SAN FRANCISCO LESBIAN GAY BISEXCUAL TRANSGENDER COMMUNITY CENTER

FEDERAL RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, CALIFORNIA EXEMPT ORGANIZATION ANNUAL INFORMATION RETURN AND ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

For the year ended June 30, 2017

Novogradac & Company LLP Certified Public Accountants



May 10, 2017

Ms. Rebecca Rolfe San Francisco Lesbian Gay Bisexual Transgender Community Center 1800 Market Street San Francisco, CA 94102

Re: San Francisco Lesbian Gay Bisexual Transgender Community Center

Dear Rebecca:

Enclosed, in duplicate, are the Federal Return of Organization Exempt From Income Tax, California Exempt Organization Annual Information Return, and Annual Registration Renewal Fee Report to Attorney General of California for San Francisco Lesbian Gay Bisexual Transgender Community Center (the "Company") for the year ended June 30, 2017. The federal and California returns show no tax due.

The California return will be electronically filed. The federal return and the Annual Registration Renewal Fee Report to Attorney General of California should be filed as explained in the filing instructions attached to your copies of the return. Please make a check payable to the Registry of Charitable Trusts in the amount of \$150 for the annual registration fee. We recommend using certified mail, return receipt requested, to have evidence of timely filing.

The returns, as you know, were prepared from data made available to and audited by us. You were previously sent an electronic draft copy of the returns for your review. By signing the Form 8453-EO, you have acknowledged that you personally reviewed the California return, did not find any material misstatements, and authorized for us to file the return on your behalf.

If you have any questions, please call me at (562) 256-2325.

Very truly yours, NOVOGRADAC & COMPANY LLP

bv

Bryan Hung

NOVOGRADAC & COMPANY LLP

P 562.432.9482F 562.432.9483W www.novoco.com

OFFICE 249 East Ocean Boulevard, Suite 900 Long Beach, Calif. 90802

	IRS e-file Signature Authorization	1	OMB No. 1545-1878
Form 8879-EO	for an Exempt Organization For calendar year 2016, or fiscal year beginning JUL 1 , 2016, and ending JUN 30		0040
	Por calendar year 20 to, or inscal year beginning, to is, and ending Do not send to the IRS. Keep for your records.	20 1 /	2016
Department of the Treasury Internal Revenue Service	▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form88		·····
Name of exempt organization	TROPTAN ONV DICEVIINI	Employeri	dentification number
	LESBIAN GAY BISEXUAL DMMUNITY CENTER	94-3	236718
Name and title of officer			
REBECCA ROLFE			
EXECUTIVE DIRI			
- Lummaniania and	n for which you are using this Form 8879-EO and enter the applicable amount, if any, fro	om the retu	rn. If you check the box
on line 1a, 2a, 3a, 4a, or 5a	, below, and the amount on that line for the return being filed with this form was blank, t ink (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable	hen leave l	ine 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _	2,922,114.
2a Form 990-EZ check her		2b _	
3a Form 1120-POL check 4a Form 990-PF check her			
5a Form 8868 check here			
	on and Signature Authorization of Officer I declare that I am an officer of the above organization and that I have examined a copy		
the date of any refund. If ap debit) entry to the financial return, and the financial inst 1-888-353-4537 no later tha processing of the electronic	receipt or reason for rejection of the transmission, (b) the reason for any delay in process plicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an e- institution account indicated in the tax preparation software for payment of the organiza- titution to debit the entry to this account. To revoke a payment, I must contact the U.S. n 2 business days prior to the payment (settlement) date. I also authorize the financial ir payment of taxes to receive confidential information necessary to answer inquiries and personal identification number (PIN) as my signature for the organization's electronic ref ectronic funds withdrawal.	electronic fu ition's fede Treasury Fi istitutions i resolve iss	Inds withdrawal (direct ral taxes owed on this nancial Agent at nvolved in the sues related to the
Officer's PIN: check one b	· · ·		-
X I authorize NOV	COGRADAC & COMPANY LLP ERO firm name	to enter my	PIN 36718 Enter five numbers, but do not enter all zeros
is being filed with	n the organization's tax year 2016 electronically filed return. If I have indicated within thi a state agency(ies) regulating charities as part of the IRS Fed/State program, I also auth he return's disclosure consent screen.		
indicated within th	e organization, I will enter my PIN as my signature on the organization's tax year 2016 e is return/that a copy of the return is being filed with a state agency(ies) regulating charit is not ply on the return's disclosure consent screen. Date S7/		of the IRS Fed/State
· · · · · · · · · · · · · · · · · · ·			
Li	on and Authentication		······································
	r six-digit electronic filing identification our five-digit self-selected PIN. 94076736718 do not enter all zeros		
	eric entry is my PIN, which is my signature on the 2016 electronically filed return for the this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Returns.	-	
ERO's signature	Date ► 5/1	0/18	2
	ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do	So	
	ction Act Notice, see instructions.		Form 8879-EO (2016)
623051 09-26-16			

022 Date Accep	oted		and the second				DO		AIL T	HIS FO	ORM TO	THE FTB
TAXABLE Y 2016			-file Retu ganizatior		orizati	on f	or				84	FORM 53-EO
Exonipi Organi	zation noma									identifying	number	
		LESBIAN MMUNITY	GAY BISEX CENTER	KUAL						94-3	236718	
Part I E	lectronic Retur	n Information (w	hole dollars only)									
1 Total g	gross receipts (F	orm 199, line 4)	********	·····	*****	********		*****		. 1_	<u>2,995,</u>	403.00
-	ross income (Fo expenses and di	orm 199, line 8) sbursements (Foi	m 199, line 9)							~ ~	2,995, 3,448,	403.00 137.00
Part II S	ettle Your Acco	ount Electronica	lly for Taxable Y	ear 2016								
	lectronic funds v		a Amount				thdrawal	date (mn	n/dd/yy	vyv)		<u></u>
		tion (Have you v	erified the exemp	t organization's	banking i	nformat	ion?)				ili ji ji in the second se	
5 Routing 6 Account					7 Ty	pe of a	count:	Che	ecking		Savings	
Part IV D	eclaration of O	fficer				••••••••••••••••••••••••••••••••••••••						
I authorize th on line 4a.	e exempt organiza	tion's account to be	e settled as designa	ted in Part II. If I c	heck Part I	l, Box 4,	l authorize	an electro	onic fun	ds withdr	awal for the a	mount listed
transmitter, o California elec a balance due organization statements be	r intermediate ser ctronic return. To i e return, I understa will remain liable fo e transmitted to th	vice provider and th the best of my know and that if the Franc or the fee liability an e FTB by the ERO, t o disclose to the EF	ficer of the above e: le amounts in Part I vledge and belief, th hise Tax Board (FTF d all applicable inte ransmitter, or interr 10 or Intermediate	above agree with e exempt organize b) does not receiv rest and penalties nediate service pr	the amour ation's retu e full and ti . I authoriz ovider. If ti the reason	ts on the rn is true mely pay the exe the proce (s) for th	e correspon , correct, a ment of th mpt organi ssing of th e delay.	nding line and compl e exempt zation ret e exempt	s of the lete. If th organiz urn and organi z	exempt o le exemp ation's fee accompa	rganization's t organization e liability, the inying schedu	2016 is filing exempt iles and
I declare that am only an in accurately ref provided the 1345, 2016 e the exempt or I declare that	I have reviewed th termediate service lects the data on t organization office -file Handbook for ganization return I have examined th	e above exempt org provider, I underst he return.) I have ol r with a copy of all Authorized e-file Pr is filed, whichever is he above exempt or	Originator (ERO panization's return a and that I am not re tained the organiza forms and informati oviders. I will keep s later, and I will ma ganization's return based on all inform	and that the entrie sponsible for revi ation officer's sign ion that I will file w form FTB 8453-E0 ke a copy availabl and accompanyin	s on form F lewing the ature on fo vith the FTE O on file fo le to the FT g schedule	exempt o rm FTB E , and I h four yea 3 upon re s and sta	rganizatior 3453-EO be ave followe irs from th equest. If I	t's return. Fore trans d all othe e due date am also t	I declar smitting r require of the he paid	e, howeve this retur ements de return or preparer,	er, that form f rn to the FTB; escribed in FT four years fro under penalt	FTB 8453-EO I have B Pub. Im the date les of perjury,
ERO sign	Bature B	M	A	· .	Date 5/10	118	Check if also paid preparer		Check if self- employe	I	ERO'S PTIN P01553	971
	's name (or yours	NOVOGR	ADAC & CC	MPANY LI	JP				1	Sunda a seres da de la	4-3108	and the second
	lf-employed) address			BLVD., S	SUITE	900					00000	·
Under penaltic	es of perjury, I dec		EACH, CA	danization's return	n arid acco	npanying	o schedule	s and stat		المسمع ومعصفته ومغازي	90802	knowledge
			ake this declaration								····,	
Paid Preparer	Paid preparer's signature				4	Date		Check if self- employed	, Г	Paid	preparer's PTIN	
Must	Firm's name (or yo	urs							1	FEIN		
Sign	if self-employed) and address	/		· · ·						ZIP code		
ainananan ing panaharan dari yang sa									ļ	211 0008		
For Privacy	Notice, get FTE	3 1131 ENG/SP.		· · ·							FTB 84	53-EO 2016

