efile Public Visual Render ObjectId: 202221319349306067 - Submission: 2022-05-11 TIN: 94-3227839

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

Inspection

A F	or th	e 2020 c	 alendar year, or tax year beginning 07-01-2020 , and endir	na 06-3	0-2021					
B Che	ck if a dress	applicable: change	C Name of organization QCC-THE CENTER FOR LESBIAN GAY BISEXUAL TRANSGENDER ART & CULTURE				Employer 94-32278		ication number	
O Ini			Doing business as							
_		rn/terminated d return	Number and street (or P.O. box if mail is not delivered to street address)	E	Telephone	number				
		a return ion pending	762 FULTON CEREET		(415) 935	5-5948				
_			City or town, state or province, country, and ZIP or foreign postal code	— l	(-,					
			SAN FRANCISCO, CA 94102			G	Gross rece	ipts \$ 6	70,413	
			F Name and address of principal officer:		H(a)	Is this a g	group retu	rn for		
			762 FULTON STREET SAN FRANCISCO, CA 94102		H(b)	subordina Are all su	bordinates	5	☐ Yes ☑ No ☐ Yes ☐No	
I Tax	-exer	mpt status:	✓ 501(c)(3)	527		If "No," attach a list. (see instructio				
J Website: ► www.queerculturalcenter.org					H(c)	Group ex	emption n	umber	•	
K Form	n of o	rganization	: ✓ Corporation ☐ Trust ☐ Association ☐ Other ►		L Year	of formation	:	1 State	of legal domicile: CA	
Pa	rt I	Sum	mary		I		ı			
			scribe the organization's mission or most significant activities: te Cultural and Educational Programs for the community							
Governance										
Ē										
o ve	2	Check thi	is box ▶ □							
			of voting members of the governing body (Part VI, line 1a)					3	7	
Activities &			of independent voting members of the governing body (Part VI, line	-				4	7	
Ě			nber of individuals employed in calendar year 2020 (Part V, line 2a			5	1			
i ct			nber of volunteers (estimate if necessary)				6	0		
4			elated business revenue from Part VIII, column (C), line 12 lated business taxable income from Form 990-T, line 39					7a 7b	0	
	-	ivet uniter	idated business taxable income from 1 orni 990-1, line 39	• •	<u> </u>	Prior \	/ear	1	Current Year	
_	8	Contribut	tions and grants (Part VIII, line 1h)	_			724,44	4	633,287	
Revenue			service revenue (Part VIII, line 2g)				11,94	+	37,126	
e Ae		_	ent income (Part VIII, column (A), lines 3, 4, and 7d)				•		, O	
œ			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						0	
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line	e 12)			736,39	0	670,413	
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)						0	
	14	Benefits	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)					86,028	
Expenses	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e)						0	
ф	b	Total fundr	raising expenses (Part IX, column (D), line 25) 59,306							
Ω	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)				596,70	8	474,893	
	18	Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)				596,70	8	560,921	
	19	Revenue	less expenses. Subtract line 18 from line 12				139,68	2	109,492	
Net Assets or Fund Balances				Beg	inning of C	Current Yea	ır	End of Year		
set	20	Total ass	ets (Part X, line 16)				341,43	7	452,954	
t As			ilities (Part X, line 26)							
Š			ts or fund balances. Subtract line 21 from line 20			29,25 312,18	_	30,952 422,002		

Signature Block

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

					2022-04-29	
Sign	Sig	nature of officer			Date	
Here	Na	talia Vigil Executive Director				
		pe or print name and title				_
Paid		Print/Type preparer's name	Preparer's signature	Date	Check if P004	
	arer	Firm's name TANG & LEE LL				06617
	Only	Firm's address ▶ 967 CORPORAT	If Executive Director It amena and totic Type preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Find No. 1288 LEE LLP Find Ref Mo. 1500 6826865 Find Ref Mo. 1500 6826865 Find Ref Mo. 12887 Find No. 12887 From no. (650) 692-6865 From Act Notice, see the separate instructions. Cat. No. 11282Y For action Act Notice, see the separate instructions. Cat. No. 11282Y For action Act Notice, see the separate instructions. Cat. No. 11282Y For action Act Notice, see the separate instructions. Cat. No. 11282Y For action Act Notice, see the separate instructions. Cat. No. 11282Y For action Act Notice, see the separate instructions. Cat. No. 11282Y For action Act Notice, see the separate instructions. Cat. No. 11282Y For action Act Notice, see the separate instructions. Cat. No. 11282Y For action Act Notice, see the separate instructions. Cat. No. 11282Y For action Act Notice, see the separate instructions. Cat. No. 11282Y For action Act Notice, see the separate instructions. Cat. No. 11282Y For action Act Notice, see the separate instructions. Cat. No. 11282Y For action Act Notice, see the separate instructions are required to report the amount of grants and allocations to others, the total of the seed of its three largest program services, as measured by example and the set of the service separate action ac	-6865		
		FREMONT, CA	94539		(111,111	
May th	o IDC dicc	_ <u>_</u>		ons)	<u> </u>	✓ Yes □ No
					No 11282V	Form 990 (2020)
	-p			Cat. I	110. 112021	101111 990 (2020)
			Page 2			
Form 9	990 (2020)					Page 2
Part		_				_
				is Part III		<u> O</u>
_	•	cribe the organization's mission				
To Pro	mote Cultu	iral and Educational Programs f	or the community			
2	Did the or	ganization undertake any signif	icant program services during	the year which were not li	sted on	
	·	, ,				🗆 Yes 🔽 No
	•					
3	Did the or	ganization cease conducting, or	make significant changes in h	ow it conducts, any progra	am	_
	services? If "Yes," d	escribe these changes on Sche	· · · · · · · · · · · · · · · · · · ·			🗌 Yes 💟 No
				e amount of grants and all	locations to others,	the total expenses,
	ana reven	de, il dily, for edeli program sei	vice reported.			
4a	(Code:) (Expenses \$	413,989 including gra	ints of \$) (Revenue \$)
	Foster grow	th of queer arts organizations throug	h annual arts festivals,art exhibits,	other events,and through the i	nternet	
4 h	(C-4-:	\	in all diese sone) (Daviero e d	
4b	(Code:) (Expenses \$	including gra	ints or \$) (Revenue \$)
4c	(Code:) (Expenses \$	including gra	ents of \$) (Revenue \$)
	(, (=::			, (,
4d	Other prod	gram services (Describe in Sche	edule O.)			
-	(Expenses	-) (Revenue	\$)
4e	Total pro	gram service expenses 🕨	413,989			
						Farms 000 (2020)

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10/27/24, 8:20 AM

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Par	Checklist of Required Schedules			
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete		Yes Yes	No
	Schedule A 🕵	1		
3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	3	Yes	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 Revenue Procedure 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? If "Yes," complete Schedule D, Part I	6		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? <i>If "Yes," complete Schedule D, Part II</i>	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? If "Yes," complete Schedule D, Part V	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.			
	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> 2	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? If "Yes," complete Schedule D, Part VIII	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	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 1987.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	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? <i>If "Yes," complete Schedule G, Part I</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
20a	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	21		No

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Par	rt IV Checklist of Required Schedules (continued)			
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	Yes	No 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 1</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		
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? If "Yes," complete Schedule L, Part II	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 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," complete Schedule L, Part IV</i>	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 lines 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? <i>If "Yes," complete Schedule N, Part II</i>	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? If "Yes," complete Schedule R, Part V, line 2	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 in 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		 Yes	U No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 54		. 63	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			1
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1

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	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)? If "Yes," enter the name of the foreign country:	4a	No				
	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				
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	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				
b	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	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
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:						
	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						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders						
Ь	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.						
	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						
	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- Nonprofit E If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	xplorer I 14b I	- ProPu	ıblica						
	If the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	טדב								
-3	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						
		F	orm 99	0 (2020)						
	Page 6 —									
	rage o									
Form	990 (2020)			Page 6						
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	lines						
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	Yes							
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	$ \hbox{ 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 6		No						
6	6 Did the organization have members or stockholders?									
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	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 in 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 in 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?									
	The organization's CEO, Executive Director, or top management official	15a	Yes							
b	Other officers or key employees of the organization	15b	Yes							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
	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 status with respect to such arrangements?	16b								
Se	ction C. Disclosure	!								

