

Form 990		Two Year Comparison Report		2019 & 2020
Name		For calendar year 2020, or tax year beginning		ending
Taxpayer Identification Number				
Diversity Richmond, Inc.				31-1669279
		2019	2020	Differences
Revenue	1. Contributions, gifts, grants	1. 1,294,890	1,070,677	-224,213
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.	116,762	116,762
	4. Program service revenue	4. 239	5,495	5,256
	5. Investment income	5. 12,490	7,661	-4,829
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9. 5,725	1,738	-3,987
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 19,348	4,649	-14,699
	12. Total revenue. Add lines 1 through 11	12. 1,332,692	1,206,982	-125,710
Expenses	13. Grants and similar amounts paid	13. 71,993	160,655	88,662
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 161,398	162,338	940
	16. Salaries, other compensation, and employee benefits	16. 509,936	497,956	-11,980
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 24,875	36,598	11,723
	19. Occupancy, rent, utilities, and maintenance	19.		
	20. Depreciation and Depletion	20. 43,049	63,481	20,432
	21. Other expenses	21. 282,390	224,009	-58,381
	22. Total expenses. Add lines 13 through 21	22. 1,093,641	1,145,037	51,396
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 239,051	61,945	-177,106
Other Information	24. Total exempt revenue	24. 1,332,692	1,206,982	-125,710
	25. Total unrelated revenue	25. 17,665	3,780	-13,885
	26. Total excludable revenue	26. 20,137	15,763	-4,374
	27. Total assets	27. 2,616,148	2,641,375	25,227
	28. Total liabilities	28. 842,057	805,339	-36,718
	29. Retained earnings	29. 1,774,091	1,836,036	61,945
	30. Number of voting members of governing body	30. 16	17	
	31. Number of independent voting members of governing body	31. 16	17	
	32. Number of employees	32. 45	33	
	33. Number of volunteers	33. 150	205	

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2020 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">Diversity Richmond, Inc.</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>1407 Sherwood Avenue</p> City or town, state or province, country, and ZIP or foreign postal code <p>Richmond VA 23220</p>	D Employer identification number <p align="center">31-1669279</p> E Telephone number <p align="center">804-622-4646</p> G Gross receipts\$ 1,321,702
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F Name and address of principal officer: <p>William A. Harrison 1407 Sherwood Avenue Richmond VA 23220</p>	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
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I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ◆ www.diversityrichmond.org **H(c)** Group exemption number ◆

K Form of organization: Corporation Trust Association Other ◆ **L** Year of formation: **1999** **M** State of legal domicile: **VA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p align="center">See Schedule O</p>																									
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																									
	3 Number of voting members of the governing body (Part VI, line 1a)	17																								
	4 Number of independent voting members of the governing body (Part VI, line 1b)	17																								
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	33																								
	6 Total number of volunteers (estimate if necessary)	205																								
	7a Total unrelated business revenue from Part VIII, column (C), line 12	3,780																								
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	779																								
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td align="right">1,294,890</td> <td align="right">1,187,439</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td align="right">239</td> <td align="right">5,495</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td align="right">12,490</td> <td align="right">7,661</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td align="right">25,073</td> <td align="right">6,387</td> </tr> <tr> <td>12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td align="right">1,332,692</td> <td align="right">1,206,982</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	1,294,890	1,187,439	9 Program service revenue (Part VIII, line 2g)	239	5,495	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,490	7,661	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,073	6,387	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,332,692	1,206,982						
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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <p align="center">William A. Harrison</p> Type or print name and title <p align="center">President</p>	Date
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Paid Preparer Use Only	Print/Type preparer's name Steven P. Walls	Preparer's signature Steven P. Walls	Date 11/11/21	Check <input checked="" type="checkbox"/> if self-employed PTIN P00609162	Firm's name " Steve Walls & Assoc., PLLC 11541 Nuckols Rd, Ste A Firm's address " Glen Allen, VA 23059	Firm's EIN " 26-4555225 Phone no. 804-270-0784
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May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

We develop and help sustain organizations, programs, and services that contribute to a vibrant Central Virginia Community that share our values of diversity, inclusion, individual dignity, equality and civic engagement.

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 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? Yes 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.

4a (Code:) (Expenses \$ **871,552** including grants of \$) (Revenue \$ **5,495**)
See Schedule O

Client Copy

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
See Schedule O

4c (Code:) (Expenses \$ **160,655** including grants of \$ **160,655**) (Revenue \$)
See Schedule O

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **1,032,207**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
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		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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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	X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
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.	X	

Part 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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	33
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	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?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
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?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 17		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 17		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
15b			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **VA**
- 18** 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 Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records

Dia Idleman
Richmond

1407 Sherwood Avenue

VA 23220

804-622-4646

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- 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.

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Luise Farmer Chair	4.00 0.00	X		X				0	0	0
(2) Robyn Bentley Vice Chair	4.00 0.00	X		X				0	0	0
(3) Michael Young Treasurer	4.00 0.00	X		X				0	0	0
(4) Art Toth Chair Emeritus	2.00 0.00	X						0	0	0
(5) Keri Abrams Director	1.00 0.00	X						0	0	0
(6) Kevin W. Allison, PhD Director	1.00 0.00	X						0	0	0
(7) Michael Birch-Pierce Director	1.00 0.00	X						0	0	0
(8) Kirk Blandford Director	1.00 0.00	X						0	0	0
(9) Lee Dyer Director	1.00 0.00	X						0	0	0
(10) Margaret Hill Director	1.00 0.00	X						0	0	0
(11) Odetta Johnson Director	1.00 0.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Rebecca Keel	1.00									
Director	0.00	X					0	0	0	
(13) Beth Marschak	1.00									
Director	0.00	X					0	0	0	
(14) Chris Moore	1.00									
Director	0.00	X					0	0	0	
(15) Ayina Obika-Clayborne	1.00									
Director	0.00	X					0	0	0	
(16) Jean Segner	1.00									
Director	0.00	X					0	0	0	
(17) Shawn Smith	1.00									
Director	0.00	X					0	0	0	
(18) William A. Harrison	40.00									
President	0.00			X			90,052	0	0	
(19) Dia Idleman	40.00									
Chief Accountant	0.00			X			72,286	0	0	
1b Subtotal							162,338			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							162,338			

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	10,380			
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	116,762			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,060,297			
	g Noncash contributions included in lines 1a-1f	1g	\$ 113,178			
	h Total. Add lines 1a-1f			1,187,439		
	Program Service Revenue	2a Other	Business Code	5,495		
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f				5,495		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		7,661			7,661
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	113,583			
		(ii) Personal				
		6a	113,583			
	b Less: rental expenses	6b	109,803			
	c Rental inc. or (loss)	6c	3,780			
	d Net rental income or (loss)			3,780		3,780
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a				
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	9a	6,655				
	b Less: direct expenses	9b	4,917			
c Net income or (loss) from gaming activities			1,738		1,738	
10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a Other Misc Income	Business Code	869			869
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d			869		
12 Total revenue. See instructions			1,206,982	0	3,780	15,763

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	31,000	31,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	129,655	129,655		
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	162,338	144,481	14,610	3,247
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	386,103	343,631	34,750	7,722
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	69,965	62,269	6,297	1,399
10 Payroll taxes	41,888	37,280	3,770	838
11 Fees for services (nonemployees):				
a Management				
b Legal	7,475	4,800	2,675	
c Accounting	13,832	12,310	1,245	277
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	15,291	15,291		
12 Advertising and promotion	3,511	3,300	176	35
13 Office expenses	26,689	12,010	12,010	2,669
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	707		707	
20 Interest	68,488	64,379	3,424	685
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	63,481	60,407	2,586	488
23 Insurance	17,073	15,195	1,537	341
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.)				
a Utilities	58,416	54,911	2,921	584
b Maintenance and Repair	46,917	35,188	9,383	2,346
c Event Expenses	37,269	37,269		
d Taxes and Licenses	22,022	19,600	1,982	440
e All other expenses	-57,083	-50,769	-6,912	598
25 Total functional expenses. Add lines 1 through 24e	1,145,037	1,032,207	91,161	21,669
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	532,921	1	678,976
	2	Savings and temporary cash investments	51,853	2	2,217
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,550	4	751
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	82,072	8	77,827
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,446,415		
	b	Less: accumulated depreciation	10b 843,278	10c	1,603,137
	11	Investments—publicly traded securities		11	260,499
	12	Investments—other securities. See Part IV, line 11	256,595	12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	12,144	15	17,968
16	Total assets. Add lines 1 through 15 (must equal line 33)	2,616,148	16	2,641,375	
Liabilities	17	Accounts payable and accrued expenses	30,841	17	32,802
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other 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		22	
	23	Secured mortgages and notes payable to unrelated third parties	799,337	23	762,725
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	11,879	25	9,812
	26	Total liabilities. Add lines 17 through 25	842,057	26	805,339
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	1,720,528	27	1,769,805
	28	Net assets with donor restrictions	53,563	28	66,231
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	1,774,091	32	1,836,036	
33	Total liabilities and net assets/fund balances	2,616,148	33	2,641,375	

Part 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	1,206,982
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,145,037
3	Revenue less expenses. Subtract line 2 from line 1	3	61,945
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,774,091
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,836,036

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a 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?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

Name of the organization

Diversity Richmond, Inc.

