efile Public Visual Render ObjectId: 202311299349304961 - Submission: 2023-05-09

TIN: 94-3227839

Department of the Treasury

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

Internal	Reven	ue Service					Hispection
A F	or th	e 2021 c	ı alendar year, or tax year beginning 07-01-2021 , and ending 06-30	-2022			
O Add	dress	applicable: change	C Name of organization QCC-THE CENTER FOR LESBIAN GAY BISEXUAL TRANSGENDER ART & CULTURE		D Employe 94-3227		ication number
O Na	tial re	turn	Doing business as				
_		n/terminated d return	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	e	E Telephone	e number	
		on pending	762 FULTON STREET		(415) 93	35-5948	
			City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94102		G Gross red	ceipts \$ 1,	,765,054
			F Name and address of principal officer:	H(a) Is this	a group ret	urn for	
			762 FULTON STREET SAN FRANCISCO, CA 94102	suboro H(b) Are al	dinates? I subordinate	es	☐Yes ✓No
I Tax	-exer	npt status:	✓ 501(c)(3)	includ	ed?		☐ Yes ☐No
J W	ebsit	te:▶ ww	w.queerculturalcenter.org	H(c) Group			instructions.
K Forn	n of o	rganization:	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of forma	tion:	M State	of legal domicile: CA
Pa	rt I	Sum	mary cribe the organization's mission or most significant activities:				
Ф			e Cultural and Educational Programs for the community				
anc							
Ĕ							
Activities & Governance	_		s box ▶□			1 -	ı _
es es			of voting members of the governing body (Part VI, line 1a)			3	7
es	4		of independent voting members of the governing body (Part VI, line 1b)			4	7
Ě			nber of individuals employed in calendar year 2021 (Part V, line 2a)		•	5 6	2
¥CE	6		nber of volunteers (estimate if necessary)		•	7a	0
•			ated business taxable income from Form 990-T, Part I, line 11			7a 7b	U
		Net unit	deca basiness taxable medite from 1970 1, rare 1, line 11		or Year	1/5	Current Year
_	8	Contribut	ions and grants (Part VIII, line 1h)		633,2	287	1,608,169
Revenue			service revenue (Part VIII, line 2g)		<u> </u>		156,885
e ve	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)				0
æ	11	Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		37,1	.26	0
	12	Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		670,4	13	1,765,054
			nd similar amounts paid (Part IX, column (A), lines 1–3)				0
	14	Benefits _I	paid to or for members (Part IX, column (A), line 4)				0
88	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)		80,3	307	131,975
Expenses	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)				0
χbe	b	Total fundr	aising expenses (Part IX, column (D), line 25) ▶79,255				
Œ	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		480,6	514	874,652
	18	Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		560,9	21	1,006,627
	19	Revenue	less expenses. Subtract line 18 from line 12		109,4	192	758,427
Net Assets or Fund Balances				Beginning	of Current Ye	ear	End of Year
set	20	Total asse	ets (Part X, line 16)		452,9	54	1,261,933
t As			ilities (Part X, line 26)		30,9	_	81,408
Š			s or fund balances. Subtract line 21 from line 20		422,0		1,180,525

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

Signature of order		I					2023-05-09						
Available Teacher Director Proper or profit and early the property agreed and the property signature Paid Propagary USE Only Firm's address # Park Object LEP Firm's Park Object LEP Firm's address # Park Object LEP Firm's Park Object LEP Form 990 (2021) Fage 2 Fage 3 Fage 3 Fage 4 Fage 4 Fage 4 Fage 4 Fage 5 Fark Uble to repain address this propagate instructions. Cat. No. 11282Y Form's 990 (2021) Fage 5 Fage 7 Fage 7 Fage 7 Fage 8 Fage 8 Fage 8 Fage 8 Fage 8 Fage 9 Fage 9 Fage 9 Fage 9 Fage 9 Fage 1 Fage 9 Fage 1 Fage 9 Fage 1 Fage 2 Fage 2 Fage 2 Fage 2 Fage 1 Fage 2 Fage 1 Fage	Sian	Sig	nature of officer										
Paid Preparer Use Only Prepare	Here	Δn	and Kalra Executive Director										
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Paid Property Pr		Anand Kaina Executive Director Type or print name and title Preparer's signature Date Check If the set-employee											
Form 990 (2021) Form 9	Paid							P00428900					
Page 2 Page 2 Page 2 Page 2 Page 3 Statement of Program Services Accomplishments Promote Cultural and Educations Programs services on Schedule O.	Prep	arer	Firm's name TANG & LEE	LLP			Firm's EIN > 9	94-3406617					
May the IRS discuss this return with the preparer shown above? (see instructions).			Firm's address > 967 CORPOR	ATF WAY			Phone no. (650	1) 602-6865					
May the IRS discuss this return with the preparer shown above? (see instructions)		_					Frione no. (030	3) 092-0003					
Page 2 Page 2 Page 1 Statement of Program Service Accomplishments Page 2			FREMONT, CA	4 94539									
Page 2 Form 990 (2021) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III													
Form 990 (2021) 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: To Promote Cultural and Educational Programs for the community 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 .	For Pa	aperwork	Reduction Act Notice, see	the sepa	rate instructions.	Cat.	No. 11282Y	Form 990 (2021)					
Form 990 (2021) 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: To Promote Cultural and Educational Programs for the community 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 .													
Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III					Page 2 —								
Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	Form 9	990 (2021)						Page 7					
Check if Schedule O contains a response or note to any line in this Part III		, ,		rvice Ac	complishments			raye 2					
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the prior Form 990 or 990-E2?	10 110	more care	nar ana Eaacacionar i rogram	3 101 1110 0	ommunicy								
the prior Form 990 or 990-E2?													
If "Yes," describe these new services on Schedule O. If "Yes," describe these new services on Schedule O. Pescribe the organization cease conducting, or make significant changes in how it conducts, any program services? Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section Solic(Q3) and Solic(Q4) and springiations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. Code: (Code: (Code: (Expenses \$ 870,413 including grants of \$) (Revenue \$) Foster growth of queer arts organizations through annual arts festivals, art exhibits, other events, and through the internet (Code: (Expenses \$ including grants of \$) (Revenue \$) (Code: (Code: (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$)	2	Did the or	ganization undertake any sig	nificant pr	ogram services during the y	ear which were not I	isted on						
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4e Total program service expenses ► 870,413) (Revenue	\$)					
	4e	Total pro	gram service expenses		870,413								