			,			nsge	ender	Art 8	& Culture - Full Filin	g- Nonprofit Explor	er - ProPublica
1/	List the states with which a copy of this Fo	orm 990 is requi	ired to	be file	ea▶		CA				
18	Section 6104 requires an organization to ronly) available for public inspection. Indica	make its Form 1 ate how you ma	023 (or de thes	r 102 se ava	4-A i ailab	if ap le. C	plicat Check	ole), all th	990, and 990-T (50 hat apply.	01(c)(3)s	
	Own website Another's website										
19	Describe in Schedule O whether (and if so policy, and financial statements available t	, how) the orga to the public du	nizatior ring the	n mad e tax	de its year.	s gov :	vernir	ng do	ocuments, conflict o	of interest	
20	State the name, address, and telephone n Natalia Vigil 726 FULTON STREET SAN	umber of the per	erson w A 9410	/ho po 2 (41	osse: .5) 9	sses 35-5	the 6 5948	organ	nization's books and	d records:	
											Form 990 (2020
				D							
				Page	2 /						
Form	990 (2020)										Page 7
Par	Compensation of Officers, D		stees	, Ke	y Er	npl	oyee	es, H	lighest Compe	nsated Employ	ees,
	and Independent Contracto		19		ele te	Dawl	///				
Se	Check if Schedule O contains a respection A. Officers, Directors, Truste										∪
	emplete this table for all persons required to			_					-	-	nanization's tax
year.		·		•					, ,		gamzacion 5 tax
	List all of the organization's current officent inpensation. Enter -0- in columns (D), (E), a							or o	organizations), rega	ardless of amount	
• L	ist all of the organization's current key em	ployees, if any.	See ins	struct	tions	for	defini	ition	of "key employee.'		
who r	ist the organization's five current highest of eceived reportable compensation (Box 5 of ization and any related organizations.	compensated er Form W-2 and/	nployee or Box	es (ot 7 of	her t Form	than 10	an o 99-M	fficer ISC)	r, director, trustee of of more than \$100	or key employee) ,000 from the	
• L	ist all of the organization's former officers, oortable compensation from the organizatio						sated	emp	oloyees who receive	ed more than \$100	,000
	ist all of the organization's former directo ization, more than \$10,000 of reportable or										
See ir	nstructions for the order in which to list the	persons above.									
<u> </u>	Check this box if neither the organization no	or any related o	rganiza	tion o	comp	ens	ated a	any c	current officer, dire	ctor, or trustee.	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted	Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer Institution of Children of Children one box, unless person is both an officer and a director/trustee) Officer of Children on the children chil					rson a	(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		line)	Individual trus or director	Institutional T	*	Key employee	Highest comp employee	er.			

Name and title	Average hours per week (list any hours		ne b	ox, in of	unle: fficer	ss pers	son	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	related organizations	
(1) Natalia Vigil	40.00							73,128	0	0	
Executive Director	0.00							75,120	0	0	
(2) StormMiguel Florez	20.00	x						0	0	0	
Board member	0.00							Ü	0	0	
(3) PAMELA S PENISTON	4.00	x		X				0	0	0	
Board Member	0.00			^				U	O	0	
(4) Viet Le PhD	4.00	Х						0	0	0	
Board member	0.00							U	O	0	
(5) JUBA KALAMKA	1.00	Х						0	0	0	
Treasurer	0.00							0	0	U	
(6) TINA TAKEMOTO	4.00										
President	0.00	Х						0	U	0	
(7) JEFF JONES	4.00			V				0	0		
Board Member	0.00	X		Х				0	U	0	
(8) JACQUELINE FRANCIS PhD	1.00										
Board Member	0.00	Х						0		0	

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									-			_		
												_		
												Form	990	(2020)
														()
					Page	e 8	_							
_	000 (2020)													_
	1 990 (2020)		.,										1)	Page 8
Pa	Section A. Officers, Direc	tors, Trustee:	s, Key	Emp	loye	ees,	and	l Higi	hes	t Compensate	d Employees (c	ontinued	1)	
	(A)	(B)			(C)				(D)	(E)		(F)	
	Name and title	Average hours per	Positi than	ion (d	o no	t ch			Ι.	Reportable compensation	Reportable compensation		stima	
		week (list		both a	n of	ficer	r and			from the	from related	com	pens	ation
		any hours for related		direc					10	rganization (W- 2/1099-MISC)	organizations (W 2/1099-MISC)		rom t	he on and
		organizations	악점	=	Officer	<u>&</u>	Highest compensated employee	Former	1	2/1099-MI3C)	2/1099-M13C)	r	relate	ed
		below dotted line)	di isi	stitu	e e	Key employee	nes	me				orga	aniza	tions
		iniej	eg al	tion		핥	/ee	- 1-						
			~ 2	<u>=</u>		υуө	ä							
			Individual trustee or director	Institutional Trustee		Φ	ĕ							
			Ψ	100			SE							
							ed							
												+		
				+		-		-	-					
									H					
												1		
				+	1	1	\vdash	+				+		
		1												
												1		
				+	1	1	1	+						
	Sub-Total						•							
	Total from continuation sheets to P						•			72 120		<u> </u>		
	Total (add lines 1b and 1c)									73,128		<u> </u>		
2	Total number of individuals (including of reportable compensation from the			se list	ed a	bove	e) wh	o rec	eive	ed more than \$10	00,000			
	5. reportable compensation from the	or garnzadion F	<u> </u>											
											-	Y	es	No
3	Did the organization list any former	•			•	•			_	•	employee on			
	line 1a? If "Yes," complete Schedule	ו tor such indivi	aual .	•	•	•	•		•		· · _ [3		No
4	For any individual listed on line 1a, is	the sum of rep	ortable	comp	ensa	atior	and	othe	r co	mpensation from	the		Ţ	
	organization and related organization individual	is greater than s	±15U,U(JU? <i>If</i> • -	res	s," C	ompl -	ete Si	cned •	uuie J for such				
_		· · · ·	•	•		•	•		-		· · · ·	4	\dashv	No
5	Did any person listed on line 1a recei services rendered to the organization								_			_		No

Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated independ	dent contractors that	received more than	\$100,000 of com	pensation
from the organization. Report compensatio	n for the calendar ye			's tax year.	
	A) siness address		Descr	(B) iption of services	(C) Compensation
			+		
2 Total number of independent contractors (inc	luding but not limite	d to those listed abov	e) who received mo	re than \$100,000	of
compensation from the organization b 0					Form 990 (2020)
					101111 330 (2020)
		Page 9			
Form 990 (2020)					Page 9
Part VIII Statement of Revenue					rage 3
Check if Schedule O contains a res	sponse or note to an	y line in this Part VIII	<u> </u>	<u></u>	🗆
		(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
		Total Tevenue	exempt	business	excluded from
			function revenue	revenue	tax under sections 512 - 514
derated campaigns 1a					
derated campaigns 1a state of the state					
5 Pembership dues 1b					
g d					
Nernment grants (contributions) 10 10 10 10 10 10 10 10 10 1					
<u> </u>					
wernment grants (contributions) 1e					
509,222					
and similar amounts not included					
above					
124,065					
g Noncash contributions included in lines 1a - 1f:\$					
h Total. Add lines 1a-1f	_				
I Total. Add lines 1a-11	633,287 Business Code				1
2a Admissions/Ticket Sales	Business code	14,754	14,754		
Box Office Fiscal Spons Grantwriting Fiscal Sponsor Fee					
- B		9,145	9,145		
: Fiscal Spons Grantwriting		3,113	3,113		
Fiscal Sponsor Fee		12,777	12,777		
		450	450		
Honararium for Natalia		450	450		
£					
f All other program service revenue.					
9 Total. Add lines 2a-2f ▶	37,126				
3 Investment income (including dividends, in similar amounts)	nterest, and other	0			
4 Income from investment of tax-exempt be	nd proceeds	0			1
5 Royalties	▶	0			1
(i) Real	(ii) Personal				
6a Gross rents 6a					
b Less: rental					

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	expenses	6b			1	1			I
	c Rental income								
	or (loss)	6с							
	d Net rental income	or (loss)		· · · · •		0		
			(i) Securit	ies	(ii) Other				
	7a Gross amount	7a							
	from sales of assets other	1							
	than inventory				ļ	_			
	b Less: cost or other basis and	7b							
	sales expenses								
	c Gain or (loss)	7 c							
	d Net gain or (loss)			•	•		0		
	Gross income from full (not including \$	ndrai	sing events of						
Dougonito	contributions reported	d on I							
- 5	See Part IV, line 18			8a					
ò	b Less: direct expens	ses		8b					
è	c Net income or (los	s) fr	om fundraisin	g eve	ents	_	0		
ŧ	c Net income or (los								
•	Gross income from o	gami	ng activities.						
	See Part IV, line 19			9a					
	b Less: direct expens	ses		9b					
	c Net income or (los	s) fr	om gaming a	ctiviti	es .	<u>—</u>	0		
	10aGross sales of inve								
	returns and allowa			10a					
	b Less: cost of goods	s sol	d	10b					
	c Net income or (los	s) fr	om sales of ir	vent	ory 🕨		0		
	Miscellaneo	us R	levenue		Business Code				
	11a								
	b								
	C								
	d All other revenue								
	e Total. Add lines 1:	1a-1	1d				0		
	12 Total revenue. Se	in مد	ctructions				0		
	12 Total Tevelide. 3	JE 111	structions .	•	•	670,4	13 37,1	.26	
									Form 990 (2020)
						Page 10 ———			
Fori	m 990 (2020)								Page 10
	art IX Statement	of	Functional	Exp	enses				rage 10
						complete all columns	. All other organizat	ions must complete co	olumn (A).
	Check if Sche	edule	O contains a	resp	onse or note to a	ny line in this Part IX			0
Do	not include amounts					(A)	(B)	(c)	(D)
	8b, 9b, and 10b of P			C3 0.	<i>5</i> ,	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assist					0	скрепосо	general expenses	скраносо
2	Grants and other assist Part IV, line 22					0			
3	Grants and other assis governments, and for and 16	eign	individuals. S	See P	art IV, lines 15	0			
4	Benefits paid to or for					0			
	Compensation of currence key employees	ent c	officers, direct	ors, t	trustees, and	86,028	21,50	7 34,411	30,110
	rea employees	•		•					

6 Compensation not included above, to disqualified persons (as defined under section 4956(C)(3)(b) . 7 Other safers and wages . 8 Pension plan accruals and contributions (include section 401(k) and 40(k) employer contributions) . 9 Other employee benefits . 10 Payroll taxes . 11 Pees for services (non-employees): a Management . o c Accounting . of Lobbyring . of Professional fundrolising services, See Part IV. line 17 of Investment management free . o polyter (If line 11g amount exceeds 198 of line 25, column (A) amount, list line 13e expenses on Schedule O) . 12 Advertising and promotion . 13 Office expenses . 1.634 Information technology . o life occupancy . o	10/27	/24, 8:20 AM Qcc The Center For Lesbian Gay	/ Bisexual Transgende	r Art & Culture - Full	Filing- No	onprof	it Explo	orer - ProPublica
8 Pendon plan accrusis and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6	defined under section 4958(f)(1)) and persons described in	0					
8 Pension plan accruals and contributions (include section 401(8) and 403(9) employer contributions). 9 Other employee benefits	7		0					_
10 Payroll taxes		Pension plan accruals and contributions (include section	0					
11 Fees for services (non-employees): a Management	9	Other employee benefits	0					
a Management	10	Payroll taxes	0					_
b Legal	11	Fees for services (non-employees):						
C Accounting	а	Management	0					
d Lobbying	b	Legal	0					
d Lobbying .			0					
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other (film 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 13 Office expenses 1,634 1,6		· ·	0					_
File Investment management fees 0 0 0 0 0 0 0 0 0		, -	0					
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertsling and promotion		- · · · · · · · · · · · · · · · · · · ·					ŀ	
12 Advertising and promotion		Other (If line 11g amount exceeds 10% of line 25, column						
13 Office expenses	12	• • • • • • • • • • • • • • • • • • • •	4.911	4.911				
14 Information technology		•		1,511			1.634	
15 Royalties		·	·				-,054	
16 Occupancy								
17 Travel								
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings								
19 Conferences, conventions, and meetings	18	Payments of travel or entertainment expenses for any						
20 Interest			0					
21 Payments to affiliates			0					
22 Depreciation, depletion, and amortization			0					
23 Insurance			-					
24 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.) a Artist fees 321,763 292,567 29,196 b Professional fees 62,328 35,536 26,792 c Grantmaking expenses 40,912 40,912 d Uncollectible 21,677 21,677 e All other expenses 18,936 18,556 380 25 Total functional expenses. Add lines 1 through 24e 560,921 413,989 87,626 59,306 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). Page 11 Form 990 (2020)							2 732	
b Professional fees 62,328 35,536 26,792 c Grantmaking expenses 40,912 40,912 d Uncollectible 21,677 21,677 e All other expenses 18,936 18,556 380 25 Total functional expenses. Add lines 1 through 24e 560,921 413,989 87,626 59,306 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 (2020)	24	miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e						
c Grantmaking expenses 40,912 40,912 d Uncollectible 21,677 21,677 e All other expenses 18,936 18,556 380 25 Total functional expenses. Add lines 1 through 24e 560,921 413,989 87,626 59,306 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 (2020)	;	a Artist fees	321,763	292,567				29,196
d Uncollectible 21,677 e All other expenses 18,936 18,556 380 25 Total functional expenses. Add lines 1 through 24e 560,921 413,989 87,626 59,306 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 (2020) Page 11	i	Professional fees	62,328	35,536		2	6,792	
e All other expenses 18,936 18,556 380 25 Total functional expenses. Add lines 1 through 24e 560,921 413,989 87,626 59,306 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 (2020) Page 11	•	Grantmaking expenses	40,912	40,912				
Total functional expenses. Add lines 1 through 24e 560,921 413,989 87,626 59,306 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 (2020) Page 11	•	1 Uncollectible	21,677			2	1,677	
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 (2020) Page 11		All other expenses	18,936	18,556			380	
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 (2020) Page 11 Form 990 (2020)	25	Total functional expenses. Add lines 1 through 24e	560,921	413,989		8	7,626	59,306
Page 11 — Page 11 — Page 11 — Page 11	26	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						
Form 990 (2020) Page 11		<u> </u>	l l					Form 990 (2020)
- Luge 11			— Page 11 ———					
	Form	990 (2020)						Page 11
Part X Balance Sheet	Pa	art X Balance Sheet						
Check if Schedule O contains a response or note to any line in this Part IX		Check if Schedule O contains a response or note to any	/ line in this Part IX .					\square
(A) (B) Beginning of year End of year				(A)				
1 Cash-non-interest-bearing		1 Cash-non-interest-bearing			222,046	1		334,410
2 Savings and temporary cash investments		-				2		
3 Pledges and grants receivable, net		, ,						0
4 Accounts receivable, net					119,391			88,213
5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		5 Loans and other receivables from any current or former			-,	-		<u> </u>