Employer identification number

31-1669279

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.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 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.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - 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.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **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.**
 - e 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.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	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.)

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 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); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2019 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ◆	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	856,580	972,823	1,053,356	1,289,721	1,187,439	5,359,919
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	3,788	7,109	632	11,140	7,233	29,902
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						
6 Total. Add lines 1 through 5	860,368	979,932	1,053,988	1,300,861	1,194,672	5,389,821
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	2,321	2,721	6,475	5,169	6,827	23,513
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						
c Add lines 7a and 7b	2,321	2,721	6,475	5,169	6,827	23,513
8 Public support. (Subtract line 7c from line 6.)						5,366,308

Section B. Total Support

Calendar year (or fiscal year beginning in) ◆	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	860,368	979,932	1,053,988	1,300,861	1,194,672	5,389,821
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	123,783	134,476	136,006	173,415	121,243	688,923
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	123,783	134,476	136,006	173,415	121,243	688,923
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	7,038	21,685	6,303	9,678	1,738	46,442
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	991,189	1,136,093	1,196,297	1,483,954	1,317,653	6,125,186
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	87.61 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	86.98 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	11 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	12 %

19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box 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? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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 integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

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— <i>explain in Part VI</i>). 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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . 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			

Part VI

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

◆ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
◆ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

Name of the organization

Employer identification number

Diversity Richmond, Inc.

31-1669279

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization

Diversity Richmond, Inc.

Employer identification number

31-1669279

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Carpenter Foundation 1735 Market Street, Suite 3420 Philadelphia PA 19103	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Laughing Gull Foundation 1003 Lamond Avenue Durham NC 27701	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	VanGuard Charitable Foundation 2670 Warwick Avenue Warwick RI 02889	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Feed More 1415 Rhoadmiller St Richmond VA 23220	\$ 97,598	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	Small Business Administration 408 North 8th Street, Ste 1150 Richmod VA 23219	\$ 116,762	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Diversity Richmond, Inc.

Employer identification number

31-1669279

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	Food Donations	\$ 97,598	09/30/21
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

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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

2020

Open to Public Inspection

Name of the organization

Diversity Richmond, Inc.

Employer identification number

31-1669279

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, aggregate value at end of year, and two questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, total number of easements, total acreage, number of easements on certified historic structures, and various monitoring and reporting questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art, historical treasures, or other similar assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 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 organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ♦ %
 - b Permanent endowment ♦ %
 - c Term endowment ♦ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------------|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		251,000		251,000
b Buildings		1,792,842	633,549	1,159,293
c Leasehold improvements				
d Equipment		97,080	80,962	16,118
e Other		305,493	128,767	176,726
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,603,137

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Deposits held	9,812
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	9,812

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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	1,316,785
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	109,803
e	Add lines 2a through 2d	2e	109,803
3	Subtract line 2e from line 1	3	1,206,982
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	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,206,982

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	1,254,840
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	109,803
e	Add lines 2a through 2d	2e	109,803
3	Subtract line 2e from line 1	3	1,145,037
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	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,145,037

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

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

Rental expenses reported net \$ 109,803

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Rental expenses reported net \$ 109,803

Part XIII Supplemental Information *(continued)*

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
◆ Attach to Form 990.
◆ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Diversity Richmond, Inc.

Employer identification number
31-1669279

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	VA Pride 1407 Sherwood Ave Richmond VA 23220	41-2212870	3	10,350		FMV		Program
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **◆ 7**
- 3 Enter total number of other organizations listed in the line 1 table **◆ 1**

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

Schedule I (Form 990) (2020)

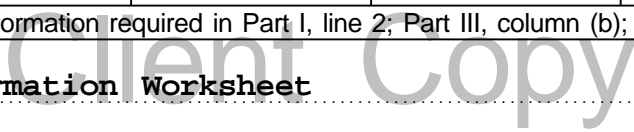
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Exec Dir Discretionary		3,171		Market	Other
2 Others in Need		124,079		Market	Food
3 Clothing		2,405		Market	Clothing
4					
5					
6					
7					

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

See Schedule I Supplemental Information Worksheet



Supplemental Information

SCHEDULE I
(Form 990)

2020

For calendar year 2020, or tax year beginning , and ending

Name of the organization

Diversity Richmond, Inc.

Employer identification number

31-1669279

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

The Organization monitors the use of grant funds through periodic correspondence with grant recipients.

Part IV - Additional Information

Approximately 50 individuals in need received assistance from the Organization's Thrift Shop during 2020. Using listed retail prices, the Organization donated a total of \$2,005 in clothing and other household goods to these individuals in need.

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SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

◆ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

◆ 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

Diversity Richmond, Inc.

Employer identification number

31-1669279

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ◆ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ◆ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													

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Total ◆ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) Truist (formerly SunTrust)	Bank		Loan Balance		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

Schedule L, Part V - Additional Information

The Organization's Treasurer, Michael Young, is an employee of Truist, the commercial bank utilized by the Organization for its depository accounts and its mortgage loan payable.

At December 31, 2020, Truist held approximately \$588,000 of the Organization's cash and cash equivalents and also held an outstanding commercial real estate mortgage loan in the amount of \$708,983. The Organization believes the terms of its business activities with Truist are consummated at fair value.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Diversity Richmond, Inc.

Employer identification number

31-1669279

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications	X		19,661	Sales in Thrift Store
5 Clothing and household goods	X		766,318	Sales in Thrift Store
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	X	1	113,178	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ◆ ()				
26 Other ◆ ()				
27 Other ◆ ()				
28 Other ◆ ()				

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29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	0
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	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) 2020

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

Part I, Line 32b - Third Party Used to Process Noncash Contributions

The Organization utilizes the services of Value Clothing, Inc. a subsidiary of Williams Companies, Inc. (formerly Williams Medical Textiles, Inc.) to dispose of unsaleable clothing and shoes to individuals in third-world countries. Proceeds received from Value Clothing, Inc. were \$6,430 for the year ended December 31, 2020. The Organization also utilizes various third party companies to sell scrap materials (gold and silver fromn donated/unsaleable jewelry, iron and metal, etc.) and received \$2,946 for such scrap items during the year ended December 31, 2020.

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

◆ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

Diversity Richmond, Inc.

Employer identification number

31-1669279

Form 990 - Organization's Mission or Most Significant Activities

To the lesbian, gay, bisexual, transgender, questioning (LGBTQ+) community,
their families, friends and allies, Diversity Richmond is a catalyst, a
voice, a place and a resource that enriches and champions our diverse
community, because we aspire for a vibrant, inclusive Richmond where
inequality does not exist.

"Championing a dynamic community that celebrates all of us."

"It is the responsibility of the minority to bring injustices
to the attention of the majority."

Form 990 - Additional Information

- 1. The Organization operates as "Diversity Richmond".
2. The Organization operates a thrift store branded as "Diversity Thrift".
3. Through July 2018, the Organization operated bingo games for the general
public branded as "Diversity Bingo". Since July 2018, the Organization
operates isolated Bingo games solely for fundraising purposes.

Effective April 1, 2021, the Organization merged with Gay Pride Virginia

Name of the organization

Employer identification number

Diversity Richmond, Inc.

31-1669279

dba VA Pride ("VA Pride") (41-2212870) a 501(c)(3) organization. For legal, financial and reporting purposes, the Organization is the surviving entity and the merger is expected to be accounted for in 2021 as a pooling of interests. At March 31, 2021, VA Pride held cash and cash equivalents of approximately \$230,000 and reported no outstanding liabilities. The terms of the merger agreement include the designation of three (3) board positions for former VA Pride board members, restriction as to use of VA Pride's cash and cash equivalents for a period of two (2) years and employment of VA Pride's former Executive Director as project manager dedicated to VA Pride's operating activities.

OTHER INFORMATION

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In 2020, the Organization's thrift store was named one of the best thrift stores in Style Magazine's Best of Richmond annual survey.

BETTER BUSINESS BUREAU ACCREDITATION

The Organization is an Accredited Charity by the Better Business Bureau which requires meeting the Better Business Bureau's twenty (20) Standards for Charity Accountability in categories such as governance, measuring effectiveness, finances, and fundraising/information. The Organization's accreditation expires in December 2020.

COMMUNITY RELATIONS

Name of the organization

Employer identification number

Diversity Richmond, Inc.