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Par	tiv 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	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🧐	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
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? <i>If "Yes," complete Schedule D,</i> Part I			No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	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	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
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	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II \cdot	21		No

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Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		İ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</i> Part I	25a		No
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>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes,"</i> complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 58			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			i
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

Form **990** (2021)

——— Page 5 ———

orm	990 (2021)		Page 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)		
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		
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	No
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
	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	No
ь	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	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
С	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	No
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).		
а	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	No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	No
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	No
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	No
10	Section 501(c)(7) organizations. Enter:		
а	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:		
а	Gross income from members or shareholders		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
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.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state?	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		
С	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No

	24, 8:20 AM Qcc The Center For Lesbian Gay Bisexual Transgender Art & Culture - Full Filing- Nonprolit E		- Propu	iblica
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		ļ
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
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		No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.		orm QQ	0 (2021
			01111 99	0 (2021
	Page 6 —			
Form	990 (2021)			Page 6
Pai	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•	onse to	✓
Se	ction 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 7			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	-	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990			-
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?		V	
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			1
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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			1

10/27/	24, 8:20 AM Qcc The Cen	ter For Lesbian (Gay Bis	exual	l Tra	nsge	ender <i>i</i>	Art 8	k Culture - Full Filin	g- Nonprofit Explor	er - ProPu	blica
	status with respect to such arrangements	s?								16	, l	
Se	ection C. Disclosure											
17	List the states with which a copy of this F	orm 990 is requ	ired to	be file	ed▶							
18	Section 6104 requires an organization to 501(c)(3)s only) available for public inspe					24-						
	Own website Another's website	e 🔽 Upon red	quest		Othe	r (ex	xplain	in S	chedule O)			
19	Describe in Schedule O whether (and if so policy, and financial statements available						vernin	g do	ocuments, conflict o	of interest		
20	State the name, address, and telephone in Anand Kalra 726 FULTON STREET SA	number of the po N FRANCISCO, C						rgan	ization's books and	d records:		
		,									Form 99	0 (2021)
					_							
				Page	2 /							
Form	990 (2021)											Page 7
Pai	Compensation of Officers, and Independent Contractor		stees	, Ke	y Er	npl	oyee	s, H	lighest Compei	nsated Employ	ees,	
	Check if Schedule O contains a res		o anv li	ne in	this	Part	t VII .					
Se	ection A. Officers, Directors, Trust											
	omplete this table for all persons required	to be listed. Rep	ort com	pens	atior	n for	the c	alen	dar year ending wi	th or within the or	ganization	's tax
	List all of the organization's current office							or o	organizations), rega	ardless of amount		
	mpensation. Enter -0- in columns (D), (E), .ist all of the organization's current key en	` '	•					efinit	ion of "kev employ	ee."		
• L	ist the organization's five current highest	compensated er	nployee	es (ot	her	than	an of	ficer	, director, trustee o	or key employee)		
	received reportable compensation (box 5 on nization and any related organizations.	f Form W-2, For	m 1099	-MIS	C, ar	nd/o	r box	1 of	Form 1099-NEC) o	of more than \$100,	,000 from	the
• L	ist all of the organization's former officers						sated	emp	loyees who receive	ed more than \$100	,000	
	portable compensation from the organization ist all of the organization's former directo	•	_				canac	rity a	as a former directo	r or trustee of the		
	nization, more than \$10,000 of reportable											
	he instructions for the order in which to lis	·										
<u> </u>	Check this box if neither the organization n		rganiza I	tion c			ated a	iny c			1	
	(A) Name and title	(B) Average				t ch	eck m		(D) Reportable	(E) Reportable	(F Estim	
		hours per week (list	than o				ss pers		compensation from the	compensation from related	amount o	
		any hours		direc	tor/t	rust	ee)		organization (W-2/1099-	organizations (W-2/1099-	from	the
		for related organizations	Individ	In	Officer	Key em	Hig	For	MISC/1099-	MISC/1099-	organizat relat	ted
		below dotted line)	di wid	Institut	eg/	/ em	Highes!	Former	NEC)	NEC)	organiz	ations
			ctor ctor	tional		nployee	A					
			ual trustee ctor			уөө	compensated					
			99	Truste			ansa					
				ø.			ted					
(1) Ja	cqueline Francis	0.00										
Presic	lent	0.00	Х						0	0		0
(2) Ju	ba Kalamka	2.00										
Treas	ırer	0.00	Х						0	0		0
(3) Aj	uan Mance	0.00	-									
	Member	0.00	Х						0	0		0
(4) El	ena Rose Vera	0.00										
	Member	0.00	Х						0	0		0
	ormMiguel Florez	1.00										
	Member	0.00	Х						0	0		0

(6) Tina Takemoto
Board Member

(7) Viet Le Board Member

(8) Natalia Vigil

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												1	
												Form 99	0 (2021)
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	/				raye	- 0							
Form Part	990 (2021)	rectors. Trustee	s. Kev	/ Emp	love	ees.	and	Hial	hes	t Compensate	d Employees (co	ntinued)	Page 8
Ган	-	-	T				, unu	9.	1			ı	
	(A) Name and title	(B) Average hours per week (list any hours	than	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the comization (W-	(E) Reportable compensation from related organizations (W-	Estima amount o compens from	ated of other sation
		for related organizations below dotted line)		employee Key employee Officer Institutional Trustee		Highest compensated employee	Former Highest compensat		2/1099- ISC/1099-NEC)	2/1099- MISC/1099-NEC)	organization and related organizations		
							ed						
					-								
					-								
								-					
								_					
										1			
c T	ub-Total otal from continuation sheets total (add lines 1b and 1c) .	to Part VII, Section	ıA.				* * *						
2	Total number of individuals (inclu of reportable compensation from	ding but not limite	d to the				e) wh	o rec	eive	d more than \$10	00,000		
												Yes	No
3	Did the organization list any forn line 1a? <i>If "Yes," complete Sched</i>											3	No
4	For any individual listed on line 1 organization and related organization	a, is the sum of repations greater than	oortable \$150,0	e comp 100? <i>If</i>	ensa "Yes	ations," c	n and comple	other ete So	cor	mpensation from dule J for such	the		