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2017

Prepared for	SAN FRANCISCO LESBIAN GAY BISEXUAL TRANSGENDER COMMUNITY CENTER 1800 MARKET STREET SAN FRANCISCO, CA 94102
Prepared by	NOVOGRADAC & COMPANY LLP 249 EAST OCEAN BLVD., SUITE 900 LONG BEACH, CA 90802
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

600941 04-01-16

			EXT	ENDED TO MAY 15,	2018		
	0		Return of Org	anization Exemp	t From I	ncome Tax	OMB No. 1545-0047
For	m J	90	Under section 501(c), 527, or 4				^{ons)} 2016
		of the Treasury		al security numbers on this fo	-		Open to Public
-		enue Service	Information abou Information abou	t Form 990 and its instruction JUL 1, 2016 a		<u>s.gov/form990.</u> JUN 30, 2017	Inspection
	Check i		f organization	0011 I, 2010 a		D Employer identifi	
	applical		FRANCISCO LESBIA	N GAY BISEXUAL			Cation number
	Addr		ISGENDER COMMUNIT				
	Nam chan	e	usiness as		· · · · · · · · · · · ·	94-3	236718
	Initia retur	n Number	and street (or P.O. box if mail is no	t delivered to street address)	Room/suite	E Telephone numbe	
	Final	U .	MARKET STREET	·		(415	
	termi ated Amei	City or to	own, state or province, country, a			G Gross receipts \$	2,995,403.
	retur	n SAN	FRANCISCO, CA 9			H(a) Is this a group r	
L	ltion pend	IF Name ai	nd address of principal officer:R AS C ABOVE	EDECCA ROLFE		for subordinates H(b) Are all subordinates in	s? Yes X No
<u> </u>	[ay.e)	empt status:) < (insert no.) 4947(a)(1) or 527		list. (see instructions)
			SFCENTER.ORG		<u>.,,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,</u>	H(c) Group exemptio	
			X Corporation Trust	Association Other ►	L Year		V State of legal domicile: CA
	art I	Summary					· · · · · · · · · · · · · · · · · · ·
e	1	Briefly describ	be the organization's mission or m	nost significant activities: THE	CENTER	CONNECTS C	OMMUNITY TO
Activities & Governance			ES, OPPORTUNITIE:				
ern	2		x 🕨 📖 if the organization dis		posed of more		
<u>6</u>	3		ting members of the governing bo			3	11
8	4		lependent voting members of the				37
itie	5		of individuals employed in calend of volunteers (estimate if necessa				250
ctiv			d business revenue from Part VIII				0.
Ă			business taxable income from Fo				0.
			· · · · · · · · · · · · · · · · · · ·			Prior Year	Current Year
e	8	Contributions	and grants (Part VIII, line 1h)			3,579,522.	2,395,587.
enu	9	Program service	ce revenue (Part VIII, line 2g)			246,349.	513,965.
Revenue	10		come (Part VIII, column (A), lines 3			5.	137.
-	11		(Part VIII, column (A), lines 5, 6d,			2,313.	12,425.
	12		- add lines 8 through 11 (must eq			3,828,189. 1,211,181.	2,922,114. 272,482.
	13		nilar amounts paid (Part IX, colun			<u> </u>	272,402.
<i>(</i>)	14 15		to or for members (Part IX, colum r compensation, employee benefi			1,451,110.	1,668,752.
Ise:	16a	Professional fu	indraising fees (Part IX, column (A) line 11e)		17,485.	28,315.
Expenses	b	Total fundraisi	[,] compensation, employee benefi undraising fees (Part IX, column (/ ing expenses (Part IX, column (D)	line 25) > 384,	662.		,
ũ			es (Part IX, column (A), lines 11a-1			1,098,437.	1,405,299.
	18		s. Add lines 13-17 (must equal Pa			3,778,213.	3,374,848.
	19	Revenue less e	expenses. Subtract line 18 from I	ine 12		49,976.	-452,734.
Net Assets or Fund Balances						ginning of Current Year	End of Year
sset Bala	20	Total assets (F		· · · · · · · · · · · · · · · · · · ·		17,541,432.	15,894,288.
let A	21			lin - 00		<u>11,606,043.</u> 5,935,389.	<u>10,410,678.</u> 5,483,610.
	22 1rt II	Signature	fund balances. Subtract line 21 fr			3,333,303.	
			declare that I have examined this retu	urn, including accompanying sched	les and stateme	ents, and to the best of m	v knowledge and belief, it is
			Declaration of preparer (other than o				, , , , , , , , , , , , , , , , , , , ,
				· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
Sigr	า่		e of officer			Date	
Her	е			TIVE DIRECTOR			
		· · · ·	rint name and title			Date Check	PTIN
Dela	I	Print/Type prep		Preparer's signature			
Paid		BRYAN H		DMPANY LLP		Firm's EIN	94-3108253
-	Preparer Firm's name NOVOGRADAC COMPANY LLP Firm's EIN 94-3108253 Use Only Firm's address 249 EAST OCEAN BLVD., SUITE 900						
000	July	1 1111 3 4001055	LONG BEACH, CA		~	Phone no. (5	62)432-9482
Mav	the I	RS discuss this	return with the preparer shown a	······································			X Yes No