10/27	/24, 8	20 AM Qcc The Center For Lesb	ian Gay Bisexual Transgender Art & Culture - Full Filing- No	onprofit	Explorer - ProPublica
	Ī	controlled entity or family member of any of the	'	-	
	6	Loans and other receivables from other disqualif section $4958(f)(1)$), and persons described in se			
			CCION 4938(C)(3)(D):	6	0
2	7	Notes and loans receivable, net		7	0
ssets	8	Inventories for sale or use		8	0
As	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	10c	0
	11	Investments—publicly traded securities .		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		15	30,331
	16	Total assets. Add lines 1 through 15 (must equ	al line 33) 341,437	16	452,954
	17	Accounts payable and accrued expenses	29,252	17	30,952
	18	Grants payable		18	
	19	Deferred revenue		19	_
	20	Tax-exempt bond liabilities		20	
(C)	21	Escrow or custodial account liability. Complete P	art IV of Schedule D	21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contribution or family member of any of these persons	outor, or 35% controlled entity		
<u></u>				22	
	23	Secured mortgages and notes payable to unrela	·	23	
	24	Unsecured notes and loans payable to unrelated	· ·	24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	25		
	26	Total liabilities. Add lines 17 through 25 .	. 29,252	26	30,952
Balances	27	Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33. Net assets without donor restrictions	eck here ►	27	422,002
Sal			312,103		422,002
Þ	28	Net assets with donor restrictions		28	
Fund		Organizations that do not follow FASB ASC complete lines 29 through 33.	,		
0	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building or eq	·	30	_
Assets	31	Retained earnings, endowment, accumulated inc	ome, or other funds	31	
	32	Total net assets or fund balances		32	422,002
Net	33	Total liabilities and net assets/fund balances .		33	452,954
			Page 12		Form 990 (2020)
Forn	n 990	(2020)			Page 12
Pa	art XI	Reconcilliation of Net Assets			
		Check if Schedule O contains a response or no	te to any line in this Part XI		🗆
1	Tota	al revenue (must equal Part VIII, column (A), line		1	670,413
2		al expenses (must equal Part IX, column (A), line	•	2	560,921
3		enue less expenses. Subtract line 2 from line 1		3	109,492
4		assets or fund balances at beginning of year (mu		4	312,185
5		unrealized gains (losses) on investments		5	, , , , , ,
6		nated services and use of facilities		6	
7		estment expenses		7	
8		r period adjustments		8	325
9		er changes in net assets or fund balances (explain	n in Schedule O)	9	
		assets or fund balances at end of year. Combine	10	422,002	

Part XII Financial Statements and Reporting

		Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ✓ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
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:			
☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	Yes	
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:			
☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis			
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	За		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
	F	orm 99	0 (2020)
Additional Data			

Software ID: 20011551 **Software Version:** 2020v4.0

Form 990 Special Condition Descriptions

efile Public Visual Render ObjectId: 202221319349306067 - Submission: 2022-05-11 TIN: 94-3227839

OMB No. 1545-0047

Open to Public

SCHEDULE A (Form 990 or 990EZ)

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

CC-T	HE CEN	1e organization ITER FOR LESBIAN GAY BISEX ER ART & CULTURE	(UAL				Employer identific	ation number
	rt I	Reason for Public	Charity State	us (All organization	e must comp	lata this nart \ 9	94-3227839	
		ation is not a private four					see mstructions.	
1		A church, convention of	churches, or as	sociation of churches	described in se	ection 170(b)(1)	(A)(i).	
2		A school described in se	·				()()	
3		A hospital or a cooperat			•	• •	iii).	
4		A medical research orga	•	_			•	ater the hospital's
		name, city, and state:	mization operati	ed in conjunction with	a nospital dest	inbed in section .	170(b)(1)(A)(III). L	itter the hospitars
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or	operated by a gov	ernmental unit descril	oed in section
6		A federal, state, or local	. ,		scribed in sect	ion 170(b)(1)(A	.)(v).	
7		An organization that not section 170(b)(1)(A)			s support from	a governmental u	nit or from the genera	al public described in
8		A community trust desc		•	(Complete Part	: II.)		
9		An agricultural research non-land grant college o						ege or university or a
10	~	An organization that not from activities related to investment income and 30, 1975. See section !	rmally receives: o its exempt fun unrelated busin	(1) more than 331/3% actions—subject to cert ess taxable income (le	of its support	from contributions, and (2) no more	s, membership fees, a than 331/3% of its su	pport from gross
11		An organization organize	ed and operated	exclusively to test for	r public safety.	See section 509	(a)(4).	
12		An organization organizemore publicly supported in lines 12a through 12d	l organizations (described in section 5	09(a)(1) or s	ection 509(a)(2)). See section 509(a	
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	er to regularly a	appoint or elect a majo				
b		Type II. A supporting of management of the sup must complete Part I	porting organiza	ation vested in the sar				
c		Type III functionally supported organization(ted with, its
d		Type III non-function functionally integrated. instructions). You must	The organizatio	n generally must satis	fy a distributio	n requirement and		
e		Check this box if the org	,			IRS that it is a Ty	pe I, Type II, Type III	functionally
f	Enter	integrated, or Type III n the number of supported	•	integrated supporting	•			
g		de the following informati	_				- · · · · · · - <u>-</u>	
		Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the or	rganization listed rning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Гota	1					+		
		work Reduction Act Not	tice, see the Ir	nstructions for	Cat. No. 112	85F .	Schedule A (Form 9	90 or 990-EZ) 2020
orm	990	or 990-EZ.	·				·	·
				Pa	ge 2 ———			
cho:	dula A	/Form 000 or 000 EZ) 20	120					
)-LITE(Jule A	(Form 990 or 990-EZ) 20	120					Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Part II