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0/27/24, 8:20 AM	occ The Cente	er For Lesbian Gay B	isexual Transgender	Art & Culture - Full I	Filing- Nonprofit E	xplorer - F	ProPublica No
5 Did any person listed on line services rendered to the orga		•	•	-	ividual for	5	No
Section B. Independent Co							
1 Complete this table for your f from the organization. Report						mpensatio	n
потп тте огуаптианот. керог		A)	car enumy with or wi	lami the organization	(B)		(C)
In Lakesh Dang- A		siness address			cription of services	C	ompensation
In Lakech Dance Academy				FSP- InLak	ecn		112,393
450 Lee Street 1 Oakland, CA 94610							
Katie Gilmartin,				FSP- Chrys	alis		
3124 Birdsall Ave Oakland, CA 94619							
Krista Smith Development Inc				Artist Servi	ces Grantwrit		
5380 Hollister St							
Columbus, OH 43235 Casper Cendre,				FSP- ABO (Comix		
PO Box 11584 Oakland, CA 94611							
Jeff Jones,				Artist Servi	ces Grantwrit		
424 Belfast Ave Pacifica, CA 94044							
2 Total number of independent co		cluding but not limite	d to those listed abo	ve) who received m	ore than \$100,00	00 of	
compensation from the organiza	ation 🕨 1					Fo	n 990 (2021)
						FOIT	11 990 (2021)
			Page 9				
			. 454 7				
Form 990 (2021)							Page 9
Part VIII Statement of Re							0
Check if Schedule O	contains a re	sponse or note to an	i				. U
			(A) Total revenue	(B) Related or	(C) Unrelated		(D) Revenue
				exempt function	business revenue		luded from nder sections
				revenue	revenue		12 - 514
Federated campaigns	1a						
Contributions, Sifts, Grants	Ī						
and Membership dues	1b						
DtherAmt Simil<u>a</u>r .							
ություն	1c						
d Related organizations	1d						
e Government grants (contributions)	1e						
1,020,780							
f All other contributions, gifts, grants,	İ						
and similar amounts not included above	1f						
587,389 q Noncash contributions included in	1						
lines 1a - 1f:\$	1g						
<u> </u>		_					
h Total. Add lines 1a-1f		1,608,169	<u> </u>		ī		
		Business Code					
2a Box Office							
Eisenland Mamt for-		-				-	
Fiscal and Mgmt fees Programs fees Sponsor fees							
Programs fees		-				+	
2							
Sponsor fees		-	95,965	95,965			
E							
Ticket sales			60,920	60,920			
ŏ.							

7/24, 8:20 AM 	Qcc Ti	ne Center	For Lesbian Gay Bi	sexual Transgender	Art & Culture - Full	Filing- Nonprofit Exp	olorer - ProPublica
f All other program	service revenu	e.					
9 Total. Add lines 2	.a−2f 		156,885				
3 Investment income	(including divi	dends, in	terest, and other	0			
similar amounts) .			` ⊄ 	0			
4 Income from invest 5 Royalties	ment or tax-ex		id proceeds	0			+
3 Royaldes		Real	(ii) Personal				
			(,				
6a Gross rents	6a						
b Less: rental expenses	6b						
c Rental income or (loss)	6c						
d Net rental income	or (loss)			0			
		curities	(ii) Other				
7a Gross amount							
from sales of assets other than inventory	7a						
b Less: cost or other basis and	7b						
sales expenses	 						
c Gain or (loss)	7c						
d Net gain or (loss) Gross income from fu				0			+
(not including \$	0						
(not including \$ contributions reported See Part IV, line 18 b Less: direct expens		8a					
b Less: direct expens	ses						
c Net income or (los			nts	0			
c Net income or (los							
Gross income from 9 See Part IV, line 19	gaming activitie	es. 9a					
b Less: direct expens							
c Net income or (los			es .	0			
	,						
10aGross sales of inverteurns and allowa	entory, less						
		10a					
b Less: cost of goods		10b		0			
C Net income or (los Miscellaneo	s) from sales (ous Revenue	of invento	Business Code				
11a							
b						1	1
c							
d All other revenue							+
e Total. Add lines 1		. 1.					
				0		<u> </u>	+
12 Total revenue. Se	ee instructions		•	1,765,054	156,88	5	
							Form 990 (20
				Page 10			
n 990 (2021)				raye 10			Page
art IX Statement	of Function			nplete all columns. A	Il other organizatio	ins must complete s	
				-		ms must complete C	olullii (A).
		is a respo	uise or note to any	line in this Part IX .			∟

•	•	•	expenses	generai expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	123,149	123,149		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	0			
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	8,826	8,826		
11	Fees for services (non-employees):				
	Management	0			
	Legal	0			
		0			
	Accounting				
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	13,924	13,924		
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	452	452		
20	Interest	0			
21	Payments to affiliates	0			
	Depreciation, depletion, and amortization	0			
	Insurance	2,044		2,044	
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	·			
ā	a Artists and performers	423,299	423,299		
i	Contract labor	195,301	157,586	37,715	
•	c Fundraising	79,255			79,255
•	d Artist commission fees	65,620	65,620		
•	All other expenses	94,757	77,557	17,200	
25	Total functional expenses. Add lines 1 through 24e	1,006,627	870,413	56,959	79,255
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form **990** (2021)