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 8868

(Rev. January 2017)

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

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter fil	er's identif	ying number
Type or print	Name of exempt organization or other filer, see inst SAN FRANCISCO LESBIAN GAY TRANSGENDER COMMUNITY CENT	BISEX	UAL	Employer identification number 94-3236718		
File by the due date fo filing your return. See	Number, street, and room or suite no. If a P.O. box, 1800 MARKET STREET	see instruc	tions.	Social se	ecurity num	ber (SSN)
instructions	City, town or post office, state, and ZIP code. For a SAN FRANCISCO, CA 94102	foreign add	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file a separa	te application for each return)			0 1
Applicat	ion	Return	Application			Return
Is For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	D-BL	02	Form 1041-A			08
Form 47:	20 (individual)	03	Form 4720 (other than individual)			09
Form 990)-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	0-T (trust other than above)	06	Form 8870			12
• If the	none No. ► (415) 865-5555 organization does not have an office or place of busine is for a Group Return, enter the organization's four digi 	t Group Exe		f this is fo	r the whole	group, check this ension is for.
for	equest an automatic 6-month extension of time until the organization named above. The extension is for the calendar year or tax year beginning JUL 1, 2016	e organizatio		the exen	npt organiza	ation return
2 If t	ne tax year entered in line 1 is for less than 12 months,	check reas	on:	-inal retur	'n	
	Change in accounting period	· · · · · · · · · · · · · · · · · · ·		· ·	<u> </u>	
	his application is for Forms 990-BL, 990-PF, 990-T, 472	0, or 6069, (enter the tentative tax, less any			0
	nrefundable credits. See instructions.			<u>3a</u>	\$	0.
	nis application is for Forms 990-PF, 990-T, 4720, or 606			1		0
	imated tax payments made. Include any prior year over			<u>3b</u>	\$	0.
	lance due. Subtract line 3b from line 3a. Include your p using EFTPS (Electronic Federal Tax Payment System)	-		3c	\$	0.
	If you are going to make an electronic funds withdrawa				nd Form 88	
~~~~					_	

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

Form 8868 (Rev. 1-2017)

	SAN FRANCISCO LESBIAN GAY BISEXUAL
	n 990 (2016) TRANSGENDER COMMUNITY CENTER 94-3236718 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
.1	Briefly describe the organization's mission:
	CONNECTING PEOPLE, RESOURCES, AND OPPORTUNITIES, SO TOGETHER WE CAN
	BUILD A STRONG AND HEALTHY LGBT COMMUNITY, AND A MORE WELCOMING AND
	EQUITABLE WORLD
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	COMMUNITY CENTER / FACILITY: THE CENTER OWNS AND OPERATES A 35,000
	SQUARE FOOT BUILDING AT 1800 MARKET STREET. WE PROVIDED COMMUNITY
	RESOURCES INCLUDING A CYBERCENTER, A READING ROOM, AND PUBLIC ART
	DISPLAYS; HOUSED 4 NON-PROFIT ORGANIZATIONS; AND HOSTED APPROXIMATELY
	750 MEETINGS AND/OR EVENTS IN THE YEAR ENDING JUNE 30, 2017.
4b	(Code:) (Expenses \$ 671,998. including grants of \$) (Revenue \$ 107,993.)
	ECONOMIC DEVELOPMENT PROGRAM: IN EMPLOYMENT SERVICES, WE CONNECTED WITH
	OVER 1,000 JOB SEEKERS THROUGH HOSTING 2 CAREER FAIRS, WORKSHOPS,
	SUPPORT GROUPS AND NETWORKING EVENTS. OF THOSE INDIVIDUALS, WE
	PROVIDED 350 CLIENTS WITH ONE-ON-ONE EMPLOYMENT SERVICES AND/OR
	VOCATIONAL CASE MANAGEMENT, PLACED 100 INDIVIDUALS IN JOBS, MATCHED 25
	TRANSGENDER CLIENTS WITH CAREER MENTORS, AND THROUGH A COLLABORATIVE PROJECT PROVIDED LEGAL SERVICES FOR 200 TRANSGENDER JOB SEEKERS. IN
	PROJECT PROVIDED LEGAL SERVICES FOR 200 TRANSGENDER JOB SEEKERS. IN SMALL BUSINESS SERVICES, WE PROVIDED TRAINING AND/OR TECHNICAL
	ASSISTANCE TO 80 BUSINESSES, INCLUDING SUPPORT WITH DEVELOPING BUSINESS
	PLANS AND HELP SECURING GROWTH CAPITAL. OUR FINANCIAL SERVICES PROGRAMS
	PROVIDED FINANCIAL EDUCATION TO 1100 PARTICIPANTS; THE FIRST-TIME
	HOMEBUYER PROGRAM PROVIDED EDUCATIONAL WORKSHOPS TO 500 PARTICIPANTS
4.	
40	(Code: )(Expenses \$ 726,684. including grants of \$ )(Revenue \$ 9,704.) COMMUNITY PROGRAMS: INCLUDES YOUTH PROGRAMS; HEALTH AND WELLNESS;
	ARTS & CULTURE; AND COMMUNITY AND POLICY INITIATIVES. THROUGH OUR YOUTH
	PROGRAMS WE PROVIDE ARTS & CULTURE, EMPOWERMENT, SOCIAL NETWORKING AND
	LINKAGES TO SOCIAL SERVICES FOR LGBT YOUTH AGES 18 - 24. WE SERVED 300
	YOUTH THROUGH OUR MEAL NIGHTS, WORKSHOPS AND DROP IN SERVICES, FIELD
	TRIPS AND SOCIAL EVENTS. OUR HEALTH AND WELLNESS WORK INCLUDES
	INFORMATION AND REFERRAL SERVICES (PROVIDING INFORMATION TO OVER 6000
	INQUIRES THIS YEAR, WITH A PRIORITY ON HEALTH & WELLNESS AND SAFETY NET
	SERVICES). OUR ARTS & CULTURE WORK INCLUDES 9 VISUAL ARTS EXHIBITS,
	OVER 40 CULTURAL EVENTS FOR THE COMMUNITY AND TRANSGENDER DAY OF
	VISIBILITY. COMMUNITY AND POLICY INITIATIVES INCLUDE A VOLUNTEER
	PROGRAM (TRAINING 90 VOLUNTEERS AND MANAGING A POOL OF OVER 700
A-1	
4d	
40	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses ▶ 2,788,076.
<u>4e</u>	Form 990 (2016)
632002	SEE SCHEDULE O FOR CONTINUATION(S)

Part M         Checklist of Required Schedules         Yes         No.           1         Is the organization described in action 501(c)(3) or 4947(g)(1) (other than a private foundation)?         1         1         X           2         Is the organization required to complete Schedule A, Schedule C Contributor?         1         X         2         X           3         Dot the organization required to complete Schedule C, Part I         3         X           4         Section 501(c)(3) organizations. Die the organization canged in bobying activities, or have a section 501(h) election in effect during the tax year? If 'ise, 'complete Schedule C, Part II         3         X           5         Is the organization a section 501(c)(5, 501(c)(5), e501(c)(6) organization that receives membership dues, assessment, or aimkar amounts a defined in Heenue Procedure B910 If 'ise, 'complete Schedule D, Part I         6         X           7         X         Ded the organization and analy of anomaly an subt funds or accounts for which donors have the right to provide advice on the distribution or avestment and funds or accounts for Which donors have the right to provide advice on the distribution or avestment and anomaly an subt funds or accounts for Which donors have the right to provide advice on the distribution or avestment and anomaly in subt funds or accounts for Which donors have the right to provide advice on the distribution or avestment and anomaly in subt funds or accounts for Which donors have the right to provide advice on the distribution or avestment and anomaly in subt funds or accounts for Which donors have the schedule D,	Forr	n 990 (2016) TRANSGENDER COMMUNITY CENTER 94-3236	718	F	age 3
1         Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I         I	Pa	rt IV Checklist of Required Schedules			
If "Yes," complete Schedule A       1       X         2 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I       3       X         3 Botton 501(c)(3) organizations. Did the organization engage in lobblying activities, or have a section 501(fr) election in effect during the tax year? If "Yes," complete Schedule C, Part I       4       X         4 Botton 501(c)(3) organization engage in lobblying activities, or have a section 501(fr) election in effect during the tax year? If "Yes," complete Schedule C, Part II       5       4       X         5 Is the organization mestinal any doora division essement, including assements to preserve open apace.       6       X         1 Did the organization mestinal collections of which during assements to preserve open apace.       7       X         8 Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodial for amounts no listed In Part X, ine 21, for secrow or custodial account liability, serve as a custodial for amounts not listed In Part X, ine 21, for secrow or custodial account liability, serve as a custodial for amounts not listed In Part X, ine 21, for secrow or custodial account liability, serve as a custodial for amounts not yor the following questions is "Yes," then complete Schedule D, Part II       8       X         9 Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodial for amounts not part in amount in Part X, line 21, Part XI       11a       X				Yes	No
2         Is the organization requeen discussion of mainter bothesis complete Schedule C, Part II         2         X           3         Did the organization requeen in direct political campaign activities on behalf of or in opposition to candidates for public officer II "Res", complete Schedule C, Part II         3         X           4         Section 501(c)(3) organization. Did the organization engage in lobbying activities on them as eaction 501(c)(4), organizations. Did the organization again to resolve the organization engage in lobbying activities on them them fight to provide activity on the distribution or investment engage in lobbying activities or accounts for which donors have the right to provide activity on the distribution or investment of amounts in such finds or accounts for which donors have the right to provide activity on the distribution or investment of amounts in such finds or accounts for which donors have the right to provide activity on the distribution or investment of amounts in such finds or accounts for which donors have the right to provide activity on the distribution or investment of amounts in such finds or accounts for which donors have the find to account is distribution or investment of amounts in such finds or context or activity of the organization reactive or hold a conservation essensement, including essensement, including essensement, account isability, serve as a custodian for amounts in lot its of norths of and, bear (2), part II         8         X           9         Did the organization report an amount in Part X, line 211, for serrow or custodial account liability, serve as a custodian for amounts in the lob registration, hold assets in temporarily restricted endowments, permanent endowments, or quaser admonterestor thesis, complete Schedule D, Part X         10	1				
2         is the organization engulated to complete Schedule 6, Schedule 6 Contributors?         2         X           3         Did the organization engulated indicator engulation patients and the state of		If "Yes," complete Schedule A			