	a la	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
(0 1	r fiscal year beginning in) 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						
-	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
·	line 4.						
_	Section B. Total Support	•		•			•
	lendar year	(-) 201C	(b) 2017	(a) 2010	(4) 2010	(a) 2020	(6) Total
	r fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on	1					
	securities loans, rents, royalties and						
_	income from similar sources Net income from unrelated business	1					
9	activities, whether or not the						
	business is regularly carried on						
10							
	loss from the sale of capital assets	1					
_	(Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12		tc (see instructio	ns)			12	<u> </u>
		-	-			<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					▶□	
- 5	Section C. Computation of Public						
	Public support percentage for 2020 (lin			olumn (f))		14	
14						-	
15						15	
15	Public support percentage for 2019 Sch a 33 1/3% support test—2020. If the						
15 16	a 33 1/3% support test—2020. If the of and stop here. The organization qualif	organization did no fies as a publicly s	ot check the box o upported organiza	n line 13, and line	14 is 33 1/3% or	more, check this b	▶□
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15 16 17 17 18 18	and stop here. The organization qualify 33 1/3% support test—2019. If the box and stop here. The organization qualify 33 1/3% support test—2019. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets to organization	organization did no fies as a publicly si organization did no qualifies as a publicly. If the organization fies the "facts-the "facts-and-circ" t—2019. If the organization meets the "facts neets n	pot check the box of pupported organization theck a box or icly supported organization did not an and-circumstances test.	n line 13, and line tion	a)(2) ganization faile- mplete Part II.	more, check this is a simple of the control of the	▶ □ k this ▶ □ ▶ □ Page 3 er Part II. If (f) Total 3,283,108
15 16 17 17 18 18 Sch	and stop here. The organization qualify 33 1/3% support test—2019. If the box and stop here. The organization qualify 33 1/3% support test—2019. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets to organization	organization did no fies as a publicly si organization did no qualifies as a publicly. If the organization fies the "facts-the "facts-and-circ" t—2019. If the organization meets the "facts neets n	pot check the box of pupported organization theck a box or icly supported organization did not an and-circumstances test.	n line 13, and line tion	a)(2) ganization faile- mplete Part II.	more, check this is a simple of the control of the	Page 3 er Part II. If (f) Total 3,283,108
15 16 17 17 18 18	and stop here. The organization qualify 33 1/3% support test—2019. If the box and stop here. The organization qualify 33 1/3% support test—2019. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets to organization	organization did no fies as a publicly si organization did no qualifies as a publicly. If the organization fies the "facts-the "facts-and-circ" t—2019. If the organization meets the "facts neets n	pot check the box of pupported organization theck a box or icly supported organization did not an and-circumstances test.	n line 13, and line tion	a)(2) ganization faile- mplete Part II.	more, check this is a simple of the control of the	▶ □ k this ▶ □ ▶ □ Page 3 er Part II. If (f) Total 3,283,108

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				1	1	•		
4	Tax revenues levied for the organization's benefit and either paid							0
5	to or expended on its behalf The value of services or facilities							
_	furnished by a governmental unit to the organization without charge	027 720	726 522	710.017	726 200	F70 412		V F01 072
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and	827,720	736,532	710,817	736,390	570,413	3	3,581,872
	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 \$5,000 or 1% of the amount on line 13 for the year.							0
c	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)						3	3,581,872
Se	ection B. Total Support					L		
	ndar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
(or 1	fiscal year beginning in) Amounts from line 6	827,720	` '	710,817	736,390	570,413	` '	3,581,872
10a	Gross income from interest,	·	·	·	·	,		
_	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income							0
b	(less section 511 taxes) from businesses acquired after June 30, 1975.							0
C	Add lines 10a and 10b.							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is							0
12	regularly carried on. Other income. Do not include gain							
	or loss from the sale of capital assets (Explain in Part VI.)							0
13	Total support. (Add lines 9, 10c,	827,720	736,532	710,817	736,390	570,413		3,581,872
14	11, and 12.) First 5 years. If the Form 990 is for t	•	· ·	· ·	•	•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	check this box and stop here	=			•		_	- 🗆
Se	ction C. Computation of Public	Support Perce	entage					
15	Public support percentage for 2020 (li					15	10	0.000 %
16	Public support percentage from 2019					16		
<u>Se</u>	ction D. Computation of Invest Investment income percentage for 20			line 13. column (f))	17		0 %
18	Investment income percentage from 2	,	• • • • • • • • • • • • • • • • • • • •	,	**	18		0 70
	331/3% support tests—2020. If the	•	·			_	e 17 is not	
	nore than 33 1/3%, check this box and 33 1/3% support tests—2019. If th	stop here. The or e organization did	rganization qualifi not check a box o	es as a publicly su on line 14 or line :	ipported organizat 19a, and line 16 is	tion	. ► ✓ 8% and line	
20	not more than 33 1/3%, check this box							
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	19a, or 19b, check		instructions le A (Form 990		<u> </u>
					Schedul	e A (FOITH 990)	JI 990-E2	.) 2020
			Page 4					
	dule A (Form 990 or 990-EZ) 2020 t IV Supporting Organization							Page 4
1 (11	(Complete only if you checked		of Part I. If you ch	ecked box 12a, of	Part I, complete	Sections A and B.	If you che	ecked
	box 12b, of Part I, complete Se 12d, of Part I, complete Sectio	ections A and C. If	you checked box	12c, of Part I, co	mplete Sections A	, D, and E. If you	checked b	OOX
Se	ection A. All Supporting Organiz		omplete Fart v.)					
	ocion ya yan bupporenig organiz						Yes	No
1	Are all of the organization's supported	organizations list	ed by name in the	e organization's go	verning documen	ts?		
	If "No," describe in Part VI how the s describe the designation. If historic ar			ted. If designated	by class or purpo	se,		
	-	•	., .			-	1	1
2	Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in							
	described in section $509(a)(1)$ or (2) .	LIL IZ HOW UIE O	. gamzadon ucten	ciac ciic suj	sported organizati		2	
3a	Did the organization have a supported	organization des	cribed in section ⁵	501(c)(4), (5) or	(6)? If "Yes " ansu	ver lines 3h and	-	+
~ ~	3c below.			(-)(-), (0), 01	(-)		3a	
b	Did the organization confirm that each							
	the public support tests under section determination.	509(a)(2)? If "Ye.	s," describe in Pa	rt VI when and h	ow the organization	on made the	3b	+-