31-1669279

For the last five years, Diversity Richmond has coordinated a series of events recognizing the leadership and contributions of African American LGBTQ+ people and their allies. The series includes community conversations addressing issues of transgender women of color, spirituality and African American LGBTQ+ people, Black Queer politics and the annual recognition of National HIV/AIDS Awareness.

MISSION ACCOMPLISHMENTS

Diversity Richmond's primary mission is "Awareness". In connection therewith, below are specific examples of mission accomplishments during 2020:

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Diversity Richmond's meeting rooms are used at no charge by other organizations such as Richmond Triangle Players, Side By Side, Monument City Music, VA Pride, the Virginia Anti-Violence Project and four AA recovery groups;

Diversity Richmond provided incidental storage for multiple LGBTQ+ organizations saving them thousands of dollars annually;

Diversity Thrift donated free books to local school teachers;

Diversity Richmond's Iridian Gallery, the south's only art gallery dedicated to LGBTQ+ artists, coordinated five exhibits and special events;

Name of the organization

Employer identification number

Diversity Richmond, Inc.

31-1669279

Four LGBTQ+ organizations use Diversity Richmond as their address, saving hundreds in post office rental spaces;

Diversity Richmond conducted multiple community conversations addressing racism and white privilege; and

Diversity Richmond conducts a monthly radio show on WRIR FM, addressing issues of the LGBTQ+ community; "Diversity Richmond Speaks" is a top rated WRIR-FM broadcast.

The Organization's Executive Director, Bill Harrison, is a member of the Richmond Times-Dispatch Community Advisory Board. The Community Advisory Board is comprised of 12 volunteer members and provides opportunities to share feedback to the RTD Opinions team, staff columnists and newspaper leadership regarding issues facing the local community. Mr. Harrison is also a member of the Henrico County Police Chief's Advisory Committee and in 2020 was a member of the City of Richmond's Mayor Stoney's census committee "RVA Counts 2020".

The Organization is highly active in social media through its website (www.diversityrichmond.org) and Facebook. As of 8/24/21 the Organization had 7,544 likes and 7,883 followers on its Facebook page (a 16% increase from the prior year).

Form 990, Part I, Line 6

The Organization is the grateful recipient of volunteer services in its:

Name of the organization

Employer identification number

Diversity Richmond, Inc.

31-1669279

- a. Thrift store operations,
- b. Board roles and committee leadership, and
- c. Program service.

Form 990, Part III, Line 4a - First Accomplishment

Diversity Richmond operates a retail store that receives publicly donated items of clothing, household items, books and furniture. These items are then prepared for sale to the public through the Organization's retail store branded as Diversity Thrift.

A significant number of volunteer services are provided in the thrift shop in sorting, organizing and preparing donated items for sale. Revenues produced by Diversity Thrift are used to fund (a) the operations of Diversity Richmond, (b) the design and provision of educational, civic and cultural programming, and (c) the provision of direct cash support for agencies and groups that provide services to Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ+) people in Central Virginia.

Form 990, Part III, Line 4b - Second Accomplishment

Diversity Richmond occupies a 47,000 square foot facility in Richmond, Virginia that provides flexible meeting and programming space for LGBTQ+ people, for the groups that provide services to them, and for people and groups in Central Virginia that support the Organization's mission. Diversity Richmond also provides support to the community through the operation of its website, social media and networking services that tie

Name of the organization

Employer identification number

Diversity Richmond, Inc.

31-1669279

together the efforts of groups serving LGBTQ+ people. Diversity Richmond also hosts a growing schedule of programming events produced in-house, including musical performances, discussion groups and gallery shows.

In 2020 over 5,000 people attended events produced or promoted by Diversity Richmond. Specifically, the Organization provides meeting space to four (4) twelve-step recovery programs (e.g., Alcoholics Anonymous) in addition to local non-profit organizations.

Specific programs in 2020 by Diversity Richmond are described below:

1. The Iridian Gallery at Diversity Richmond is one of the few art galleries in the nation solely dedicated to promoting LGBTQ+ artists. The gallery committee is comprised of local artists hosting exhibits during 2020 and have scheduled several exhibits during 2021.

2. Diversity Richmond, through its program, Diversity Thrift, partners with approximately 15 social service and recovery programs by donating clothing to their clients in-need. For many of these agencies, Diversity Thrift is the only source of clothing available to their clients Each participant is gifted a \$25.00 clothing voucher which will purchase several articles of clothing. Diversity Thrift contributes about 175 items of clothing monthly.

3. In response to the impact of the pandemic on the livelihoods of many people, Diversity Richmond conducted three food drives, providing a week's

Name of the organization

Employer identification number

Diversity Richmond, Inc.

31-1669279

supply of groceries to over 1,800 local families. The first two drives supported the Hispanic community since so many work in the hospitality industry which was especially hard-hit by the pandemic. The third drive was open to everyone with over 800 cars coming through for food. The drivers popped open the trunks of their cars and volunteers loaded the groceries. This effort would not have been possible without the support of Feed More. Their generosity included more than 21,000 pounds of vegetables and fruit along with hundreds of frozen turkeys, hams and chicken. Other supporters included Diaz Foods, Laughing Gull Foundation, Virginia Pride, Genesis Consulting, Sign Scapes, Treehouse Realty, Alpna Arora, Property Investment Group, Brown-Forman Brands, Big Spoon, Latinos in Virginia Empowerment Center, GlaxoSmithKline Consumer Healthcare, Sylvia's Sisters and Stonewall Sports.

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Form 990, Part III, Line 4c - Third Accomplishment

Utilizing net revenues from its Diversity Thrift and from rental income, Diversity Richmond provided direct cash support to non-profits, agencies and groups serving LGBTQ+ people in Central Virginia.

In 2020 Diversity Richmond distributed \$31,000. Recipients included the Metropolitan Community Church Richmond, Virginia Anti-Violence Project, Minority Veterans of America; Richmond Chapter, Side By Side, The Longevity Project, Twin Oaks Queer Gathering and Virginia Pride. In addition, during 2020, the Organization provided food to thousands of people in need in excess of \$12,000. The Organization wishes to acknowledge the

Name of the organization

Employer identification number

Diversity Richmond, Inc.

31-1669279

contributions of Feed More for providing approximately \$98,000 of food donations.

We donate the use our conference rooms and event hall to nonprofits whose mission identifies with ours. Prior to the pandemic, rarely did a night pass that our rooms were not filled with people. In the last few months, groups have begun to return. These programs include many local LGBTQ organizations, four twelve-step programs and other programs serving the local community. Since the pandemic, our large event hall was donated to community service in a number of different capacities, as a place where social distancing was possible. In 2020 it was used as a COVID-19 testing site by the Richmond Henrico Health district on multiple occasions, testing hundreds of individuals. It was used for three press conferences by Richmond Mayor Levar Stoney, two press conferences for the Richmond Henrico Health District and one press conference for the superintendent of Richmond Schools. It was the site chosen for Governor Northam's signing of the Virginia Values act. We provided 100 Thanksgiving meals to-go many of which were taken to places where homeless people congregate. Our parking lot hosted outdoor events such as our Drive-in Drag shows and served as the origination point for the Stonewall Black Lives Matter March.

Finally, the Organization provides equipment to local non-profit theaters for props, sets and costumes at an estimated value of \$2,500 to \$3,000 for the year ended December 31, 2020.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Name of the organization

Employer identification number

Diversity Richmond, Inc.

31-1669279

The Organization's draft Form 990 was distributed to the members of the Board of Directors by electronic mail approximately one week prior to the date of filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Each member of the Board signs the Organization's conflict of interest policy and makes an annual declaration of any conflicts. The policy is enforced by the Board.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The compensation for the President is established by the Board based on performance. The Organization's annual budget is prepared using comparative compensation data for all members of management and the annual budget is reviewed and approved by the Board of Directors.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Information is available upon request.

Form 990, Part VII - Additional Information

The Organization is the grateful recipient of financial contributions from 100% of its Board of Directors and Executive Management.

Form 990, Part X - Additional Information

The Organization's temporary cash investments and certificates of deposit

Name of the organization

Employer identification number

Diversity Richmond, Inc.

31-1669279

(totaling \$312,715) are Board designated to fund future building renovations and operating contingencies.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Rental expenses reported net \$ 109,803

Rental expenses reported net \$ -109,803

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Form **990-T**

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

For calendar year 2020 or other tax year beginning _____, and ending _____

◆ Go to www.irs.gov/Form990T for instructions and the latest information.