public office? If 'res,' complete Schedule C, Part I         3         X           4         Section 501(h) organizations. Did the organization ergage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'res,' complete Schedule C, Part I/         4         X           5         Is 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts of the 'set, complete Schedule D, Part I/         6         X           7         X         X         0         Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical areas, or historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part I//         7         X           8         Did the organization regord 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, dobt management, credit repair, or dobt negotiation services?         9         X           10         Did the organization organization report an amount for have strengs. Complete Schedule D, Part V         10         X           11         If the organization report an amount for hivestments - ordanet schedule D, Part V         11a         X           12         If the organization report an amount for h	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	ļ
4         Section 501(c)(3) organizations. Did the organization engage in tobbying activities, or have a section 501(h) election in effort during the taxy gar? If "xes," complete Schedule Q, Part II         4         X           5         Is the organization a section 501(c)(5), 601(c)(5) or 501(c)(6) organization matinum any door 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right or provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right or provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right or provide advice on the distribution or investment or account is billity, serve as a custodian for amounts not listed in Part X, june 21, for escrew or outscial account liability, serve as a custodian for amounts not listed in Part X, june 12, inter 20, Part V         6         X           10         Did the organization, directly or through a related organization, hidd assets in temporally restricted endowments, permanet ondowments, or quasi-endowments? If "Yes," complete Schedule D, Part V         10         10         X           11         If the organization negort an amount for investments - other securities in Part X, line 12 If If Yes," complete Schedule D, Part V         11	3		3		x
5         Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts in Revenue Proceedings 61197 // Yes, "complete Schedule C, Part III         5         X           Did the organization maintain any donor advisure 81197 // Yes, "complete Schedule D, Part III         6         X           B         Did the organization receives on hold a conservation easement, including assements to preserve open space, the environment, historic tand areas, or historic structures? // Yes, "complete Schedule D, Part III         6         X           B         Did the organization report an amount in Part X, line 21, for escrew or custodial account lability, serve as a custodian for amounts no listed in Part X, corporder schedule D, Part IV         7         X           B         Did the organization report an amount for Investmenta, the integration, hold assets in temporarily restricted encowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V         8         X           10         Did the organization report an amount for linvestments - other securities in Part X, line 121 ht is 5% or more of its total assets reported in Part X, line 167 hf "Yes," complete Schedule D, Part VII         11a         X           11         Did the organization report an amount for investments - other securities in Part X, line 121 ht is 5% or more of its total assets reported in Part X, line 167 hf "Yes," complete Schedule D, Part VII         11a         X           11         Did the organization report an amount for there sacks in Part X, lin	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
similar amounts a defined in Revenue Procedure 81-197 if "Yes," complete Schedule C, Part III       5       X         6       Did the organization maintain any donor advised 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 III       6       X         7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical treasures, If "Yes," complete Schedule D, Part III       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, dobt management, credit repair, or debt negotiation services?       9       X         10       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV       10       X         11       If the organization report an amount for investments - ordpra mated in Part X, line 12? If "Yes," complete Schedule D, Part X       11a       X         12       Did the organization report an amount for land, buildings, and equipment in Part X, line 12? If "Yes," complete Schedule D, Part X       11a       X         13       Did the organization report an amoun		during the tax year? If "Yes," complete Schedule C, Part II	4		X
6       Did the organization maintain any donor advised funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yee," complete Schedule D, Part I /       6       X         7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic structures? If "Yee," complete Schedule D, Part II.       6       X         7       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yee," complete Schedule D, Part III.       7       X         9       Did the organization figure of the Part I // If the organization report an amount in Part X, line 11, for server or custodial account lability, serve as a custodian for amounts, or quasiendowments? If "Yes," complete Schedule D, Part V       9       X         10       Did the organization directly or through a related organization, hold assets in temporarily rostricted endowments, permanent endowments, or quasiendowing questions is "Yes," then complete Schedule D, Part V       10       X         11       If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII       11       X         11       Did the organization report an amount for other assets in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII       11       X         12       Did the organization oport an amount for other assesto In Part X, line 15 that	5		5		x
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II     6     X       7     Did the organization receive or hold a conservation easement, budding easements to preserve open space, the environment, historic and areas, or historic structures? If "Yes," complete Schedule D, Part II     7     X       8     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 ourseling, dobt management, credit repair, or debt negotiation services?     9     X       10     Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quast-endowments? If "Yes," complete Schedule D, Part V     10     X       11     If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI     11     X       12     Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI     11     X       13     X     11     X     11     X       14     X     11     X     11     X       15     Did the organization report an amount for investments - other securities 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 X     11     X       16	6				
<ul> <li>7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.</li> <li>8 Did the organization report an amount in Part X, line 11, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 12, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 12, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 12, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 12, for escrow or custodial account liability, serve as a custodian for amounts not guastendowments? If 'Yes,' complete Schedule D, Part V</li> <li>10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10, III, X, or X as applicable.</li> <li>a Did the organization report an amount for livestments - other securities in Part X, line 12, IIII, X, line 169, II'Yes,' complete Schedule D, Part VI.</li> <li>b Did the organization report an amount for livestments - other securities in Part X, line 12, IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII</li></ul>			6		x
<ul> <li>B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III</li> <li>D Did the organization report an amount in Part X, line 21, for escrew or oustodial 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?</li> <li>If 'Yes,' complete Schedule D, Part IV</li> <li>D 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</li> <li>D Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V</li> <li>D Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VII</li> <li>D Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VII</li> <li>D 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 VII</li> <li>D Did the organization report an amount for other assets 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 XII</li> <li>D Did the organization separate nor cost other liabilities in Part X, line 16? If 'Yes,' complete Schedule D, Part XII</li> <li>D Did the organization negort 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 X</li> <li>D Did the organization negort an amount for other assets in Part X, line 16 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X</li> <li>D Did the organization</li></ul>	7				
Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         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       X         11       If the organization sanswer to any of the following questions is 'Yes,' then complete Schedule D, Part V       10       X         12       Did the organization report an amount for law, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VII       11a       X         13       Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VII       11b       X         14       X       Intel X, line 16? If 'Yes,' complete Schedule D, Part VIII       11c       X         15       Did the organization report an amount for investments - other securities 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 X       11c       X         16       Did the organization report an amount for other tassets 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 X       11c		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