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		,	
цоп в. Type 1 Supporting Organizations		Yes	No
VI.			
,	11c	\vdash	
		 	\vdash
A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	-	<u> </u>	_
Has the organization accepted a gift or contribution from any of the following persons?	<u> </u>	<u> </u>	_
		Yes	N
IV Supporting Organizations (continued)			
ıle A (Form 990 or 990-EZ) 2020		F	Page
Tage 5			
Page 5			
Schedule A (Form 996) or 99	0-EZ)	20
	10b		Ĺ
	-		
answer line 10b below.	10a		H
Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding pertain Type II supporting organizations)? If "Yes "			
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		L
			H
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	01-	 	_
	9a		
defined in section 4946 (other than foundation managers and organizations described in section $509(a)(1)$ or $(2))$? If "Yes,"			Ĺ
	8	<u> </u>	\vdash
Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		$ldsymbol{oxed}$	
contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-FZ).	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 substantia			
organization's supported organizations? If "Yes," provide detail in Part VI.	6		
supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing			
	-		
Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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	\vdash	\vdash
amendment to the organizing document).	5a	<u> </u>	\vdash
organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the			
Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b	40		H
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	Ac		
organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or Supervised by or in connection with its supported organizations.	4b		
Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
Nas any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4-	 	_
If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		L
	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you rhecked box 12a or 12b in Part I, answer lines 4b and 4c below. Joid the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or upgarization or in connection with its supported organization. Did the organization support any foreign supported organization that does not have an 185 determination under sections 20 (cf.) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used for ensure that all support or the foreign supported organization was used exclusively for section 170(cf.)(2)(8) purposes. Joid 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 (if the names and EIM numbers of the supported organizations added, substituted, or removed; (if) the reasons for each such action; (iii) the authority under the unmendment to the organization government). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the programization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? Joid the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other han (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of the filling praintations are constituted by one or more of the filling praintation and the properties are provide detail in Part VI. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4936(c)(3)(c), a family member of a	As any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you thereked box 12a or 12b in Part 1, answer lines 4b and 4c below. If the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or uppervised by or in connection with its supported organization in Part VI with controls the organization despite being controlled or uppervised by or in connection with its supported organization had such control and discretion despite being controlled or uppervised by or in connection with its supported organization was used exclusively for section 170(c/2)(2)(8) purposes. If you have organization and, substitute, or remove dig to the reasons for each such action; (iii) the authority under the organization's document). If you is the organization document authorizing such action; and (iv) how the action was accomplished (such as by summerment) to the organization document). If you is the organization organization such action; and (iv) how the action was accomplished (such as by a maniferation) and the organization organization and in the organization organization organization organization organization such action; and (iv) how the action was accomplished (such as by a maniferation) and the organization organizatio	As any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and If you ther. As any supported organization in Part I, answer lines 40 and 4c below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or ultiprevised by or in connection with its supported organization and such control and discretion despite being controlled or ultiprevised by or in connection with its supported organization that does not have an IRS determination under sections (3) (C(3)) and 50 (3)(4) or (2) If "Yes," explain in Part VI, including (1) the names and EIM numbers of the supported organization was used exclusively for section 170(c/2)(8) purposes. 3

A family mem A 35% contro c VI Section B. Typ Did the officer appoint or ele describe in Pa 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. 1 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 2 organization.

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1	Were a majority of the organization's directors or trustees during the tax year also a n					
	each of the organization's supported organization(s)? If "No," describe in Part VI how supporting organization was vested in the same persons that controlled or managed to			1		
Se	ection D. All Type III Supporting Organizations		,			
	ceton D. An Type 111 Supporting Organizations				Yes	No
1	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 documents in effect on the date of notification, to the extent not previously provided?	ng the the or	prior tax year, (ii) a copy of the			
2			by the supported	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).					
3	By reason of the relationship described in line 2 above, did the organization's supporte	nd ora	anizations have a significant	2		
3	voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in Part VI the role the organization's supported	tion's i	ncome or assets at all times	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):		
ā	The organization satisfied the Activities Test. Complete line 2 below.					
t	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.				Yes	No
ā	a Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined the substantially all of its activities.	Part \ oses,	/I identify those supported how the organization was	2a		
ŀ	b Did the activities described in line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.					
3						
	Did the organization have the power to regularly appoint or elect a majority of the offithe supported organizations? If "Yes" or "No", provide details in Part VI.	icers, (directors, or trustees of each of	За		
ŀ	Did the organization exercise a substantial degree of direction over the policies, progra supported organizations? If "Yes," describe in Part VI. the role played by the organizations?			3b		
			Schedule A (Form 990		0-EZ)	2020
			•		•	
	Page 6					
Sche	dule A (Form 990 or 990-EZ) 2020				F	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	zations			
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		ent Yea onal)	ır
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Curı (opti	ent 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				
ā	Average monthly value of securities	1a				
	Average monthly cash balances	1b				

1c

 \boldsymbol{c} Fair market value of other non-exempt-use assets

d Total (add lines to the and to)

u	I Utal (auu IIIICS 1a, 1D, aliu 1C)		u	i		İ
е	Discount claimed for blockage or other factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt us	e assets	2			
3	Subtract line 2 from line 1d		3			
4	Cash deemed held for exempt use. Enter 0.015 of line instructions).	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			
	Section C - Distributable Amount		<u> </u>			Current Year
1	Adjusted net income for prior year (from Section A, lir	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			
	Income tax imposed in prior year		5			
6	Distributable Amount. Subtract line 5 from line 4, u temporary reduction (see instructions)	nless 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 sup	porting	organization (see
		———— Page 7 ————				· · · · · · · · · · · · · · · · · · ·
	dule A (Form 990 or 990-EZ) 2020 rt V Type III Non-Functionally Integrated	1509(a)(3) Supporting	Organ	izations (co	ntinued	Page 7
	tion D - Distributions	a ses (a)(s) supporting	o. ga			Current Year
	Amounts paid to supported organizations to accomplish				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	
5	Qualified set-aside amounts (prior IRS approval require	d - provide details in Part VI)			5	
	Other distributions (<i>describe in Part VI</i>). See instruction				6	
		115				
7 1	Total annual distributions. Add lines 1 through 6.				7	
	Distributions to attentive supported organizations to what details in Part VI). See instructions	ich the organization is respon	sive (<i>pro</i>	ovide	8	
9	Distributable amount for 2020 from Section C, line 6				9	
10 L	ine 8 amount divided by Line 9 amount				10	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Und	(ii) derdistributio Pre-2020	ns	(iii) Distributable Amount for 2020
	Distributable amount for 2020 from Section C, line 6					
(Inderdistributions, if any, for years prior to 2019 reasonable cause required explain in Part VI). iee instructions.					
	excess distributions carryover, if any, to 2020:					
	From 2015					
	From 2016					
	From 2018					
	From 2019					
	Total of lines 3a through e					
	Applied to underdistributions of prior years					
	Applied to 2020 distributable amount					
	Carryover from 2015 not applied (see instructions)					
	emainder. Subtract lines 3g, 3h, and 3i from line 3f.					

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, 11b, and 11c; Pa Lc, 2a, 2b, 3a and	art IV, Section B, lines 1 a 3b; Part V, line 1; Part V,	nd 2; Part IV, Section C, line 1 Section B, line 1e; Part V
ircumstances Tes	st	
Е	Explanation	
	Schedul	e A (Form 990 or 990-EZ) 2
(, 11b, and 11c; Pac, 2a, 2b, 3a and 5, and 6. Also col	quired by Part II, line 10; Part II, line 17a c, 11b, and 11c; Part IV, Section B, lines 1 a, c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, 5, and 6. Also complete this part for any a ircumstances Test Explanation

efile Public Visual Render ObjectId: 202221319349306067 - Submission: 2022-05-11 TIN: 94-3227839 OMB No. 1545-0047 Schedule B Schedule of Contributors (Form 990, 990-EZ, or 990-PF) Attach to Form 990, 990-EZ, or 990-PF. 2020 Go to www.irs.gov/Form990 for the latest information. Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** QCC-THE CENTER FOR LESBIAN GAY BISEXUAL 94-3227839 TRANSGENDER ART & CULTURE Organization type (check one): Filers of: Section: Form 990 or 990-EZ □ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization □ 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation □ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). For Paperwork Reduction Act Notice, see the Instructions Cat. No. 30613X Schedule B (Form 990, 990-EZ, or 990-PF) (2020) for Form 990, 990-EZ, or 990-PF. Page 2 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Page 2