◆ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection
for 501(c)(3)
Organizations Only

A <input type="checkbox"/> Check box if address changed.		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) Diversity Richmond, Inc.	D Employer identification number 31-1669279
B Exempt under section <input checked="" type="checkbox"/> 501(C) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 1407 Sherwood Avenue	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code Richmond VA 23220	F <input type="checkbox"/> Check box if an amended return.
		C Book value of all assets at end of year ◆ 2,641,375	

G Check organization type ◆ 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity

H Check if filing only to ◆ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ◆

J Enter the number of attached Schedules A (Form 990-T) ◆ **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ◆ Yes No
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of ◆ **Dia Idleman** Telephone number ◆ **804-622-4646**

Part I Total Unrelated Business Taxable income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	1,779
2 Reserved	2	
3 Add lines 1 and 2	3	1,779
4 Charitable contributions (see instructions for limitation rules)	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	1,779
6 Deduction for net operating loss. See instructions	6	0
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	1,779
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	779

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	164
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	0
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	164

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e		
2 Subtract line 1e from Part II, line 7	2		164
3 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		164
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		
6a Payments: A 2019 overpayment credited to 2020	6a		
b 2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c Tax deposited with Form 8868	6c	1,000	
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7 Total payments. Add lines 6a through 6g	7		1,000
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>	8		
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		0
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		836
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax 836 Refunded	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		<input checked="" type="checkbox"/>
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		<input checked="" type="checkbox"/>
3 Enter the amount of tax-exempt interest received or accrued during the tax year		<input type="checkbox"/>
4a Did the organization change its method of accounting? (see instructions)		<input checked="" type="checkbox"/>
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		<input type="checkbox"/>

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Signature of officer	Date	Title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Steven P. Walls	Steven P. Walls	11/11/21		P00609162
	Firm's name	Firm's EIN			
	Steve Walls & Assoc., PLLC	26-4555225			
Firm's address	Phone no.				
11541 Nuckols Rd, Ste A		804-270-0784			
Glen Allen, VA 23059					

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

◆ Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for
501(c)(3) Organizations Only

◆ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A Name of the organization Diversity Richmond, Inc.	B Employer identification number 31-1669279
C Unrelated Business Activity Code (see instructions) ◆ 531120	D Sequence: 1 of 1

E Describe the unrelated trade or business ◆ **Unrelated Business Activity**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances c Balance ◆	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a		
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnership and S corporation (attach statement)	5		
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7 53,452	51,673	1,779
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organization (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 53,452	51,673	1,779

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Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income	7	8a	9	10
1 Compensation of officers, directors, and trustees (Part X)			1	
2 Salaries and wages			2	
3 Repairs and maintenance			3	
4 Bad debts			4	
5 Interest (attach statement) (see instructions)			5	
6 Taxes and licenses			6	
7 Depreciation (attach Form 4562) (see instructions)	7			
8 Less depreciation claimed in Part III and elsewhere on return		8a		0
9 Depletion			9	
10 Contributions to deferred compensation plans			10	
11 Employee benefit programs			11	
12 Excess exempt expenses (Part VIII)			12	
13 Excess readership costs (Part IX)			13	
14 Other deductions (attach statement)			14	
15 Total deductions. Add lines 1 through 14			15	
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	1,779
17 Deduction for net operating loss (see instructions)			17	
18 Unrelated business taxable income. Subtract line 17 from line 16			18	1,779

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold

Enter method of inventory valuation **◆**

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	◆ _____			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	◆ _____			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A **1407 Sherwood Avenue** **Richmond** **VA 23220**

B _____

C _____

D _____ **1**

	A	B	C	D
2 Gross income from or allocable to debt-financed property	113,583			
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)	109,803			
c Total deductions (add lines 3a and 3b, columns A through D)	109,803			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	See Statement 2 745,855			
5 Average adjusted basis of or allocable to debt-financed property (attach statement)	See Statement 3 1,584,935			
6 Divide line 4 by line 5	47.06 %	%	%	%
7 Gross income reportable. Multiply line 2 by line 6	53,452			
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	◆ 53,452			
9 Allocable deductions. Multiply line 3c by line 6	51,673			
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	◆ 51,673			
11 Total dividends-received deductions included in line 10	◆ _____			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt/Nonexempt Controlled Organization			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on Part I, line 8, column (A)

Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Totals

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				

Add amounts in column 2. Enter here and on Part I, line 9, column (A)

Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Totals

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity: _____	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	<input type="checkbox"/>	_____
B	<input type="checkbox"/>	_____
C	<input type="checkbox"/>	_____
D	<input type="checkbox"/>	_____

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A)	◆ _____			
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (A)	◆ _____			
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13	◆ _____			

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			◆ _____

Part XI Supplemental Information (see instructions)

See Worksheet

Form SchA	Supplemental Information, Part XI	2020
For calendar year 2020, or tax year beginning _____, ending _____		

Organization Name **Diversity Richmond, Inc.** Taxpayer Identification Number **31-1669279**
 Activity: **Unrelated Business Activity** Unincorporated Business Income Tax Code: **531120**

	Part Number/ Explanation	Line Number
1.	Part V	Line 1
	1407 Sherwood Avenue, Richmond, VA 23220	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

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Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2020 and before 7/1/2020	21			
22 Underpayment on line 17 x <u>Number of days on line 21</u> 366 x 5% (0.05)	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2020 and before 10/1/2020	23			
24 Underpayment on line 17 x <u>Number of days on line 23</u> 366 x 3% (0.03)	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2020 and before 1/1/2021	25			
26 Underpayment on line 17 x <u>Number of days on line 25</u> 366 x 3% (0.03)	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2020 and before 4/1/2021	27			
28 Underpayment on line 17 x <u>Number of days on line 27</u> 365 x 3% (0.03)	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2021 and before 7/1/2021	29			
30 Underpayment on line 17 x <u>Number of days on line 29</u> 365 x *%	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2021 and before 10/1/2021	31			
32 Underpayment on line 17 x <u>Number of days on line 31</u> 365 x *%	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2021 and before 1/1/2022	33			
34 Underpayment on line 17 x <u>Number of days on line 33</u> 365 x *%	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2021 and before 3/16/2022	35			
36 Underpayment on line 17 x <u>Number of days on line 35</u> 365 x *%	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns				38 \$

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Part II Annualized Income Installment Method

		(a)	(b)	(c)	(d)
		First <u>2</u>	First <u>4</u>	First <u>7</u>	First <u>10</u>
		months	months	months	months
20	Annualization periods (see instructions)	20			
21	Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items	21	130	260	454
22	Annualization amounts (see instructions)	22	6.00000	3.00000	1.71429
23a	Annualized taxable income. Multiply line 21 by line 22	23a	780	780	778
b	Extraordinary items (see instructions)	23b			
c	Add lines 23a and 23b	23c	780	780	778
24	Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 2, or comparable line of corporation's return	24	164	164	163
25	Enter any alternative minimum tax (trusts only) for each payment period (see instructions)	25			
26	Enter any other taxes for each payment period. See instructions	26			
27	Total tax. Add lines 24 through 26	27	164	164	163
28	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions	28			
29	Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0-	29	164	164	163
30	Applicable percentage	30	25%	50%	75%
31	Multiply line 29 by line 30	31	41	82	122

Part III Required Installments

Note: Complete lines 32 through 38 of one column before completing the next column.

		1st installment	2nd installment	3rd installment	4th installment
32	If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the smaller of the amounts in each column from line 19 or line 31	32	41	82	122
33	Add the amounts in all preceding columns of line 32. See instructions	33			
34	Adjusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0-	34	41	82	122
35	Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. Note: "Large corporations," see the instructions for line 10 for the amounts to enter	35			
36	Subtract line 38 of the preceding column from line 37 of the preceding column	36			
37	Add lines 35 and 36	37			
38	Required installments. Enter the smaller of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions	38	0	0	0

Form 2220 Worksheet

Form **2220**

2020

For calendar year 2020, or tax year beginning _____, and ending _____

Name

Employer Identification Number

Diversity Richmond, Inc.

31-1669279

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Due date of estimated payment	<u>07/15/20</u>	<u>07/15/20</u>	<u>09/15/20</u>	<u>12/15/20</u>
Amount of underpayment	_____	_____	_____	_____
Prior year overpayment applied	_____			
	1st Payment	2nd Payment	3rd Payment	4th Payment
Date of payment	_____	_____	_____	_____
Amount of payment	_____	_____	_____	_____

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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

◆ Attach to your tax return.

◆ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2020

Attachment Sequence No. **179**

Diversity Richmond, Inc.