<ul> <li>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?</li> <li>If 't'es, 'complete Schedule D, Part V</li> <li>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</li> <li>Did the organization's answer to any of the following questions is 'Yes, 'then complete Schedule D, Parts VI, VII, VII, VII, VI, vr X as applicable.</li> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes, 'complete Schedule D, Part VI</li> <li>Did the organization report an amount for hivestments - other securities in Part X, line 10? If 'Yes, 'complete Schedule D, Part VII</li> <li>Did the organization report an amount for hivestments - 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 VII</li> <li>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 XII</li> <li>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 XII</li> <li>Did the organization separate, independent audited financial statements for the tax year? If 'Yes, 'complete Schedule D, Part X</li> <li>Did the organization aschool described in section 170(b)(1)(A)(ii)? If 'Yes, 'complete Schedule D, Part X</li> <li>Bid the organization includeed in consolidated, independent audited financial statements for the tax year? If 'Yes, 'complete Schedule D, Part X</li> <li>Bid the organization neaction answered 'No' to line 12.a, then completing Schedule D, P</li></ul>	8		8		x
amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?     y     X       10     Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? // 'Yes," complete Schedule D, Part V     10     X       11     If the organization is answer to any of the following questions is 'Yes,' then complete Schedule D, Part V, VII, VII, IX, or X as applicable.     30     X       20     Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // 'Yes,' complete Schedule D, Part VI     11a     X       21     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? // 'Yes,' complete Schedule D, Part VII     11b     X       21     Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? // 'Yes,' complete Schedule D, Part VIII     11c     X       21     Did the organization report an amount for other assets in Part X, line 25? // 'Yes,' complete Schedule D, Part X     11d     X       22     Did the organization isolation separate or consolidated financial statements for the tax year? // 'Yes,' complete Schedule D, Part X     11d     X       23     Did the organization isolation a schedoribed in asset or agents outside of the Unted States?     11d     X       24     Did the organiz	9		<u> </u>		
10       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments?, complete Schedule D, Part V       10       X         11       If the organization's answer to any of the following questions is "Yes," tem complete Schedule D, Parts VI, VII, VIII, VII, VII, VII, VII, VII		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
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as applicable.       a) Did the organization report an amount for lawstments - other securities in Part X, line 10? /f "Yes," complete Schedule D, Part VI       11a       X         b) Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part VII       11b       X         c) Did the organization report an amount for investments - program related in Part X, line 16? /f "Yes," complete Schedule D, Part VII       11c       X         d) Did the organization report an amount for investments - program related in Part X, line 16? /f "Yes," complete Schedule D, Part VII       11c       X         d) Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part X       11d       X         e) Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization betain separate, independent audited financial statements for the tax year? /f "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization noluded in consolidated, independent audited financial statements for the tax year? /f "Yes," complete Schedule D, Part X       11t       X         13       Is the organization askeed "No" to line 12a, then completing Schedule E       13a       X         14a       Did the organization askeed "No" to line 12a, then completing Schedule E       13a       X </th <td>10</td> <td>A CARLES AND A C</td> <td>10</td> <td></td> <td>x</td>	10	A CARLES AND A C	10		x
<ul> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI</li> <li>b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII</li> <li>c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII</li> <li>d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII</li> <li>d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X</li> <li>11d X</li> <li>e Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X</li> <li>11t X</li> <li>1</li></ul>	11				
b       Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part V/I       11b       X         c       Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part V/II       11c       X         d       Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part V/II       11d       X         d       Did the organization report an amount for other assets in Part X, line 25? // "Yes," complete Schedule D, Part X       11d       X         f       Did the organization report an amount for other liabilities in Part X, line 25? // "Yes," complete Schedule D, Part X       11e       X         f       Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year?       11f       X         12a       Did the organization answered 'No" to line 12a, then completing Schedule D, Part X and X/I is optional       12b       X         13       Is the organization maint an office, employees, or agents outside of the United States?       14a       X         14       Did the organization maintain an office, employees, or agents outside of the Unite	а				
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11c       X         d 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 X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       X         e Did the organization report an amount for orber assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization sibality for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII       12a       X         b Was the organization answered "No" to line 12a, then completing Schedule D, Part X and XII is optional       13       X         14       X       13       X         15       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         14       Did the organization ma		Part VI	11a	Х	
c       Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part VIII       11c       X         d       Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part X       11d       X         e       Did the organization report an amount for other labilities in Part X, line 25? /f "Yes," complete Schedule D, Part X       11d       X         f       Did the organization report an amount for other labilities in Part X, line 25? /f "Yes," complete Schedule D, Part X       11t       X         f       Did the organization report an amount for other labilities in Part X, line 25? /f "Yes," complete Schedule D, Part X       11t       X         f       Did the organization separate or consolidated financial statements for the tax year? /f "Yes," complete Schedule D, Part X and XI       11t       X         f       Did the organization included in consolidated, independent audited financial statements for the tax year?       11t       X         f       "Yes," and if the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization nave 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 investment	þ				
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If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization 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 II and IV       16       X         17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I       17       X         18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," and IV       18       X         19 Did the organization report mor	Ь		128		
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## SAN FRANCISCO LESBIAN GAY BISEXUAL Form 990 (2016) TRANSGENDER COMMUNITY CENTER Part IV Checklist of Required Schedules (continued)

20a         Did the organization operate one or more hospital facilities? // "Yes," complete Schedule H         20a         X           20b         Did the organization attach a copy of its audited financial statements to this neturn?         20b				<b></b>	
b         If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?         20b           1         Did the organization report more than 85,000 of grants or other assistance to any domestic organization or domestic organization report more than 85,000 of grants or other assistance to or for domestic organization. Part IX, column (A), line 17 (*sc, "complete Schedule (A Part I and II         21         X         21         X           20         Did the organization report more than 85,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 (**sc, "complete Schedule (A Part I and II         22         X           20         Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the schedule (A ***********************************				Yes	No
21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic individuals on Part IX, column (A), line 27 // Yes, "complete Schedule (), Parts I and III       21       X         22       Did the organization meport more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 // Yes, "complete Schedule (), Parts I and III       22       X         23       Did the organization naves 'Twis''s Der TVI Schedule (), Parts I and III       22       X         24       Did the organization naves Twis''s Der TVI Schedule (), Parts I and III       22       X         24       Did the organization naves at ax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the sist day of the year, that was issued after December 31, 2002? // 'Yes, "answellines 24b Incurb 24d and complete Schedule ().       24a       24a         24       Did the organization naves at my proceeds of tax-exempt bonds beyond a temporary period exception?       24a       24a         25       Did the organization naves at my one-ball of 'ssuer for bonds outstanding at any time during the year'       24d       24d         26       Did the organization avare that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, complete Schedule L, Part I       26a       X         26       Did the organization					