Balance Sheet

Part X

		Check if Schedule O contains a response or not	e to any line in this Part IX			🔾
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		334,410	1	743,603
	2	Savings and temporary cash investments .	[2	0
	3	Pledges and grants receivable, net			3	0
	4	Accounts receivable, net		88,213	4	518,330
	5	Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial contributor, or 35% ese persons		5	0
	6	Loans and other receivables from other disquali section $4958(f)(1)$, and persons described in s			6	0
23	7	Notes and loans receivable, net	[7	0
ssets	8	Inventories for sale or use	[8	0
ĄS,	9	Prepaid expenses and deferred charges			9	0
_	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10 c	0
	11	Investments—publicly traded securities .	<u> </u>		11	0
	12	Investments—other securities. See Part IV, line	11		12	0
	13	Investments—program-related. See Part IV, line	11		13	0
	14	Intangible assets			14	0
	15	Other assets. See Part IV, line 11	-	30,331	15	0
	16	Total assets. Add lines 1 through 15 (must eq	L	452,954	16	1,261,933
	17	Accounts payable and accrued expenses	,	30,952	17	81,408
	18	Grants payable	· · · · · ·	00,002	18	0.,.00
	19	Deferred revenue	-		19	
	20	Tax-exempt bond liabilities	· ·		20	
		•	Cont IV of Cohodulo D			
es	21	Escrow or custodial account liability. Complete F	-		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons .	butor, or 35% controlled entity		22	
Ξ	23	Secured mortgages and notes payable to unrela	ited third parties		23	
	24	Unsecured notes and loans payable to unrelated	I third parties		24	
	25	Other liabilities (including federal income tax, pand other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	ayables to related third parties,		25	
	26	Total liabilities. Add lines 17 through 25 .	_	30,952	26	81,408
nces		Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33.	neck here 🕨 🔽 and			
ala	27	Net assets without donor restrictions	· · · · · ·	422,002	27	1,180,525
1 8	28	Net assets with donor restrictions	[28	
Assets or Fund Balances	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds	ļ	-	29	
SO			<u> </u>			
set	30	Paid-in or capital surplus, or land, building or ed	` `		30	
Ass	31	Retained earnings, endowment, accumulated in	· · · · ·		31	
Net	32	Total net assets or fund balances		422,002	32	1,180,525
Z	33	Total liabilities and net assets/fund balances .		452,954	33	1,261,933
						Form 990 (2021)
Form	n 990	(2021)	———— Page 12 ————			Page 12
	art XI	Reconcilliation of Net Assets				i age 12
		Check if Schedule O contains a response or n	ote to any line in this Part XI .	<u> </u>		<u> </u>
1	Tota	al revenue (must equal Part VIII, column (A), line	12)		1	1,765,054
2		al expenses (must equal Part IX, column (A), line	•		2	1,006,627
2	iulo	ar expenses (must equal r art ix, column (A), line	23,		<u></u>	1,000,627

	.ccui		
	Retur	n to Fo	ırm
	ŀ	orm 99	U (2021
If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		• (2021
Audit Act and OMB Circular A-133?	3a		No
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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?	2c	Yes	
☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis			
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:			
Were the organization's financial statements audited by an independent accountant?	2b	Yes	
☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis			
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:			
· · · · · · · · · · · · · · · · · · ·	2a	Yes	
Accounting method used to prepare the Form 990:			
		Yes	No
Check if Schedule O contains a response or note to any line in this Part XII			
			,100,32
		1	,180,52
			9
Investment expenses			
Donated services and use of facilities			
Net unrealized gains (losses) on investments			•
·			422,00
	xplorer	- ProPu	ıblica /58,42
1	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))

Software Version: 2021v4.1

Form 990 Special Condition Description

ObjectId: 202311299349304961 - Submission: 2023-05-09

TIN: 94-3227839

OMB No. 1545-0047

SCHEDULE A (Form 990)

efile Public Visual Render

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Inspection

		ne organization ITER FOR LESBIAN GAY BISEX	/IIAI				Employer identific	ation number
		R ART & CULTURE	KUAL				94-3227839	
Par		Reason for Public					See instructions.	
	-ganiz	ation is not a private four		•				
1		A church, convention of	•			. ,, ,	(A)(i).	
2		A school described in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90).)		
3		A hospital or a cooperat	ive hospital serv	vice organization desc	ribed in section	170(b)(1)(A)(iii).	
4		A medical research organame, city, and state:	nization operat	ed in conjunction with	a hospital descri	ibed in section 1	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or op	perated by a gov	ernmental unit descril	oed in section
6		A federal, state, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).	
7		An organization that not section 170(b)(1)(A)			s support from a	governmental u	init or from the genera	al public described in
8		A community trust desc	ribed in sectior	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9		An agricultural research non-land grant college of	of agriculture. S	ee instructions. Enter	the name, city, a	and state of the o	college or university:	,
10	✓	An organization that not from activities related to investment income and 30, 1975. See section !	its exempt fur unrelated busin	ections—subject to cer less taxable income (le	tain exceptions,	and (2) no more	than 33 1/3% of its su	ipport from gross
11		An organization organize	ed and operated	d exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
12		An organization organize more publicly supported on lines 12a through 12	organizations	described in section 5	09(a)(1) or se	ction 509(a)(2)). See section 509(a	
а		Type I. A supporting or organization(s) the pow	ganization oper er to regularly a	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A supporting of management of the sup	rganization sup	ervised or controlled i				
		must complete Part I	•					
С		Type III functionally supported organization(ted with, its
d		Type III non-function functionally integrated. instructions). You must	ally integrate The organizatio	d. A supporting organing organic	ization operated fy a distribution	in connection will requirement and	th its supported orgar	
e		Check this box if the orgintegrated, or Type III n	anization recei	ved a written determir	nation from the I		pe I, Type II, Type III	functionally
f	Enter	the number of supported	dorganizations				<u> </u>	
g		de the following informati						
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Гotal								
or P	aperv	work Reduction Act Not or 990-EZ.	tice, see the I	nstructions for	Cat. No. 11285	I 5F	Schedule	A (Form 990) 2021
				Pa	ge 2 ———			
				1 4	5∼			
Sched	ule A	(Form 990) 2021						Page 2
Pai	t II			rations Described ne box on line 5, 7,				

If the organization failed to qualify under the tests listed below, please complete Part III.)

		Center For Lesbiar	n Gay Bisexual Tra	ansgender Art & C	ulture - Full Filing-	Nonprofit Explore	r - ProPublica
	r fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
_	the organization without charge						
4 5	Total. Add lines 1 through 3 The portion of total contributions by						
3	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						<u> </u>
Ca	lendar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
-	r fiscal year beginning in)	(u) 2017	(6) 2010	(6) 2013	(u) 2020	(0) 2021	(1) Total
7 8	Amounts from line 4 Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties and						
9	income from similar sources Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on					1	
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		etc. (see instruction	ns)			12	<u>.</u>
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth ta	x year as a sectio	n 501(c)(3) organ	ization, check
	this box and stop here					▶ □	
-	Section C. Computation of Public						
	Public support percentage for 2021 (lin			column (f))		14	
	Public support percentage for 2020 Sch					15	
	33 1/3% support test—2021. If the						oox
	and stop here. The organization qualit						
ŀ	33 1/3% support test—2020. If the						
	box and stop here. The organization	qualifies as a publ	icly supported org	janization			🕨 🗆
17	10%-facts-and-circumstances test						
	and if the organization meets the "facts		•	-		-	_
	meets the "facts-and-circumstances" to 10%-facts-and-circumstances tes						-
r	more, and if the organization meets the						
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a	publicly supported	d organization		▶ 🗆
18	Private foundation. If the organization	on did not check a	box on line 13, 16	Sa, 16b, 17a, or 1	7b, check this box	and see	
	instructions						
						Schedule A (I	orm 990) 2021
_			Page 3				
Sch	edule A (Form 990) 2021						Page 3
	Part III Support Schedule fo	r Organization	s Described in	Section 509/	a)(2)		
	(Complete only if you					d to qualify und	er Part II. If
	the organization fails t						
	Section A. Public Support	ı		T	•	1	
	lendar year r fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	623,668	655,613	724,444	633,287	1,608,169	4,245,181
2	include any "unusual grants.") . Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						0
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						0
	· · · · ·						
4	Tax revenues levied for the						0