Identifying number
31-1669279

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	4,311
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	64,470

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	7,429
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	1,975
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	78,185
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? [X] Yes [] No 24b If "Yes," is the evidence written? [X] Yes [] No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 25

26 Property used more than 50% in a qualified business use:

Table for 26: Ford Truck E350, 11/26/13, 100.00%, 32,529, 32,529, 5.0, S/L-, 1,975

27 Property used 50% or less in a qualified business use:

Table for 27: Multiple rows with columns for property type, date, percentage, cost, basis, recovery period, method, and depreciation deduction.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 1,975

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for 30-36: Total business/investment miles driven, Total commuting miles driven, Total other personal (noncommuting) miles driven, Total miles driven during the year, Was the vehicle available for personal use during off-duty hours?, Was the vehicle used primarily by a more than 5% owner or related person?, Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

Table for 37-41: Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? Do you treat all use of vehicles by employees as personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? See instructions

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year

42 Amortization of costs that begins during your 2020 tax year (see instructions):

Table for 42: Amortization of costs that begins during your 2020 tax year

43 Amortization of costs that began before your 2020 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

Unrelated Business Activity

Statement 1 - Schedule A (990T), Part V, Line 3b - Other Debt Finance Expense Information

<u>Description</u>	<u>Deduction</u>
1407 Sherwood Avenue, RVA	\$
Accounting Fees	2,112
Legal Fees	256
Interest	12,328
Insurance	4,995
Advertising	881
Cleaning & Maintenance	5,120
Repairs	179
Taxes	1,179
Utilities	2,269
Direct Labor	48,156
Indirect Labor	14,785
Casual Labor	523
Office	2,047
Other, net	-35
Listing Fees	305
Depreciation	14,703
Total	<u>\$ 109,803</u>

Unrelated Business Activity

Statement 2 - Schedule A (990T), Part V, Line 4 - Amount of Average Acquisition debt on or Allocable to Debt Financed Property

<u>Description</u>	<u>Deduction</u>
1407 Sherwood Avenue, RVA	
Sum of Debt Outstanding at First of Each Month	8,950,262
Divided by Total Number of Months Property Held	<u>12</u>
Average Acquisition Debt	<u>745,855</u>
Unrelated Activity Percentage	<u>100</u>
Allocated Acquisition Debt	<u>745,855</u>

Unrelated Business Activity

Statement 3 - Schedule A (990T), Part V, Line 5 - Average Adjusted Basis of or Allocable to Debt Financed Property

<u>Description</u>	<u>Deduction</u>
1407 Sherwood Avenue, RVA	
Adjusted Basis on First Day Property Was Held	1,566,733
Adjusted Basis on Last Day Property Was Held	1,603,137
Total	3,169,870
Divided by 2	2
Average Adjusted Basis	1,584,935
Unrelated Activity Percentage	100
Allocated Adjusted Basis	1,584,935

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Form 990-T	Business Income Activity Summary	2020
-------------------	---	-------------

Name Diversity Richmond, Inc.	Taxpayer Identification Number 31-1669279
---	---

Business Activity Income (and allocation of Prior-2018 NOL)

- | | |
|--|--------------|
| A. Total Pre-2018 Net Operating Losses Carried Forward | N/A A. _____ |
| B. Total Pre-2018 Net Operating Loss allocated to Sch A activities | B. _____ |
| C. Total Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6 | C. _____ |
| D. Pre-2018 Applied (Sum of B and C) | D. _____ |
| E. Pre-2018 Remaining (Line A minus Line D) | E. _____ |
| F. Pre-2018 Net Operating Losses Expiring this Year | F. _____ |
| G. Pre-2018 Net Operating Losses Carried Forward | G. _____ |

	Code	Net Income	Allocated Pre2018 NOL
1. Unrelated Business Activity	531120	1,779	
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			
9. _____			
10. _____			
11. _____			
12. _____			
13. _____			
14. _____			
15. All other revenue			
16. Total taxable income		1,779	

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Business Activity Losses

	Code	Current Year Loss
1. _____		1. _____
2. _____		2. _____
3. _____		3. _____
4. _____		4. _____
5. All other activities		5. _____
6. Totals		6. _____

Bingo

Cash prizes

<u>Description</u>	<u>Amount</u>
Called Games	\$ 2,000
Other	<u>1,732</u>
Total	<u>\$ 3,732</u>

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VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF CHARITABLE AND REGULATORY PROGRAMS

PO Box 526, Richmond, VA 23218-0526

Phone: 804-786-1343 • FAX: 804-225-2666 • www.vdacs.virginia.gov

OCRP-102 Revised 04/18

REMITTANCE FORM
CHARITABLE ORGANIZATION
FORM 102

YOU MUST USE THIS FORM TO RECEIVE PROPER CREDIT OF YOUR FEE(S)

Organization name: Diversity Richmond, Inc.

Address: 1407 Sherwood Avenue

Richmond VA 23220

Federal Employer Identification Number: 31-1669279

REGISTRATION FEE AMOUNT

Your annual registration, which includes the annual fee payment, is due every year, four months and fifteen days from the end of the organization's most recently completed fiscal year, unless the organization has requested an extension of either three months or six months to file.

Initial: First time registrants pay a \$100 initial fee. If the organization has prior financial history, the organization is **also** required to pay an annual fee. Organizations with no financial history are **not** required to pay an annual fee.

Late: If your registration has lapsed, you will be required to pay the \$100 late fee **and** the annual registration fee. **You will never pay** an initial and late registration fee at the same time.

Annual: See page seven of Form 102 for annual registration fee calculations.

Initial Registration Fee (\$100): \$ _____ (910-02184)

Late Registration Fee (\$100): \$ _____ (910-02184)

Annual Registration Fee: \$ 325 (910-02619)
(See pg. 6 of Form 102)

Total Fees: \$ 325

To assist us in tracking your payment, please enter your **Check Number:** _____

MAKE CHECKS PAYABLE TO: TREASURER OF VIRGINIA

The Code of Virginia authorizes state agencies to assess interest, administrative charges and penalty fees for returned checks and past-due accounts in accordance with guidelines promulgated by the Department of Accounts.

PLEASE ATTACH COMPLETED REMITTANCE FORM TO FRONT OF REGISTRATION FORM WITH CHECK ATTACHED AND MAIL TO:

Virginia Department of Agriculture and Consumer Services
P.O. Box 526
Richmond, VA 23218-0526

**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF CHARITABLE AND REGULATORY PROGRAMS**

PO Box 526, Richmond, VA 23218-0526

Phone: 804-786-1343 • FAX: 804-225-2666 • www.vdacs.virginia.gov

OCRP-102 Revised 04/18

**REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION
FORM 102**

Please choose the type of registration:

<input type="checkbox"/>	Initial Registration
OR	
<input checked="" type="checkbox"/>	Annual Renewal

Unless otherwise noted, all information provided on this form and attachments must be for the **CURRENT** fiscal year. Financial reports (except budgets) will be for the most recently completed fiscal year. Any change in information filed must be submitted to the Office of Charitable and Regulatory Programs (OCRP) within seven (7) days of the change.

All questions **MUST** be answered. If a question does not apply, then indicate "NO" or "N/A". Failure to properly complete this form or to submit all additional documentation required by any applicable section of the Rules Governing the Solicitation of Contributions will result in an incomplete registration. Your organization may not solicit in the Commonwealth of Virginia until it is properly registered.

1. Organization's primary name:

Diversity Richmond, Inc.

2. List any other names under which you may solicit contributions in Virginia:

3. Required primary address: 1407 Sherwood Avenue

Richmond VA 23220
City State Zip Code

"Primary address" means the bona fide physical street address of the organization or sole proprietor. **P.O. Boxes will not be accepted.** Pursuant to §57-49.2 of the Code of Virginia, if the organization does not maintain an office, use the address of the person having custody of its financial records.

4. Does the organization maintain any other offices in Virginia?

Yes No If "Yes," then attach a list of the addresses and telephone numbers for those offices.

"Other offices" will include locations where the organization may administer a program or house administrative functions. "Other offices" will not include the names and addresses of chapters, branches or affiliates soliciting in Virginia, as provided in response to question 7 of this form.

5. Mailing address if different from primary address above: Same

_____ State _____ Zip Code
City

6. Other contact information: 804-622-4646

Telephone, including area code Fax, including area code

www.diversityrichmond.org dia.idleman@diversityrichmond.org
Internet URL Organization's official e-mail address*

***The Official E-mail address entered above will be used for the notifications unless alternate email preference is indicated here:** _____

Diversity Richmond, Inc. 31-1669279
REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION
Form 102, Page 2

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7. Locations of other chapters, branches, affiliates:

Does the organization have any chapters, branches or affiliates in Virginia? Yes No

If "Yes,"

- i) Attach a list of the affiliates' names, addresses and telephone numbers.
- ii) Are the income and expenses of these affiliates included in your organization's financial statement?
 Yes No

If "Yes," a joint registration may be issued to the parent organization which would apply to those subordinate organizations whose finances are reported jointly with the parent organization. **Please refer to 2VAC5-610-30 of the Rules Governing the Solicitation of Contributions for information regarding whether the parent qualifies to file a consolidated or joint registration.**

8. Please check one:

	Type of organization
<input checked="" type="checkbox"/>	Corporation
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Other (specify):

9. Date of incorporation or formation: 09/14/1999

10. In what city was the organization legally established? Richmond VA
City State

11. What is the main purpose of the charitable organization?

See Statement 1

12. Name and address of designated agent for receipt of process (service of legal documents) within the Commonwealth of Virginia. **NOTE: If no agent is designated, the organization shall be deemed to have designated the Secretary of the Commonwealth.**

Glenn Ayers Lafayette Ayers & Whitlock PLC
Name and Company Name

10160 Staples Mill Road, Ste 105
Address

Glen Allen VA 23060
City State Zip Code

13. Organization's fiscal year:

a) Dates of the **CURRENT** fiscal year: From: 01/01/2021 To: 12/31/2021

b) Has the organization recently changed its fiscal year? Yes No

If "Yes," then provide the dates of the "short" fiscal year:

From: _____ To: _____

14. Is the organization exempt under the Internal Revenue Code? Yes No

Diversity Richmond, Inc. 31-1669279

REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION

Revised 04/18

Form 102, Page 3

15. Key personnel:

a) Full name and title of the individuals having signatory power over the organization's funds:

See Statement 2

b) Full name and title of the individuals who approve the organization's budget:

See Statement 3

c) Has the organization, or any officer, professional fund-raiser or professional solicitor thereof, ever been convicted of a felony?