domestic government on Part IX, column (A), line 17 // **es, 'complete Schedule /, Part I and II       21       X         20       bit the organization report morthm 55,000 of grants or dthm sessitiance to or for domestic individuals on Part IX, column (A), line 27 // **es 'to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former differs, directory, trustees, key employees, and higher to compare Schedule /       22       X         20       Ut the organization narwer "res" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former differs, directory, trustees, key employees, and higher to compare Schedule / Part I // **o, 'complete Schedule /       22       X         21       DX the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If 'Yea,' anawer lines 24b through 24d and complete Schedule /       24d       X         226       DX the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24d       X         236       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization ange in an excess benefit transaction with a disqualified person during the year? // **s, 'complete Schedule /, Part I       25a       X         237       Did the organization aver that the ranged in an excess benefit transaction in a pilor year, and that the transaction has not bern report any of the organization spilor forms of force, director, trustee, key employees, dividuatified persona? // **s, 'complete Schedule /, Part IV </td <td></td> <td></td> <td>200</td> <td> </td> <td></td>			200		
22       Deft the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, column (A), line 2? If 'Yes,' complete Schedule I, Part I and III       22       X         23       Dot 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? If 'Yes,' complete Schedule J       23       X         24       Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was not proceeds of tax exempt bonds beyond a temporary period exception?       246       Z46         24       Did the organization news a size and after Demotes' 11, 2002? If 'Yes,' anotype is a second bene is a second bene for the second tax exempt bond is beyond a temporary period exception?       246       247         24       Did the organization was at as no behalt of issue for bonds outstanding at any time during the year?       246       246         25       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?       246       24         26       Did the organization report any amount on Part X, line 5, 6, 22 for necelvables from or payabes to any current or former officers, directors, trustees, key employees, indirector, trustee, key employee, substantial contributor or employee threed, a grant selection complexes 20: checule L, Part IV       28       X       27	21		0.1	x	
Part X, column (A), line 27. If "Ps", complete Schedule I, Parts I and III       22       X         23       Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and Cimma follows, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, I''No," or to line 25a.       28       X         24       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 I, I''No," or to line 25a.       24b       24a         25       Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24b         26       Bection 501(Q3), 501(Q3), and 501(Q3) organizations. Did the organization are as an 'on behalf of issue for bonds cutstanding at any time during the year?       24d         27       Did the organization are that engaged in an excess benefit transaction with a disqualified person in a prory year, and that the transaction are not excess benefit transaction with a disqualified person in a prory year, and that the transaction report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, or disqualified person 2/1 (*ys,' complete Schedule L, Part I)       26b       X         26       Did the organization are prory to a park to a business transaction with a disqualified person?/1 (*ys,' complete Schedule L, Part I)       27c       X	22		21		
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 officer, directors, trustees, key employees, and highest compensated employees? If 'Yos, 'complete' Schedule J.       2a       X         24       Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after Deember 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No', 'complete' Schedule K. If 'N'', 'so', 'complete' Schedule K. If 'N'',	~~	• • •	22		x
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule / If No ⁵ , got lange 25a     23       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 Decomber 31, 2002? If 'Yes," answer lines 24b through 24d and complete Schedule / If No ⁵ , got lange 25a     24a     X       24b     Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?     24a     X       25a     Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?     24d     X       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? If 'Yes,' complete Schedule L, Part I     25a     X       25a     Did the organization are that if engaged in a excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I     25a     X       25a     Did the organization are proteed on any of the organization spior Form 980 or 990-E27 If 'Yes,' complete Schedule L, Part I     25a     X       27b     Did the organization are proteed, a grant section committe member, or to a 35% controlled entity of family member of any of these persons? If 'Yes,' complete Schedule L, Part IV     26a     X       27b     Did the organization are proteed, a grant section committer member, or to a 35% controlled entity of family emmober of any of these persons? If 'Yes,' complet	23		-22		<u> </u>
Schedule J       23       X         24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes, "answer lines 24b through 24d and complete Schedule K. If 'No', go to line 25a       24a       X         24 Did the organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception?       24b       X         25 Did the organization mixed as an 'on behaff of' issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?       24d       X         26 Did the organization mixed as an 'on behaff of' issuer for bonds outstanding at any time during the year?       24d       Zs         27 Section 501c(KB, 501c)(A), and 501c)(25) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a proyeer, and that the transaction has not been reported on any of the organization proyeer, and that the transaction as and the organization proyeer, signed the organization proyeer, signed the organization proyide a grant or other assistance to an officer, fluetors, trustees, key employees, highest compressed employees, or disqualified person's 17 'Yes,' complete Schedule L, Part I       25b       X         28 Did the organization proyed argant or other assistance to an officer, trustee, key employee, signating a person's 17 'Yes,' complete Schedule L, Part IV       26a       X         29 Did the organization proyed a grant selection committee members, or to a 35% controlled entity or family member of a urrent or former officer, director, trustee, or key employee? If 'Yes,' comp	20	· · · · ·			
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 'Yea,' arawer lines 24b through 24d and complete Schedule K. If 'No', go to line 25a       24a       X         2 bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24a       X         2 bid the organization maintain an escrow account other thm a refunding secrow any time during the year?       24d       24d         2 bid the organization as as an 'on behalf of 'assuer for bonds outstanding at any time during the year?       24d       24d         2 bid the organization as that engaged in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I       25a       X         2 bid the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If 'Yes,'' complete Schedule L, Part I       25a       X         2 bid the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 39% controlled entity or family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV       25a       X         2 M antity of which a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV       25a       X         2 bid the organization negable is ano other esperison? If 'Y			23	x	
Is at day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete     24a     X       Schedule K, If "No", go to line 25a     24b     X       D Did the organization maintain an escrow account other than a refunding escrew at any time during the year to defease any tax evempt bonds?     24b     24c       d Did the organization maintain an escrew account other than a refunding escrew at any time during the year?     24d     24d       d Did the organization maintain an escrew account other than a refunding escrew at any time during the year?     24d     24d       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)(2) organizations. Did the organization engage in an excess benefit transaction has not been reported on any of the organization prior Forms 990 or 906/E27 If "Yes," complete Schedule L, Part I     25a       25     Did the organization provide a grant or other assistance to an officer, firstee, key employee, substantial contributor or employee thereor, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part I     26     X       26     N     A current or former officer, director, trustee, or key employee (or family member of any of these persons? If "Yes," complete Schedule L, Part IV     27     X       27     X     A family ordine to filme thresholds, conditions, and exceptions):     a current former officer, director, trustee, or key employ	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
Schedule K. If 'No*, go to line 25a       24a       X         b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?       24b       24b         c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?       24d       24c         25a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization are access benefit transaction with a disqualified person during the year?       24d       25a         25b       Is the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year?       25a       X         25a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization are and isqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If 'Yes,' complete Schedule L, Part I       25b       X         26       Did the organization area or the resistance to an officer, director, trustee, response or any complete Schedule L, Part II       26c       X         27       Did the organization a party to a tusiness transaction with one of the following parties (see Schedule L, Part IV       26a       X         28       A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV       27a       X         29       Did the organization ceve enore that 325,000 in non-cash contributions?       27b       X       28a       X					