10/27/	24, 8:20 AM Qcc The 0	Center For Lesbiar	n Gay Bisexual Tra	ansgender Art & C	ulture - Full Filing-	 Nonprofit Explore 	er - Pro	Publica	4
	to or expended on its behalf								U
5	The value of services or facilities								
	furnished by a governmental unit to								0
6	the organization without charge Total. Add lines 1 through 5	623,668	655,613	724,444	633,287	1,608,169	9	4.24	5,181
	Amounts included on lines 1, 2, and	023,000	033,013	721,111	033,207	1,000,10		1,2	
	3 received from disqualified persons								0
b	Amounts included on lines 2 and 3 received from other than disqualified								
	persons that exceed the greater of								0
	\$5,000 or 1% of the amount on line								
_	13 for the year. Add lines 7a and 7b								
8	Public support. (Subtract line 7c							4.24	IF 404
	from line 6.)							4,24	5,181
	ction B. Total Support	1	T	1	T	T			
	endar year fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) ⊺	otal	
9	Amounts from line 6	623,668	655,613	724,444	633,287	1,608,169	9	4,24	5,181
10a	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties and								0
	income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30,								0
	1975.								
c	Add lines 10a and 10b.						1		
11	Net income from unrelated business activities not included on line 10b,								
	whether or not the business is						1		0
	regularly carried on.								
12	Other income. Do not include gain or loss from the sale of capital								0
	assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)	623,668	655,613	724,444	633,287	1,608,169	Ð	4,24	5,181
14	First 5 years. If the Form 990 is for t	he organization's	first, second, thir	d, fourth, or fifth	tax year as a sect	ion 501(c)(3) org	anizati	on, che	eck
	this box and stop here							>	-
Se	ection C. Computation of Public	Support Perce	entage						
Se	Public support percentage for 2021 (li	ne 8, column (f) c	livided by line 13,			15		100.0	00 %
		ne 8, column (f) c	livided by line 13,			15 16		100.0	00 %
15 16	Public support percentage for 2021 (li Public support percentage from 2020 section D. Computation of Invest	ne 8, column (f) c Schedule A, Part I ment Income	divided by line 13, III, line 15 Percentage					100.0	00 %
15 16	Public support percentage for 2021 (li Public support percentage from 2020 section D. Computation of Invest Investment income percentage for 20	ne 8, column (f) c Schedule A, Part I ment Income 21 (line 10c, colu	divided by line 13, II, line 15 Percentage mn (f) divided by	line 13, column (f))			100.0	00 %
15 16 Se 17 18	Public support percentage for 2021 (li Public support percentage from 2020 section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2	ne 8, column (f) c Schedule A, Part I Iment Income 21 (line 10c, colu 2020 Schedule A,	divided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 .	line 13, column (f))	16 17 18			
15 16 Se 17 18	Public support percentage for 2021 (li Public support percentage from 2020 section D. Computation of Invest Investment income percentage for 20	ne 8, column (f) c Schedule A, Part I Iment Income 21 (line 10c, colu 2020 Schedule A,	divided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 .	line 13, column (f))	16 17 18		s not	
15 16 Se 17 18 19a	Public support percentage for 2021 (li Public support percentage from 2020 section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and	ne 8, column (f) of Schedule A, Part I ment Income 21 (line 10c, colu 2020 Schedule A, organization did in stop here. The	Ilvided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual	line 13, column (f))	16 17 18 n 33 1/3%, and lir	>	s not	0 %
15 16 Se 17 18 19a	Public support percentage for 2021 (li Public support percentage from 2020 section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the	ne 8, column (f) of Schedule A, Part I ment Income 21 (line 10c, colu 2020 Schedule A, organization did stop here. The e organization did	Invided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box .	line 13, column (f))	17 18 n 33 1/3%, and linguation	▶ ₃% and	s not	0 %
15 16 Se 17 18 19a	Public support percentage for 2021 (li Public support percentage from 2020 section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box	ne 8, column (f) of Schedule A, Part I ment Income 21 (line 10c, colu 2020 Schedule A, organization did of the the organization did of and stop here.	Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization	line 13, column (on line 14, and lii ifies as a publicly on line 14 or line 1	f))	16 17 18 n 33 1/3%, and lirection	▶ 3% and	s not	0 %
15 16 Se 17 18 19a	Public support percentage for 2021 (li Public support percentage from 2020 section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the	ne 8, column (f) of Schedule A, Part I ment Income 21 (line 10c, colu 2020 Schedule A, organization did of the the organization did of and stop here.	Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization	line 13, column (on line 14, and lii ifies as a publicly on line 14 or line 1	f))	17 18 n 33 1/3%, and lirection s more than 33 1/3 ganization	▶ 3% and ▶ 	s not d line 1	0 % 8 is
15 16 Se 17 18 19a	Public support percentage for 2021 (li Public support percentage from 2020 section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box	ne 8, column (f) of Schedule A, Part I ment Income 21 (line 10c, colu 2020 Schedule A, organization did of the the organization did of and stop here.	Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization	line 13, column (on line 14, and lii ifies as a publicly on line 14 or line 1	f))	16 17 18 n 33 1/3%, and lirection	▶ 3% and ▶ 	s not d line 1	0 % 8 is
15 16 Se 17 18 19a	Public support percentage for 2021 (li Public support percentage from 2020 section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box	ne 8, column (f) of Schedule A, Part I ment Income 21 (line 10c, colu 2020 Schedule A, organization did of the the organization did of and stop here.	Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,	line 13, column (on line 14, and lii ifies as a publicly on line 14 or line 1 qualifies as a publ	f))	17 18 n 33 1/3%, and lirection s more than 33 1/3 ganization	▶ 3% and ▶ 	s not d line 1	0 % 8 is
15 16 Se 17 18 19a	Public support percentage for 2021 (li Public support percentage from 2020 section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box	ne 8, column (f) of Schedule A, Part I ment Income 21 (line 10c, colu 2020 Schedule A, organization did of the the organization did of and stop here.	Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization	line 13, column (on line 14, and lii ifies as a publicly on line 14 or line 1 qualifies as a publ	f))	17 18 n 33 1/3%, and lirection s more than 33 1/3 ganization	▶ 3% and ▶ 	s not d line 1	0 % 8 is
15 16 Se 17 18 19a	Public support percentage for 2021 (li Public support percentage from 2020 section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box	ne 8, column (f) of Schedule A, Part I ment Income 21 (line 10c, colu 2020 Schedule A, organization did of the the organization did of and stop here.	Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,	line 13, column (on line 14, and lii ifies as a publicly on line 14 or line 1 qualifies as a publ	f))	17 18 n 33 1/3%, and lirection s more than 33 1/3 ganization	▶ 3% and ▶ 	s not d line 1	0 % 8 is
15 16 Se 17 18 19a b	Public support percentage for 2021 (li Public support percentage from 2020 section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box	ne 8, column (f) of Schedule A, Part I ment Income 21 (line 10c, colu 2020 Schedule A, organization did of the the organization did of and stop here.	Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,	line 13, column (on line 14, and lii ifies as a publicly on line 14 or line 1 qualifies as a publ	f))	17 18 n 33 1/3%, and lirection s more than 33 1/3 ganization	▶ 3% and ▶ 	s not d line 1	0 % 8 is
15 16 Se 17 18 19a b	Public support percentage for 2021 (li Public support percentage from 2020) section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box Private foundation. If the organization	ne 8, column (f) of Schedule A, Part I sement Income 21 (line 10c, colu 2020 Schedule A, organization did stop here. The e organization did of and stop here.	Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,	line 13, column (on line 14, and lii ifies as a publicly on line 14 or line 1 qualifies as a publ	f))	17 18 n 33 1/3%, and lirection s more than 33 1/3 ganization	▶ 3% and ▶ 	s not d line 1	0 % 8 is
15 16 Se 17 18 19a b	Public support percentage for 2021 (li Public support percentage from 2020 section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990) 2021 Supporting Organization (Complete only if you checked)	ne 8, column (f) of Schedule A, Part I sement Income 21 (line 10c, column 2020 Schedule A, organization did stop here. The eorganization did stand stop here. Son did not check as a box on line 12 of Schedule A, and stop here.	Ilivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization of a box on line 14, Page 4	line 13, column (f))	16 17 18 n 33 1/3%, and lirection		s not d line 1 990) 2	0 % 8 is 2021
15 16 Se 17 18 19a b	Public support percentage for 2021 (li Public support percentage from 2020 section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section 100.	ne 8, column (f) of Schedule A, Part I Schedule A, Part I Schedule A, Part I Schedule A, Column (f) of Schedule A, organization did of Stop here. The eorganization did of and stop here. Sion did not check a social a box on line 12 cections A and C. If	Page 4 Pert I. If you checked box checked box or part I. If you checked box or part II. II. II. II. II. III. III. III. I	line 13, column (f))	16 17 18 n 33 1/3%, and lirection		s not d line 1 990) 2	0 % 8 is 2021
15 16 Se 17 18 19a b 20	Public support percentage for 2021 (li Public support percentage from 2020) Ection D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section	ne 8, column (f) of Schedule A, Part I Schedule A, Part I Schedule A, Part I Schedule A, Column (f) of Schedule A, organization did of Schedule A, organization did of A stop here. The eorganization did of A and Stop here. Son did not check of Schedule A and Schedule A and C. If and A and C. If and A and D, and C.	Page 4 Pert I. If you checked box checked box or part I. If you checked box or part II. II. II. II. II. III. III. III. I	line 13, column (f))	16 17 18 n 33 1/3%, and lirection		s not d line 1 990) 2	0 % 8 is 2021
15 16 Se 17 18 19a b 20	Public support percentage for 2021 (li Public support percentage from 2020 section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section 100.	ne 8, column (f) of Schedule A, Part I Schedule A, Part I Schedule A, Part I Schedule A, Column (f) of Schedule A, organization did of Schedule A, organization did of A stop here. The eorganization did of A and Stop here. Son did not check of Schedule A and Schedule A and C. If and A and C. If and A and D, and C.	Page 4 Pert I. If you checked box checked box or part I. If you checked box or part II. II. II. II. II. III. III. III. I	line 13, column (f))	16 17 18 n 33 1/3%, and lirection		s not d line 1 990) 2	0 % 8 is 2021
15 16 Se 17 18 19a b 20	Public support percentage for 2021 (li Public support percentage from 2020 section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section A. All Supporting Organization (complete Section A. All Supporting Organization organization)	ne 8, column (f) of Schedule A, Part I schedule A, Part I schedule A, Part I schedule A, Part I schedule A, organization did record and stop here. The e organization did of and stop here. Son did not check a schedule A, organization did of stop here. The e organization did of and stop here. Son did not check a schedule A schedul	Ilvided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box of The organization a box on line 14, Page 4 of Part I. If you che f you checked box omplete Part V.)	line 13, column (f))	16 17 18 n 33 1/3%, and lir ration s more than 33 1/ ganization instructions . Schedule A (Sections A and B. h, D, and E. If you		s not d line 1 990) 2	0 % 8 is
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0/2//	24, 8:20 AM QCC The Center For Lesbian Gay Bisexual Transgender Art & Culture - Full Filing- Nonprolit Exploit 11 res, explain in Part V1 what controls the organization put in place to ensure such use.		iopubli I	ica I
42	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you	3с	<u> </u>	1
74	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	⊤ a		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or	4b		
	supervised by or in connection with its supported organizations.	7.0		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.			
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9b		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes,"	9c		
	answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
	Schedule A	(Forn	1 990)	2021
	Page 5			
Sche	dule A (Form 990) 2021		F	Page 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?			
		11a		
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
Se	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_	Did the appropriate and appropriate from the horseft of	1		-
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations		<u> </u>	<u> </u>
	And the state of t		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			t