 Yes No If "Yes," then attach a statement providing a description of the pertinent facts.d) For the **CURRENT** fiscal year, attach a listing of the organization's officers, directors, trustees, and principal salaried executive staff which includes names, addresses, and titles. We will **not** accept the listing provided in the IRS Form 990. **Note:** Your registration will be considered incomplete if the listing does not include **titles**. Addresses are not required if the named individuals are to be contacted at the organization's primary address. See Statement 416. Financial statements – please complete the following calculations using your financials from the **most recently completed fiscal year**:**16(A): Percentage of fundraising expenses:**

- 1) Total amount of contributions received directly from the public:
(found on the IRS Form 990, Part VIII, line 1h (less government grants)) \$ 1,070,677
- 2) Total spent on fundraising, including contracts with professional
fund-raising counsel or professional solicitors: \$ 21,669
(found on the IRS Form 990, Part IX, Line 25, Column D)
- 3) Percent of fundraising expenses:
(found on this form, OCRP-102, Line 16A(2) divided by Line 16A(1)) 2.0239%
- 4) For Federated fund-raising organizations **ONLY**: State the percentage
withheld from a donation designated for a member agency: _____%

16(B): Percentage of charitable services expenses:

- 1) Total amount of expenses dedicated to providing charitable services:
(found on the IRS Form 990, Part IX – Line 25, Column B) \$ 1,032,207
- 2) Total amount of expenses of the organization:
(found on the IRS Form 990, Part IX – Line 25, Column A) \$ 1,145,037
- 3) Percent of program services expenses:
(found on this form, OCRP-102, Line 16B(1) divided by Line 16B(2)) 90.1462%

Diversity Richmond, Inc. 31-1669279
REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION
Form 102, Page 4

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16(C): Percentage of administrative expenses:

- 1) Total amount of expenses dedicated to administrative costs:
 (found on the IRS Form 990, Part IX – Line 25, Column C) \$ 91,161
- 2) Total amount of expenses of the organization:
 (found on the IRS Form 990, Part IX – Line 25, Column A) \$ 1,145,037
- 3) Percent of administrative expenses:
 (found on this form, OCRP-102, Line 16C(1) divided by Line 16C(2)) 7.9614%

17. Does the organization intend to solicit contributions from the public directly (including corporate grant proposals, door-to-door or telephone solicitations, special events, direct mail, etc.)?

Yes No

18. Does the organization intend to have others outside the organization (e.g. volunteers, federated fundraising organizations, etc.) conduct solicitations on its behalf?

Yes No

19. For the current fiscal year, has your organization entered into an agreement or contract with any person(s) to conduct any aspects (including planning, managing, or carrying out) of a completed, current or upcoming solicitation?

Yes No **If “Yes” to question 19, please indicate the arrangement with your agency by checking below:**

X	Category	Type of Arrangement
	A	A bona fide, salaried officer or employee of the charitable organization or its parent organization
	B	An outside consultant or professional fundraising counsel
	C	A paid professional solicitor

If in Question 19 either B or C are checked, then please provide the following information:

a) List the name and address(es) of the professional fundraising counsel or professional solicitor(s) and note the date of each contract that was previously submitted to the Commissioner:

b) **Attach a copy of the organization’s current fundraising contract(s) that were not previously submitted as required by Section 57-54 of the Code of Virginia.**

20. Please indicate how the organization will use the contributions received during the **CURRENT** fiscal year:

The Organization will utilize contributions received in furtherance of its
mission.

21. Has the organization been authorized by any other state or governmental agency to solicit contributions?

Yes No **If “Yes,” then name all such agencies. Submit an attachment if necessary.**

Diversity Richmond, Inc.

31-1669279

REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION

Revised 04/18

Form 102, Page 5

22. Is the organization, or any officer, professional fund-raising counsel, or professional solicitor for the organization **CURRENTLY** enjoined by any court or otherwise prohibited from soliciting in any jurisdiction?

Yes No **If "Yes,"** then attach a copy of the Order that states the reasons and time period for the injunction or prohibition.

23. Has any officer, professional fund-raising counsel, or professional solicitor for the organization ever been convicted in any jurisdiction of embezzlement, larceny or other crimes involving the obtaining of money under false pretenses, or the misapplication of funds impressed with a trust?

Yes No **If "Yes,"** then attach a copy of the court Order that states the reasons for the conviction, or a copy of any applicable pardon.

24. Please indicate the type of solicitation activities that your organization may pursue during the current fiscal year (**check** all that apply):

X	Type of Solicitation
X	Telephone
X	Direct mail
X	Internet
X	Special events
	Door-to-door
X	Personal contact
X	Other (Specify): See Statement

25. Except as otherwise provided, all information required to be filed under Chapter 5 of Title 57 of the Code of Virginia shall become public records in the Office of the Commissioner, and shall be open to the general public for inspection. You are required by law to supply this information as a prerequisite to the solicitation of charitable contributions. If you do not provide the required information, you may not solicit in Virginia. Any change in information filed must be submitted to OCRP within seven (7) days of the change. In order to assist you in determining whether you have provided the required information, please respond to the following:

i) Are all questions on the form answered?

Yes No **If "No,"** then the registration will be considered incomplete.

ii) Are all required attachments included (see page 7 for "Checklist of Required Attachments")?

Yes No **If "No,"** then the registration will be considered incomplete.

Diversity Richmond, Inc.

31-1669279

REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION

Revised 04/18

Form 102, Page 6

26. OATH OR AFFIRMATION.

***Two** (2) different officers must sign this registration form. The original signature page (page 6) must then be filed with the Office of Charitable and Regulatory Programs. **Copies are not allowed.**

We, the undersigned chief fiscal officer (chief financial officer, or treasurer) and president (or other authorized officer, if president is unavailable to sign), duly authorized to act on behalf of the organization for which this statement is made, certify that this statement and including any accompanying appendices have been examined by us and are, to the best of our knowledge and belief, true, correct and complete pursuant to the laws of the Commonwealth of Virginia.

We affirm and attest that no funds have been or will knowingly be used, directly or indirectly, to benefit or provide support, in cash or in kind, to terrorists, terrorist organizations, terrorist activities, or the family members of any terrorist. We understand that no person shall be registered by the Commonwealth or by any locality to solicit funds that are intended to benefit or support a family member of any terrorist.

Signature of the **chief fiscal officer, chief financial officer, or treasurer**

Signature of the **president or other authorized officer**

Dia Idleman

Print name

William A. Harrison

Print name

Chief Accountant

Title

President

Title

Date

Date

*The persons signing this form as chief fiscal officer (chief financial officer/treasurer) and president (or other authorized officer) **must be** designated by title on the current fiscal year's list of officers, directors, trustees, and principal salaried executive staff (see §57-49.D. of the Code of Virginia).

Section 57-61.1.A. of the Code of Virginia states that "Registrations by charitable organizations, professional solicitors, and professional fund-raising counsel *are effective, if complete, upon receipt* by the Commissioner." For more information on determining whether your registration is complete, see: <http://www.vdacs.virginia.gov/consumer/pdf/oca-102registration.pdf> .

Rules Governing the Solicitation of Contributions: <http://www.vdacs.virginia.gov/forms-pdf/cp/oca/charitable/ocasolicitationreg.pdf> .