Part I Contributor	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
			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
		<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
		1	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110.	Nume, address, and Zir + 4	Total contributions	Person
-		-	☐ Payroll
		\$	Noncash
		1	
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•			Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
			Noncash
			(Complete Part II for noncash contributions.)
		Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2020)
	Page 3		
	1 490 0		
Schedule E	(Form 990, 990-EZ, or 990-PF) (2020)		Page 3
Name of ord	anization	Employer identification	
	NTER FOR LESBIAN GAY BISEXUAL DER ART & CULTURE	94-3227839	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received

Part I

(See instructions)

0/27/24, 8:2	20 AM Qcc The Center For Les	sbian Gay Bisexual Transgender Art	& Culture - Full Filing- Nonprofi	t Explorer - ProPublica
-				
(a) No. from Part I	(b) Description of noncash	property given	(C) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from	(b) Description of noncash	property given	(c) FMV (or estimate)	(d) Date received
Part I		property given	(See instructions)	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
		———— Page 4 ————	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)
Schedule I	B (Form 990, 990-EZ, or 990-PF) (2020)	Ü		Page 4
Name of or QCC-THE C			Employer ident 94-3227839	ification number
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter the year. (Enter this information once. See insues the supplementation once in the supplementation on the supplementation of	tributor. Complete columns (a) the total of exclusively religious, contractions.) \$	rough (e) and the following	line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held
·	Transferee's name, address, and	(e) Transfer of gift ZIP 4	Relationship of transferor to	transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held
		(e) Transfer of gift		

(a)

0/27/24, 8:20 AM	Qcc The Center For Lest	oian Gay Bisexu	ual Transgender Art & Culture -	Full Filing- Nonprofit Explorer - ProPublica
No. trom Part I	(α) Purpose oτ giπ		(c) Use ot gift	(a) Description of now gift is neig
	Transferee's name, address, and 2		e) Transfer of gift Relationsh	nip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	-	(c) Use of gift	(d) Description of how gift is held
. =				
	Transferee's name, address, and z		e) Transfer of gift Relationsl	nip of transferor to transferee
•			Sched	ule B (Form 990, 990-EZ, or 990-PF) (2020

Software ID: 20011551 **Software Version:** 2020v4.0

Additional Data

Return to Form

efile Public Visual Render

ObjectId: 202221319349306067 - Submission: 2022-05-11

TIN: 94-3227839

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** QCC-THE CENTER FOR LESBIAN GAY BISEXUAL TRANSGENDER ART & CULTURE 94-3227839 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic 2d structure listed in the National Register . . . 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes □ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2020

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hec	lule D	(Form 990) 2020										Page
art	III	Organizations Ma	intaining Col	lections of	Art, Histor	ical Tre	asures,	or Other	Similar As	sets (cont	inued)	
		the organization's acquired (check all that apply):	uisition, accessio	n, and other re	ecords, check	any of th	e following	that are a	a significant u	se of its col	ection	
а		Public exhibition			d	Ο ι	oan or exc	hange pro	grams			
b		Scholarly research			е		Other					
С		Preservation for future	generations									
	Provid Part X	de a description of the o	organization's col	lections and e	xplain how th	ey furthe	r the orgar	nization's e	xempt purpos	se in		
		g the year, did the orga s to be sold to raise fund								☐ Yes		lo
ar	t IV	Escrow and Custo Complete if the org line 21.			on Form 990), Part I\	/, line 9, o	or reporte	ed an amour	nt on Form	990,	Part X
а	Is the includ	organization an agent, led on Form 990, Part X	trustee, custodi	an or other int	ermediary fo	contribu	itions or ot	her assets 	not 	☐ Yes		lo
b	If "Ye	s," explain the arranger	ment in Part XIII	and complete	the following	table:			Ar	mount		_
С	Begin	ning balance						1c				
d	Additi	ons during the year						1d				_
е	Distril	butions during the year						1e				_
f	Endin	g balance						1f				_
1	Did th	ne organization include a	an amount on Fo	orm 990, Part	X, line 21, for	escrow o	r custodial	account li	ability?	☐ Yes		lo
)	If "Yes	s," explain the arranger	ment in Part XIII	. Check here it	the explanat	ion has b	een provid	ed in Part	XIII			
aı	t V	Endowment Fund										
		Complete if the org	janization ansv	vered "Yes" ((a) Current), Part I\ Prior year			(d) Three yea	rs hack (a)	Four yea	re hack
ı [Beginni	ing of year balance .		(u) current	year (b)	Tior year	(c) inc	years back	(a) Three year	is buck (c)	rour yea	no back
• (Contrib	outions										
: [Net inv	estment earnings, gains	s, and losses									
(Grants	or scholarships										
		expenditures for facilitie	es									
,	Admini	strative expenses .										
j E	End of	year balance										
	Provid	de the estimated percen	ntage of the curr	ent year end b	alance (line 1	g, colum	n (a)) held	as:				
1	Board	l designated or quasi-en	ndowment ►									
)	Perma	anent endowment 🕨										
:	Term	endowment 🕨										
		ercentages on lines 2a,	•	•								
1		nere endowment funds r lization by:	not in the posses	ssion of the or	ganization tha	it are hel	d and admi	inistered fo	or the		Yes	No
	_	nrelated organizations								. 3a(i)		-110
		elated organizations .								. 3a(ii)		
)	If "Yes	s" on 3a(ii), are the rela	ated organization	ns listed as red	uired on Sch	edule R?				3b		
	Descr	ibe in Part XIII the inter	nded uses of the	organization's	endowment	funds.						
ar	t VI	Land, Buildings, a										
	Descri	Complete if the org ption of property	ganization ansv (a) Cost or otl investme)	her basis (on Form 990 b) Cost or othe				m 990, Part depreciation). ook valu	ie
			(,								
		gs										
: 1	_easeh	old improvements										
4 (quipm	nent					1					
e (ines 1a through 1e. (Co							•			

———— Page 3 ————

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990,	Part IV, lir	ne 11b	See Form 990, P	art X, line 12.
(a) Description of security or category (including name of security)	(b) Book value		(c) Method	d of valuation: year market value
(1) Financial derivatives				
(B)				
(C)				_
(D)				_
(E)				
(F)				
(G)				
(H)				
(I)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV. lir	ne 11c.	See Form 990. P	art X. line 13.
(a) Description of investment			(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		۰		
Part IX Complete if the organization answered 'Yes' on Form 990, F	art IV, lin	e 11d.	See Form 990, Part	
(a) Description (1)Undeposited fund				(b) Book value 30,331
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities.				30,331