	each of the organization's supported organization(s)? If "No," describe in Part VI now	v contr	oi or management of the	—	+	_
	supporting organization was vested in the same persons that controlled or managed to	he sup	ported organization(s).	1		
Se	ction D. All Type III Supporting Organizations					1
					Yes	No
L	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of	ng the	prior tax year, (ii) a copy of the	:		
	documents in effect on the date of notification, to the extent not previously provided?		gamzacion s governing	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el organization(s) or (ii) serving on the governing body of a supported organization? If ".					
	organization maintained a close and continuous working relationship with the supported			2	 	
3	By reason of the relationship described in line 2 above, did the organization's supporte					
	voice in the organization's investment policies and in directing the use of the organiza during the tax year? If "Yes," describe in Part VI the role the organization's supported			3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruct	ions):		
а	The organization satisfied the Activities Test. Complete line 2 below.					
b	The organization is the parent of each of its supported organizations. Complete	line	3 below.			
c	☐ The organization supported a governmental entity. Describe in Part VI how yo	u supp	ported a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.					
_	Did substantially all of the organization's activities during the tax year directly further	tho o	compt nurnocos of the		Yes	No
d	supported organization(s) to which the organization was responsive? If "Yes," then in	Part \	/I identify those supported			
	organizations and explain how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined th					
	substantially all of its activities.			2a		
b	 Did the activities described on line 2a, above constitute activities that, but for the organization of the organization's supported organization(s) would have been engaged in? If "Yes," 					
	the organization's position that its supported organization(s) would have engaged in torganization's involvement.	hese a	ctivities but for the	2b	_	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			20		
а	Did the organization have the power to regularly appoint or elect a majority of the offi	icers, o	directors, or trustees of each of	3a		
	the supported organizations? If "Yes" or "No", provide details in Part VI.					
b	 Did the organization exercise a substantial degree of direction over the policies, progresupported organizations? If "Yes," describe in Part VI. the role played by the organizations? 			21	 	
			Schedule A	3b (Forn	n 990)	2021
	Page 6					
che	dule A (Form 990) 2021				F	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations.				е	
	Section A - Adjusted Net Income		(A) Prior Year	(B) Cur	rent Yea	ır
	•			(opti	onal)	
2	Net short-term capital gain 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	6				
	income or for management, conservation, or maintenance of property held for production of income (see instructions)					
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		rent Yea onal)	ır
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1				
	Average monthly value of securities	1a				
	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c		-		