SCHEDULE OF REGISTRATION FEES

FEE CRITERIA*

- \$30 If your **gross contributions** for the preceding year do not exceed \$25,000
- \$50 If your **gross contributions** exceed \$25,000, but do not exceed \$50,000
- \$100 If your **gross contributions** exceed \$50,000, but do not exceed \$100,000
- \$200 If your **gross contributions** exceed \$100,000, but do not exceed \$500,000
- \$250 If your **gross contributions** exceed \$500,000, but do not exceed one million dollars
- \$325 If your **gross contributions** exceed one million dollars

- **“Gross contributions”** means the total contributions received by the organization from all sources, excluding government grants (this amount is found on Line E under Computation of Fee Criteria below).
- Organizations with no prior financial history filing an initial registration shall be required to pay an initial fee of \$100.
- Organizations with prior financial history filing an initial registration shall be required to pay an initial fee of \$100 **in addition to the applicable annual registration fee.**

**** Any organization which allows its registration to lapse shall be required to pay a \$100 late fee in addition to the annual registration fee.**

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***COMPUTATION OF FEE CRITERIA**

Due to the diversity in reporting, the following computation should be used as a guide for calculating the required annual registration fee.

Total contributions, gifts, grants, etc. (IRS Form 990, Part VIII, Line 1h) A 1,187,439

Subtract

- Funds received from federated fundraising organization (FFO)**
 (IRS Form 990, Part VIII, Line 1a): B _____
- Government Grants (IRS Form 990, Part VIII, Line 1e) C 116,762

Total Deductions (add Lines B and C) D 116,762

GROSS CONTRIBUTIONS (subtract Line D from Line A) **E 1,070,677**

**The federated fundraising organization (FFO), as defined in §57-48 of the Code, must register annually with the Commissioner to qualify for subtraction of funds in the fee computation. Enter the complete name of the FFO below:

Name of FFO: _____

Statement 1 - Form 102, Page 2, Question 11 - Main Purpose of the Charitable Organization

Description

To the lesbian, gay, bisexual, transgender, questioning (LGBTQ+) community, their families, friends and allies, Diversity Richmond is a catalyst, a voice, a place and a resource that enriches and champions our diverse community, because we aspire for a vibrant, inclusive Richmond where inequality does not exist.

"Championing a dynamic community that celebrates all of us."

"It is the responsibility of the minority to bring injustices to the attention of the majority."

Statement 2 - Form 102, Page 3, Question 15a - Individuals Having Signatory Power Over Funds

Name

Title

William A. Harrison

President

Statement 3 - Form 102, Page 3, Question 15b - Individuals Who Approve the Organization's Budget

Name

Title

Board of Directors - See Stmt 4

Virginia Statements

**Statement 4 - Form 102, Page 3, Question 15d - Names of Organization's Officers,
 Directors, Trustees, and Principal Salaried Staff**

Name		Address 1			Address 2
City	State	Zip	Foreign Province or State	Title	
Luise Farmer	Richmond	1407 Sherwood Avenue VA 23220		Chair	
Robyn Bentley	Richmond	1407 Sherwood Avenue VA 23220		Vice Chair	
Michael Young	Richmond	1407 Sherwood Avenue VA 23220		Treasurer	
Art Toth	Richmond	1407 Sherwood Avenue VA 23220		Chair Emeritus	
Keri Abrams	Richmond	1407 Sherwood Avenue VA 23220		Director	
Kevin W. Allison, PhD	Richmond	1407 Sherwood Avenue VA 23220		Director	
Michael Birch-Pierce	Richmond	1407 Sherwood Avenue VA 23220		Director	
Kirk Blandford	Richmond	1407 Sherwood Ave VA 23220		Director	
Lee Dyer	Richmond	1407 Sherwood Avenue VA 23220		Director	
Margaret Hill	Richmond	1407 Sherwood Avenue VA 23220		Director	
Odetta Johnson	Richmond	1407 Sherwood Avenue VA 23220		Director	
Rebecca Keel	Richmond	1407 Sherwood Avenue VA 23220		Director	
Beth Marschak	Richmond	1407 Sherwood Avenue VA 23220		Director	
Chris Moore	Richmond	1407 Sherwood Avenue VA 23220		Director	
Ayina Obika-Clayborne	Richmond	1407 Sherwood Avenue VA 23220		Director	
Jean Segner	Richmond	1407 Sherwood Avenue VA 23220		Director	
Shawn Smith	Richmond	1407 Sherwood Avenue VA 23220		Director	

Virginia Statements

**Statement 4 - Form 102, Page 3, Question 15d - Names of Organization's Officers,
Directors, Trustees, and Principal Salaried Staff (continued)**

Name		Address 1			Address 2
City	State	Zip	Foreign Province or State	Title	
William A. Harrison Richmond	VA	23220	1407 Sherwood Avenue	President	
Dia Idleman Richmond	VA	23220	1407 Sherwood Avenue	Chief Accountant	

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Form 500
 Department of Taxation
 P.O. Box 1500
 Richmond, VA 23218-1500

**2020 Virginia Corporation
 Income Tax Return**



Attention: Return must be filed electronically. Use this form only if you have an approved waiver.
 Do not file this form to carry back a net operating loss. Use Form 500NOLD.

FISCAL or
 SHORT Year Filer: Beginning Date _____; Ending Date _____

Official Use Only

Short Year Return Change in Accounting Period

FEIN 31-1669279	Name Diversity Richmond, Inc.	Check all that apply: <input type="checkbox"/> Initial Filer <input type="checkbox"/> Name Change <input type="checkbox"/> Mailing Address Change <input type="checkbox"/> Physical Address Change	
Mailing Address 1407 Sherwood Avenue			
City or Town Richmond	State VA	ZIP Code 23220	
Physical Address (if different from Mailing Address)		Entity Type Code NP	
Physical City or Town	State	ZIP Code	NAICS Code 531120
Date Incorporated 09/14/1999	State or Country of Incorporation Virginia	Description of Business Activity Rentals	

Check Applicable Boxes	Final Return	Corporate Telecommunications Company
<input type="checkbox"/> Consolidated – Sch. 500AC Enclosed <input type="checkbox"/> Combined – Sch. 500AC Enclosed <input type="checkbox"/> Change in Filing Status <input checked="" type="checkbox"/> Sch. 500A Enclosed <input type="checkbox"/> Schedule 500AB Enclosed <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Certified Company Apportionment – Sch. 500AP Enclosed Enter number of affiliates: _____ <input type="checkbox"/> Amended Return (See instructions) Enter reason code: _____	<input type="checkbox"/> Final Return – Check here and applicable boxes below. <input type="checkbox"/> Withdrawn <input type="checkbox"/> Dissolved – No longer liable for tax. Dissolved Date: _____ <input type="checkbox"/> Merged Merger Date: _____ Merged FEIN: _____ <input type="checkbox"/> S Corp Effective: _____	Enter amount from Form 500T, Line 7: _____ .00 Noncorporate Telecommunications Company Check box and enter amount from Form 500T, Line 10: <input type="checkbox"/> _____ .00 Electric Supplier Company Enter amount from Sch. 500EL, Line 7 or 14: _____ .00 Home Service Contract Provider Enter amount from Form 500HS, Line 10. <input type="checkbox"/> Check box if a noncorporate HSCP. _____ .00

Questions and Related Information	
A. Have you made any payments to an affiliated corporation, a related individual, or other related entity for interest, royalties or other expenses related to intangible property (patents, trademarks, copyrights, and similar intangible property)? If yes, complete and enclose Schedule 500AB.	Enter exception amount from Schedule 500AB, Line 8. A. _____ .00
B. Coalfield Employment Enhancement Tax Credit earned from 2020 Form 306, Line 11.	B. _____ .00
C. If a net operating loss deduction was claimed in computing federal taxable income on the U.S. Corporation Income Tax Return, provide the requested information. If a NOL resulted from a merger, enter the FEIN of the company generating the NOL prior to the merger date.	(1) Year of Loss _____ (2) Federal NOL _____ (3) Percent of federal NOL used this year _____ %
FEIN _____ (If there are NOLs for more than one year, enclose a schedule for each year with the information requested in Section C.)	
D. If pass-through entity withholding is claimed, enter the number of Schedules VK-1 and complete and enclose Schedule 500ADJ, Page 2.	D. _____
E. Has your federal income tax liability been redetermined with the IRS and finalized for any prior year(s) that has not previously been reported to the Department? If yes, provide the year(s).	Year E. _____ Year _____ Year _____
F. Location of corporation's books	1407 Sherwood Avenue Richmond VA 23220
Contact for corporation's books	Dia Idleman Contact Phone Number 804-622-4646

Diversity Richmond, Inc.