b       Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?       24b         c       Did the organization maintain an escrow account other than a refunding escrew 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 has not been reported on any of the organization or payables to any current or former officers, directors, trustes, key employees, highest completers for promy 590 or 990-E27 if 'Yes,' complete Schedule L, Part I       25b       X         27       Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustes, key employees, highest complexes, highest complexes, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part IV       26       X         29       Was the organization provide a grant or other assistance or key employee? If 'Yes,' complete Schedule L, Part IV       27       X         29       Was the organization provide a grant or other assistance or key employee? If 'Yes,' complete Schedule L, Part IV       28a       X         29       Did the organization receive more officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV <td></td> <td>Ontority of Manual Anna Anna Anna</td> <td>24a</td> <td></td> <td>x</td>		Ontority of Manual Anna Anna Anna	24a		x
c       Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?       244         25a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization angage in an excess benefit transaction with a disqualified person on with a disqualified person with mit and the 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 980 or 990-E27 // Yes," complete Schedule L, Part /       25a       X         26       Did the organization action has not been reported on any of the organization's prior Forms 980 or 990-E27 // Yes," complete Schedule L, Part /       25b       X         27       Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, substantial contributor or employee thereof, a grant selection committee momber, or to a 35% controlled entity or family member of any of these persons? // *Yes," complete Schedule L, Part I/       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV)       28a       X         29       Did the organization receive contributors of art, historial transaction or paylese to emplete Schedule L, Part IV       28b       X         29       Did the organization receive contributors of art, historial transaction contributors? // *Yes," complete Schedule L, Part IV       28a       X         29       Did the o	b				
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? // "Yes," complete Schedule L, Part I     25a     X       b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 900 or 990-E27 // "Yes," complete Schedule L, Part I     25b     X       26 Did the organization perport any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes," complete Schedule L, Part II     26c     X       27 Did the organization provide a grant or other assistance to an officer, director, trustee, is complete Schedule L, Part II     27     X       28 Was the organization applicable filing thresholds, conditions, and exceptions):     a Current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV     28a     X       29 Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule L, Part IV     28b     X       29 Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule L, Part IV     28b     X       29 Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete					
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? If "Yes," complete Schedule L, Part I       25a         b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I       25a       X         27 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II       26       X         27 Did the organization approximation approxement or endoting the section committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III       26       X         28 Was the organization aparty to a business transaction with or of the following parties (see Schedule L, Part IV instructions for applicable) fing thresholds, conditions, and exceptions;       a Acurent or former officer, director, trustee, or key employee (I "Yes," complete Schedule L, Part IV       28a       X         29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV       28a       X         29 Did the organization receive contributions of art, historical treasures, or orther similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV <t< td=""><td></td><td></td><td>24c</td><td></td><td></td></t<>			24c		
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I     25a     X       b Is the organization aware that it engaged in an excess benefit transaction with a disqualified persons in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I     25b     X       26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any ourrent or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II     26     X       27 Did the organization provide a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III     27     X       28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):     a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV     28a     X       29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV     28a     X       30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M     30a     X       31 Did the organization sele, change, dispose of, or transfer more than 25% of this net assets?/I "Yes," complete Schedule M, Part I     34     X       32 Did the organization sell, exchange, dispose of, or transfer more than 25% co	d		24d		
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I     25a     X       b Is the organization aware that it engaged in an excess benefit transaction with a disqualified persons in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I     25b     X       26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any ourrent or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II     26     X       27 Did the organization provide a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III     27     X       28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):     a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV     28a     X       29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV     28a     X       30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M     30a     X       31 Did the organization sele, change, dispose of, or transfer more than 25% of this net assets?/I "Yes," complete Schedule M, Part I     34     X       32 Did the organization sell, exchange, dispose of, or transfer more than 25% co					
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? // "Yes," complete       25b       X         26       Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes," complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? // "Yes," complete Schedule L, Part III       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicabel filing thresholds, conditions, and exceptions):       28a       X         29       Did the organization receive mort former officer, director, trustee, or key employee (r) "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive mort humon officer, director, trustee, or key employee (r) a family member thereof) was an officer, director, trustee, or key employee (r) a family member thereof) was an officer, director, trustee, or experiments of an or dissolve and cease operations?       29       X         20       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // "Yes," complete Schedule N, Part I       30			25a		X
Schedule L, Part I       25b       X         26       Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV       26       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions);       a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or leves contributions? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization sell, exchange, dispose of, or transfer more than 255% of its net assets, or qualified conservation contributions? If "Yes," complete Schedule R, Part I       3a       X         30       Did the organization neal, exchange, dispose of, or transfer more	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
26       Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV       26       X         28       Was the organization provide a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV       28a       X         28       Was the organization entity of four, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28b       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV       28b       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         31       X       Did the organization inguidate, terminate, or disolve and cease operations?       11       X         32       Did the organization neelve more than \$25,000 in non-cash contributions?       11       X       28       X         33       Did the organization solute,		that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II       26       X         27       Did the organization provide a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):       a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV       28c       X         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I       30       X         31       Did the organization eligible Schedule N, Part I       31       X         32       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iine 1       33       X         33       Did the organization related or any taxexempt or taxable entity? If "Yes," complete Schedule R, Part I, IIII, or IV, and Part V, Iine 1       35		Schedule L, Part I	25b		Х
complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):       28       X       28       X         29       A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV       28b       X         29       Did the organization receive oner than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M       30       X         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II       33       X         32       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I, III, or IV, and Part V, line 1       34       X         33       Did the organization neleive wemptowe? If '	26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
