Form 4720, Schedule N.			٦,
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	16		X

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
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	3,503,684.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	278,937.
3 Subtract line 2e from line 1	3	3,224,747.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	3,224,747.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	3,386,728.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	278,937.
3 Subtract line 2e from line 1	3	3,107,791.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.	4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,107,791.
Part XIII Supplemental Information.		

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 XI, 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 X - FASB ASC 740 Footnote

LIFT does not believe its financial statements include any material, uncertain tax positions. Tax filings for period ending September 30, 2018 and later are subject to examination by applicable taxing authorities.

BAA Schedule D (Form 990) 2020

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 13-3910567 Legal Information for Families Today **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.