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d Total (add lines 1a, 1b, and 1c)

e **Discount** claimed for blockage or other factors

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	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt use	e assets	2			
3	Subtract line 2 from line 1d		3			
4	Cash deemed held for exempt use. Enter 0.015 of line instructions).	e 3 (for greater amount, see	4			
5	Net value of non-exempt-use assets (subtract line 4 fr	rom 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			
<u> </u>	Section C - Distributable Amount					Current Year
		0. Calaman A)				Odiront roai
	Adjusted net income for prior year (from Section A, lin	ne 8, Column A)	1			
2	Enter 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, u temporary reduction (see instructions)	inless subject to emergency	6			
7	Check here if the current year is the organization instructions)	n's first as a non-functionally-	integrat	ed Type III supp	orting	g organization (see
					S	chedule A (Form 990) 2021
		Page 7				
Sched	lule A (Form 990) 2021					Page 7
Pai	t V Type III Non-Functionally Integrated	1 509(a)(3) Supporting	Organi	izations (con	tinued	d)
Sec	tion D - Distributions					Current Year
_	Amounts paid to supported organizations to accomplish	ovemnt nurneses			1	
	· · · · · · · · · · · · · · · · · · ·	• • •				
	Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organiz	ations, in	2	
3	Administrative expenses paid to accomplish exempt pur	poses of supported organization	ons		3	
4	Amounts paid to acquire exempt-use assets				4	
	Qualified set-aside amounts (prior IRS approval require	d - provide details in Part VI)			5	
	Qualified Set-aside afflourits (prior TKS approval require	u - provide details in Part VI)				
6	Other distributions (<i>describe in Part VI</i>). See instruction	ins			6	
	otal annual distributions. Add lines 1 through 6.				7	
	Distributions to attentive supported organizations to whatefails in Part VI). See instructions	nich the organization is respons	sive (<i>pro</i>	ovide	8	
9	Distributable amount for 2021 from Section C, line 6				9	
10	ine 8 amount divided by Line 9 amount				10	
<u> </u>	<i>,</i>			(ii)		(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Und	derdistribution Pre-2021	ıs	Distributable Amount for 2021
1 D	sistributable amount for 2021 from Section C, line 6					
(inderdistributions, if any, for years prior to 2021 easonable cause required explain in Part VI).					
	ee instructions. xcess distributions carryover, if any, to 2021:					
	From 2016					
	From 2018					
	From 2019					
	From 2020					
	otal of lines 3a through e		-			
	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
	Carryover from 2016 not applied (see nstructions)					
	emainder. Subtract lines 3g, 3h, and 3i from line 3f.					
	stributions for 2021 from Section D, line 7:					
a /	; Applied to underdistributions of prior years					

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b Applied to 2021 distributable amount

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Additional Data				Return to Form
			Sch	edule A (Form 990) 20
Return Reference		Explanation		
	Facts And Circ	cumstances Test		
Part IV, Section D, lines 2 ar	4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, d 3; Part IV, Section E, lines 1c, and Part V, Section E, lines 2, 5	2a, 2b, 3a and 3b; Part V, line	e 1; Part V, Section	n B, line 1e; Part V
chedule A (Form 990) 2021 Part VI Supplemental Informatio	n. Provide the explanations requ	ired by Part II line 10: Part II	line 172 or 17h	Page
	Pa	ge 8	Sche	edule A (Form 990) (202
e Excess from 2021			Caba	dula A (Farma 200) (202
d Excess from 2020				
c Excess from 2019				
a Excess from 2017 b Excess from 2018				
B Breakdown of line 7:				
7 Excess distributions carryover to 3 and 4c.	2022. Add lines			
6 Remaining underdistributions for 2021 lines 3h and 4b from line 1. If the an than zero, explain in Part VI. See in	nount is greater			
2021, if any. Subtract lines 3g and 4d If the amount is greater than zero, e See instructions.	a from line 2. xplain in Part VI .			
Remaining underdistributions for year				