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

in Column (9) must eased From 990, Pert X, cot (6) line 25.) ability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the mization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2020 Page 4 Page 4 Page 4 Page 4 Page 9 Page	QCC THE Center For Lesbian Gay Bisexual Tr (a) Description of Habilit	_	ing- Nonpront Exp	(a) Rook value
Application Part XIII Provide the text of the footnote to the organization's financial statements that reports the inization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Page 4	1) Federal income taxes			
Application Part XIII Provide the text of the footnote to the organization's financial statements that reports the inization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Page 4	2)			1
Application Part XIII Part XIII Provide the text of the footnote to the organization's financial statements that reports the inization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Page 4	3)			
Application Part XIII Part XIII Provide the text of the footnote to the organization's financial statements that reports the inization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Page 4	s)			
Application Part XIII Page Pa	4)			
Application Part XIII Page Pa	5)			
Application Part XIII Page Pa	6)			
Application Part XIII Provide the text of the footnote to the organization's financial statements that reports the inization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Page 4	7)			
Application Part XIII Page Pa	8)			
Application Part XIII Provide the text of the footnote to the organization's financial statements that reports the inization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Page 4	9)			
Application Part XIII Provide the text of the footnote to the organization's financial statements that reports the inization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Page 4				
Inization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Supplemental Information Page 4 Page 5 Page 6 Page 6 Page 6 Page 7 Page 8 Page 9 Page 17, line 12a. Page 17 Page 9 Page 17, line 12a. Page 17 Page 9 Page 17, line 12a. Page 17 Page 18 Page		to to the consultation of Garage	below when the tree	
Page 4 Int XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered Yes' on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements	, , , , , , , , , , , , , , , , , , , ,	•		
Adule D (Form 990) 2020 Int XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes' on Form 990, Part IV, line 12a. Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments Amounts included on Sosses) on investments 2a Donated services and use of facilities Recoveries of prior year grants 2b Cuther (Describe in Part XIII.) Add lines 2a through 2d Add lines 2a through 2d Cuther (Describe in Part XIII.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. Total expenses and losses per audited financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Other (Describe in Part XIII.) Add lines 2a through 2d Cuther (Describe in Part XIII.) Add lines 2a through 2d Cuther (Describe in Part XIII.) Add lines 2a through 2d Cuther (Describe in Part XIII.) Add lines 2a through 2d Cuther (Describe in Part XIII.) Add lines 2a through 2d Cuther (Describe in Part XIII.) Add lines 3a and 4c. (This must equal Form 990, Part IX, line 15: Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part IX, line 15: Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part IX, line 15: Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part IX, line 18:) 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part IX, line 18:) 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part IX, line 18:) 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part IX, line	Tydinization's hability for uncertain tax positions under 1114 40 (ASC 740). Check	There is the text of the foothote he	·	
rit XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered Yes' on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments Amounts included services and use of facilities Recoveries of prior year grants Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12b.) Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IV, line 12b. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IV, line 12c. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IV, line 12c. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IV, line 12c. Total expenses and losses per audited financial statements Descriptions required for Part III.) Add lines 2a through 2d Subtract line 2e from line 1 Investment expenses not included on Form 990, Part IV, line 25, but not on line 1: Investment expenses not included on Form 990, Part IV, line 12b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18) Subtract line 2e from line 1 Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18b, line 19c. Part IV, line 4; Part X, line 2; Part XI, so potential information.			Schedule D (FOI III 990) 2020
rit XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered Yes' on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments Amounts included services and use of facilities Recoveries of prior year grants Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 12b Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 12c. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a The prior year adjustments 2b Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Investment expenses not included on Form 990, Part IX, line 25: Donated services and use of facilities 2a The prior year adjustments 2b Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part IX, line 14, lines 15 and 4c. (This must equal Form 990, Part IV, lines 14 and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IV, lines 1a and 4; Part IV, lines 1b and 2b; Part V,	Page 4 -			
Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered Yes' on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments Donated services and use of facilities 2				
TXI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered Yes' on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements	chedule D (Form 990) 2020			Page 4
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments Donated services and use of facilities Cother (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Cother (Describe in Part XIII.) Add lines 4a and 4b Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25: Donated services and use of facilities Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part IVIII, line 7b Add lines 2a through 2d Cother (Describe in Part XIII.) Add lines 3a and 4c. (This must equal Form 990, Part IVII, line 7b Add lines 3a and 4b Total expenses not included on Form 990, Part IVIII, line 7b Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part IVII, line 1b.) Total expenses Add lines 3 and 4c. (This must equal Form 990, Part IVII, line 1b.) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IVII, line 1b.) Solve the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XII. Supplemental Information Return Reference Explanation	Part XI Reconciliation of Revenue per Audited Financial Stat	tements With Revenue per	Return.	
Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments Donated services and use of facilities Recoveries of prior year grants Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total expenses and losses per audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments Other (Describe in Part XIII.) Add lines 2a through 2d Add lines 2a through 2d Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) Add lines 2a through 2d Cae Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, as 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Return Reference Explanation				
Net unrealized gains (losses) on investments	Total revenue, gains, and other support per audited financial statements		1	
Donated services and use of facilities	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
Recoveries of prior year grants 2d	a Net unrealized gains (losses) on investments	2a		
Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total expenses and losses per audited financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 TXXII Supplemental Information wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, as 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	b Donated services and use of facilities	2b		
Add lines 2a through 2d	\boldsymbol{c} Recoveries of prior year grants	2c		
Subtract line 2e from line 1	d Other (Describe in Part XIII.)	. 2d		
Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	e Add lines 2a through 2d		2e	
Investment expenses not included on Form 990, Part VIII, line 7b .	Subtract line 2e from line 1		3	
Other (Describe in Part XIII.) Add lines 4a and 4b. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) ***EXII** Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements **Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements **Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities **Prior year adjustments **Other losses **Other (Describe in Part XIII.) Add lines 2a through 2d **Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Add lines 4a and 4b **Other (Describe in Part XIII.) Add lines 4a and 4b **Other (Describe in Part XIII.) **Add lines 4a and 4b **Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) **Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, as 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. **Return Reference**	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
Add lines 4a and 4b	a Investment expenses not included on Form 990, Part VIII, line 7b .	4a		
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	b Other (Describe in Part XIII.)	4b		
Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	c $$ Add lines $4a$ and $4b$		4c	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5	
Total expenses and losses per audited financial statements	• • •	•	er Return.	
Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	· · · · · · · · · · · · · · · · · · ·		1	
Donated services and use of facilities	·			
Prior year adjustments		2a		
Other (Describe in Part XIII.) Add lines 2a through 2d				
Add lines 2a through 2d	, -	2c		
Subtract line 2e from line 1	d Other (Describe in Part XIII.)	. 2d		
Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	e Add lines 2a through 2d		2e	
Investment expenses not included on Form 990, Part VIII, line 7b	Subtract line 2e from line 1		3	
Other (Describe in Part XIII.)	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
Add lines 4a and 4b	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	b Other (Describe in Part XIII.)	. 4b		
Supplemental Information ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Return Reference Explanation	c Add lines 4a and 4b		4c	
ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Return Reference Explanation			5	
Return Reference Explanation	Part XIII Supplemental Information			
Return Reference Explanation			art V, line 4; Part)	X, line 2; Part XI,
<u> </u>		•		
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https://projects.propublica.org/nonprofits/organizations/943227839/202221319349306067/full

Additional Data Return to Form

Software ID: 20011551 **Software Version:** 2020v4.0

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ObjectId: 202221319349306067 - Submission: 2022-05-11

TIN: 94-3227839OMB No. 1545-0047

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

• Attach to Form 990 or 990-EZ.

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

2020

Open to Public Inspection

Name of the organization QCC-THE CENTER FOR LESBIAN GAY BISEXUAL TRANSGENDER ART & CULTURE

94-3227839

Employer identification number

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 specifying 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.

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Schedule O (Form 990 or 990-EZ) 2020

Additional Data

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