2020 Virginia

Form 500

Page 2

FEIN
31-1669279



INCOME

1. Federal taxable income (from enclosed federal return)	1.	779	.00
2. Total additions from Schedule 500ADJ, Section A, Line 7	2.		.00
3. Total (add Lines 1 and 2)	3.	779	.00
4. Total subtractions from Schedule 500ADJ, Section B, Line 10	4.		.00
5. Balance (subtract Line 4 from Line 3)	5.	779	.00
6. Savings and Loan Association's Bad Debt Deduction (see instructions)	6.		.00
7. Virginia taxable income (subtract Line 6 from Line 5)	7.	779	.00

TAX COMPUTATION

8. Apportionable Income (Schedule 500A Filers) – Complete Lines 8(a) through 8(d). See instructions.			
(a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j)	8(a)	779	.00
(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(f)	8(b)	100.00	%
(c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c)	8(c)		.00
(d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)	8(d)		.00
9. Income tax [6% of Line 7 or 6% of Line 8(a)]	9.	47	.00

PAYMENTS AND CREDITS

10. Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B	10.		.00
11. Adjusted corporate tax (subtract Line 10 from Line 9)	11.	47	.00
12. 2020 estimated Virginia income tax payments including overpayment credit from 2019	12.		.00
13. Extension payment	13.	500	.00
14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A	14.		.00
15. Pass-through entity total withholding from Schedule 500ADJ, Section D	15.		.00
16. Total payments and credits (add Lines 12 through 15)	16.	500	.00

REFUND OR TAX DUE

17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17.		.00
18. Penalty (see instructions)	18.		.00
19. Interest (see instructions)	19.		.00
20. Additional charge from Form 500C, Line 17 (enclose Form 500C)	20.		.00
21. Total due (add Lines 17 through 20)	21.		.00
22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)	22.	453	.00
23. Amount to be credited to 2021 estimated tax	23.	453	.00
24. Amount to be refunded (subtract Line 23 from Line 22)	24.		.00

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge.

By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer.

Date	Signature of Officer	Title
		President
Printed Name of Officer	Phone Number	
William A. Harrison	804-622-4646	
Print Preparer's Name and Firm Name	Individual or Firm, Signature of Preparer	Preparer Phone Number
Steven P. Walls	Steven P. Walls	804-270-0784
Date	Address of Preparer	
11/11/21	Steve Walls & Assoc., PLLC	
Preparer's FEIN, PTIN, or SSN	Approved Vendor Code	
26-4555225	1022	11541 Nuckols Rd, Ste A Glen Allen, VA 23059

IMPORTANT: INCLUDE A COPY OF YOUR FEDERAL RETURN WITH THIS RETURN

2020 Virginia Schedule 500A

Corporation Allocation and Apportionment of Income



Name as shown on Form 500 Diversity Richmond, Inc.	FEIN 31-1669279
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Check if you are – Filing a consolidated or combined return.
 A certified company conducting business in certain disadvantaged localities electing to use a modified apportionment method (enclose Schedule 500AP).

Section A - Apportionment Method

- | | |
|--|--|
| <p>1. Motor Carrier Mileage Factor <input type="checkbox"/></p> <p style="margin-left: 20px;">If an exception applies, check the applicable box below</p> <p style="margin-left: 40px;"><input type="checkbox"/> Exception 1 <input type="checkbox"/> Exception 2</p> <p>2. Financial Corporation Cost of Performance Factor <input type="checkbox"/></p> <p>3. Construction Corporation Completed Contract Basis Sales Factor <input type="checkbox"/></p> <p>4. Railway Company Revenue Car Miles <input type="checkbox"/></p> <p>5. Retail Company Apportionment <input type="checkbox"/></p> <p>6. Debt Buyers Apportionment <input type="checkbox"/></p> | <p>7. Manufacturer's Modified Apportionment Method Sales Factor <input type="checkbox"/></p> <p>(a) Enter beginning date of election year _____</p> <p>(b) Wage and employment certification required each year: Check to certify that the average weekly wages of the full-time employees is greater than the lower of the state or local average weekly wages for its industry, and that the average annual number of full-time employees of the manufacturing company is at least 90% of the base year employment. <input type="checkbox"/></p> <p>8. Enterprise Data Center Operation <input type="checkbox"/></p> <p>9. Multi-Factor Formula With Double-Weighted Sales <input checked="" type="checkbox"/></p> |
|--|--|

Section B – Apportionment Computation

	Column A Total	Column B Virginia	Column C Percentage
1. Single Factor Computation Motor carriers, financial corporations, construction corporations, railway companies, retail companies, debt buyers, manufacturers who elected the modified apportionment method in Section A, and certain enterprise data center operations 1	.00	.00	%
2. Multi-Factor Computation			
(a) Property Factor 2(a)	2,154,809 .00	2,154,809 .00	100.00 %
(b) Payroll Factor 2(b)	0 .00	0 .00	%
(c) Sales Factor 2(c)	0 .00	0 .00	0.00 %
(d) Double-Weighted Sales Factor Apportionment: Multiply the sales factor from Line 2(c) by 2 2(d)			0.00 %
(e) Sum of Percentages. Add Lines 2(a), 2(b), and 2(d) 2(e)			100.00 %
(f) Multi-Factor Percentage (Double-Weighted Sales): Divide Line 2(e) by 4, reduced by the number of factors, if any, having no denominator 2(f)			100.00 %
3. Income Subject to Virginia Tax			
(a) Virginia Taxable Income from Form 500, Line 7 3(a)			779 .00
(b) Total Dividends (total amount of allocable income) 3(b)			.00
(c) Nonapportionable Investment Function Income. Enter on Form 500, Line 8(c) 3(c)			.00
(d) Add Lines 3(b) and 3(c) 3(d)			.00
(e) Nonapportionable Investment Function Loss. Enter on Form 500, Line 8(d) 3(e)			.00
(f) Total Nonapportionable Income. Line 3(d) minus Line 3(e) 3(f)			.00
(g) Income Subject to Apportionment. Line 3(a) minus Line 3(f) 3(g)			779 .00
(h) Income Apportioned to Virginia. Multiply the percentage from Line 1 or Line 2(f) by Line 3(g) 3(h)			779 .00
(i) Dividends Allocated to Virginia. Portion of dividends reported on Line 3(b) 3(i)			.00
(j) Income Subject to Virginia Tax. Add Lines 3(h) and 3(i). Enter on Form 500, Line 8(a) 3(j)			779 .00

**2020 Virginia
Schedule 500FED**
**Corporation Schedule of
Federal Line Items**


Enclose Schedule 500FED with your Virginia Corporation Income Tax Return, Form 500.

Schedule 500FED does not replace the requirement to enclose a complete federal Form 1120 with your Virginia return.

Name as shown on Virginia return Diversity Richmond, Inc. FEIN 31-1669279

Form 1120 — Deductions and Taxable Income		
1. Federal Taxable Income before NOL and Special Deductions	1.	1,779.00
2. Net Operating Loss Deduction	2.	.00
3. Special Deductions	3.	1,000.00
4. Federal Taxable Income after NOL and Special Deductions	4.	779.00
Form 1120, Schedule C — Dividends and Special Deductions		
5. Subpart F Income and/or Global Intangible Low-Taxed Income	5.	.00
6. Gross-Up for Foreign Taxes Deemed Paid	6.	.00
Form 1120, Schedule K or M-1		
7. Tax Exempt Interest	7.	.00
Form 5884 — Work Opportunity Credit		
8. Salaries and Wages not deducted due to the WOTC	8.	.00
Form 4562 — Special Depreciation Allowance and Other Depreciation		
9. Special depreciation allowance for qualified property placed in service during the taxable year	9.	4,311.00
10. Property subject to 168(f)(1) election	10.	.00
11. Other depreciation	11.	64,470.00
Form 1118, Schedule A — Income or Loss Before Adjustments - Gross Income or Loss		
12. Total: Dividends (Exclude Gross-Up)	12.	.00
13. Total: Dividends (Gross-up)	13.	.00
14. Total: Inclusions (Exclude Gross-up)	14.	.00
15. Total: Inclusions (Gross-up)	15.	.00
16. Total: Interest	16.	.00
17. Total: Gross Rents, Royalties, and License Fees	17.	.00
18. Total: Gross Income from Performance of Services	18.	.00
19. Total: Other	19.	.00
20. Total: Total Gross Income or Loss from Outside the US	20.	.00
Form 1118, Schedule A — Income or Loss Before Adjustments - Deductions		
21. Total: Allocable – Rental, Royalty, and Licensing Expenses – Depreciation, Depletion, and Amortization	21.	.00
22. Total: Allocable – Rental, Royalty, and Licensing Expenses - Other Expenses	22.	.00
23. Total: Allocable – Expenses Related to Gross Income from Performance of Services	23.	.00
24. Total: Allocable – Other Allocable Deductions	24.	.00
25. Total: Total Allocable Deductions	25.	.00
26. Total: Apportioned Share of Deductions	26.	.00
27. Total: Net Operating Loss Deduction	27.	.00
28. Total: Total Deductions	28.	.00
Form 1118, Schedule A — Income or Loss Before Adjustments - Total Income		
29. Total: Total Income or (Loss) Before Adjustments	29.	.00