efile Public Visual Ren	der ObjectId: 2023112993493049	61 - Submission: 2023-05-09		TIN: 94-3227839
Schedule B		dule of Contributors		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	► Attach	to Form 990, 990-EZ, or 990-PF. gov/Form990 for the latest information.		2021
Name of the organization QCC-THE CENTER FOR LE			Employer id	dentification number
TRANSGENDER ART & CU Organization type (che			94-3227839	
Organization type (che	eck one).			
Filers of:	Section:			
Form 990 or 990-EZ	☐ 501(c)() (enter number)	organization		
	4947(a)(1) nonexempt ch	aritable trust not treated as a private four	ndation	
	☐ 527 political organization			
Form 990-PF	☐ 501(c)(3) exempt private	foundation		
	4947(a)(1) nonexempt ch	aritable trust treated as a private foundat	ion	
	501(c)(3) taxable private	foundation		
For an organization of this box is che purpose. Don't or religious, charitate of the purpose of	tion described in section 501(c)(3) filition (2)(1) and 170(b)(1)(A)(vi), that chap one contributor, during the year, to the 1h, or (ii) Form 990-EZ, line 1. Contion described in section 501(c)(7), (8) total contributions of more than \$1,00 the prevention of cruelty to children of the prevention of cruelty to children of contributions exclusively for religious cked, enter here the total contributions omplete any of the parts unless the oble, etc., contributions totaling \$5,00 to that isn't covered by the General Fait must answer "No" on Part IV, line	Ing Form 990 or 990-EZ that met the 33½ necked Schedule A (Form 990 or 990-EZ) that met the 35½ that contributions of the greater of (1) \$5,0 mplete Parts I and II. B), or (10) filing Form 990 or 990-EZ that 00 exclusively for religious, charitable, so or animals. Complete Parts I, II, and III. B), or (10) filing Form 990 or 990-EZ that or animals. Complete Parts I, II, and III. B), or (10) filing Form 990 or 990-EZ that so ranimals etc., purposes, but no such a charitable, etc., purposes, but no such of the solution of the special Rule applies to this organization of or more during the year Bule and/or the Special Rules doesn't file 2, of its Form 990; or check the box on lineet the filing requirements of Schedule E	3% support test of), Part II, line 13, 200 or (2) 2% of the received from an identific, literary, of the received from an contributions total an exclusively restricted in the cause it received from the cause it received in the cause it received	of the regulations 16a, or 16b, and that the amount on (i) Form by one contributor, or educational by one contributor, aled more than \$1,000. eligious, charitable, etc., ived nonexclusively m 990,
990-EZ, or 990-PF).	Act Notice, see the Instructions	Cat. No. 30613X	Sch	nedule B (Form 990) (2021)
for Form 990, 990-EZ, or 99				,
		Page 2		
Schedule B (Form 990)	(2021)		Page 2	
Name of organization	COTAN CAV DICEVILAL		nployer identific	ation number

94-322/039

Part I Contributor	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
		¢ DECTRICTED	Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•			Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		1	Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•			Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		\$	Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2021)
	Page 3 ———		
Schedule R	(Form 990) (2021)		Page 3
Name of orga	anization	Employer identification	
QCC-THE CE	NTER FOR LESBIAN GAY BISEXUAL PER ART & CULTURE	94-3227839	
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

(b) Description of noncash p		(c) FMV (or estimate) (See instructions) (C) FMV (or estimate) (See instructions) \$	(d) Date received (d) Date received Schedule B (Form 990) (202
Description of noncash p		(c) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions)	Date received (d) Date received
Description of noncash p		(c) FMV (or estimate) (See instructions) (c) FMV (or estimate)	Date received - (d)
(b) Description of noncash p	roperty given	(c) FMV (or estimate) (See instructions)	(d) Date received
(b) Description of noncash p	roperty given	(c) FMV (or estimate)	(d) Date received
(b) Description of noncash p	roperty given	(c) FMV (or estimate) (See instructions)	(d) Date received
(b) Description of noncash p	roperty given	(c) FMV (or estimate) (See instructions)	(d) Date received
(b) Description of noncash p	roperty given	(C) FMV (or estimate) (See instructions)	(d) Date received
	Description of noncash p	Description of noncash property given	Description of noncash property given (See instructions) (b) Description of noncash property given (c) FMV (or estimate)

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(α) Purpose or giπ	(c) Use of gift	(a) Description of now gift is neig
		_
Transferee's name, address, and Z	(e) Transfer of gift IP 4 Relation	nship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, and Z	IIP 4 Relation	nship of transferor to transferee
		Schedule B (Form 990) (202
	Transferee's name, address, and Z (b) Purpose of gift	Transferee's name, address, and ZIP 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift (c) Use of gift

Software ID: 21013475
Software Version: 2021v4.1

Additional Data

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ObjectId: 202311299349304961 - Submission: 2023-05-09

TIN: 94-3227839

OMB No. 1545-0047

Open to Public

Inspection

SCHEDULE 0 (Form 990)

Department of the Treasury

Name of the organization

TRANSGENDER ART & CULTURE

QCC-THE CENTER FOR LESBIAN GAY BISEXUAL

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 <u>www.irs.gov/Form990</u> for the latest information.

Employer identification number

94-3227839

	94-322/839	
Return Reference	Explanation	
Form 990, Part VI, Line 11b: Form 990 Review Process	Form 990 is first reviewed by the managment and then circulated to each trustee and board member before filing.	
Form 990, Part VI, Line 15a: Compensation Review & Approval Process - CEO, Top Management	Managemnt team members are paid\$40/hr;each month, these contractors submit a detailed invoice to the Financial Manager specfying the activity, the date and the number of hours they are requesting payment for. After reviewing these invoices, the Financial Manager instructs the bookkeeper to issue a payment. The Artistic Director reviews the Financial Manager's invoices and approves payment. Each July, the Board of Directors adopts an operating budget specifying the maximum amount each contractor can be paid during the fiscal year.	
Form 990, Part VI, Line 15b: Compensation Review and Approval Process for Officers and Key Employees	The compensation for the officer is always reviewed by someone other than the officer and is always in line with the budget.	
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	No documents available to the public.	

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

Cat. No. 51056K

Schedule O (Form 990) 2021

Additional Data

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