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contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):       28a       X         29       A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive more fileer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? II "Yes," complete Schedule M       30       X         31       Did the organization lequidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization nelated to any tax-exempt or taxable entity? If "Yes," co		complete Schedule L, Part II	26	X	
of any of these persons? If "Yes," complete Schedule L, Part III       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): <ul> <li>A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV</li> <li>Z8</li> <li>A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV</li> <li>Z8</li> <li>Z8</li> <li>Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M</li> <li>Z9</li> <li>X</li> </ul> <ul> <li>Z8</li> <li>Z9</li> <li>Did the organization liquidate, terminate, or dissolve and cease operations?</li> <li>If "Yes," complete Schedule N, Part I</li> <li>Z0</li> <li>Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.37 If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1</li> <li>Z4</li> <li>X3</li> </ul> <ul> <li>Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1</li> <li>Z5</li> <li>Section 501(c)(3) organizations. Did the organization make any transfers to an exampt non-charitable related organization?</li> <li>Yes," complete Schedule R, Part V, line 2</li> <li>Section 501(c)(3) organizations. Did the organization make any transfers to an exampt non-charitable related organization?</li> <li>Yes," complete Schedule R, Pa</li></ul>	27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
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<ul> <li>sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i></li> <li>33 X</li> <li>34 Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and</i></li> <li>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>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)?</li> <li>b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i></li> <li>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i></li> <li>37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i></li> <li>37 X</li> <li>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</li> </ul>	22		32		
<ul> <li>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</li> <li>Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>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)?</li> <li><b>35a</b> X</li> <li><b>35a</b> 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</li> <li><b>36</b> X</li> <li><b>37</b> 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</li> <li><b>37</b> X</li> <li><b>36</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</li> </ul>	33		20		x
Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35b       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       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       37       X	24		33		
<ul> <li>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>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</li> <li>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</li> <li>36 X</li> <li>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</li> <li>37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</li> </ul>	54		24	x	
<ul> <li>b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i></li> <li>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i></li> <li>36 X</li> <li>37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part V!</i></li> <li>37 X</li> <li>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</li> </ul>	35a		t		x
<ul> <li>within the meaning of section 512(b)(13)? /f "Yes," complete Schedule R, Part V, line 2</li> <li>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</li> <li>36 X</li> <li>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</li> <li>37 X</li> <li>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</li> </ul>			000		
<ul> <li>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> <ul> <li>36 X</li> <li>37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> </li> <li>37 X</li> </ul> </li> <li>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</li> </ul>	5		35h	ļ	
If "Yes," complete Schedule R, Part V, line 2       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       37       X	36				
<ul> <li>37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i></li> <li>37 X</li> <li>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</li> </ul>			36		Х
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?       37       X	37				
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			37		Х
	38				
			38	x	

	SAN FRANCISCO LESBIAN GAY BISEXUAL			
Form	n 990 (2016) TRANSGENDER COMMUNITY CENTER 94-323	<u>6718</u>	<u>З</u> ғ	Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	. <u></u>	
			Yes	No
1a		3		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	. <u>1c</u>	X	
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	7	2016) 1	
b			X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<ul> <li>duart, termina</li> </ul>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. <u>3a</u>	<u> </u>	X
b	If "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule O	. <u>3b</u>	<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			1
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. <u>4a</u>	i an that are	X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	. <u>5b</u>		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>	<u> </u>	ļ
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?	<u>6a</u>		X
°∛ b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
1.12	were not tax deductible?	<u>6b</u>	<u> </u>	
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		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	·
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	' 7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-talitation, Line Picture		
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			í de ester
а	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>	ļ	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<u>9b</u>	L	X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
·	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			9.2
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?			<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form <b>990</b> (2016)	
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Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O			or a "No" i	respon	se
		. 000				X
~~~	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u></u>			
Sec	tion A. Governing Body and Management				Yes	No
4-	Easter the providence of the providence of the providence had use the and of the tax wear	1a	1	11	165	
าล	Enter the number of voting members of the governing body at the end of the tax year					
<b>b</b>	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1b		10		
а 0	Enter the number of voting members included in line 1a, above, who are independent		· · · · · · · · · · · · · · · · · · ·			
2		p with	any other	2		X
3	Did the organization delegate control over management duties customarily performed by or under th	e dire	et supervision	····		
3	of officers, directors, or trustees, or key employees to a management company or other person?			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9					X
- 5	Did the organization become aware during the year of a significant diversion of the organization's as			····		X
6	Did the organization become aware daming the year of a significant diversion of the organization of a significant diversion of the organization back members or stockholders?					X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			····		
74	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			····   ···		
	persons other than the governing body?			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napter	s, affiliates,			۱.
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befc	re filing the form	? <b>11a</b>	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by ir	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	<i>.</i>		<u>15a</u>	X	
b	Other officers or key employees of the organization			<u>15</u> b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent v	vith a			
	taxable entity during the year?			<u>16a</u>		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n's			2.44
	exempt status with respect to such arrangements?	<u></u>		16b		
	tion C. Disclosure					······
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ CA	(0)			1	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	ion 501 (c)(3)s on	iiy) availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					 
	X Own website Another's website X Upon request X Other (explain					÷.
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	nflict c	t interest policy,	and finan	cial	
00	statements available to the public during the tax year.	- I <i>k</i> -	al			1997 1997
20	State the name, address, and telephone number of the person who possesses the organization's boot REBECCA ROLFE – $(415)$ 865–5555	oks ar	ia records: 🏲			

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Form 990 (2016)	TRANSGENDER	COMMUNITY	CENTER	94-3
Part VII Compensation	of Officers, Direc	tors, Trustees,	Key Employees,	Highest Compensated
Employees, an	nd Independent Co	ntractors		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Т

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

(A)	(B)			(	C)			(D)	(E)	(F)
Name and Title	Average	   (dc	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	60	, unle icer ar	ss pe	erson	is bot	th an	compensation	compensation	amount of
	week	<u> </u>					1	from	from related	other
	(list any hours for	lirecto			l			the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or t	stee			Isated	1	(W-2/1099-MISC)	(11-271033-11100)	organization
	organizations	truste	al tru:		yee	Iaduu		(		and related
	below	Individual trustee or director	Institutional trustee	E I	Key employee	est co	Jer			organizations
	line)	Indiv	Instil	Officer	Key (	Highest compensated employee	Former			
(1) RAFAEL MANDELMAN	3.00									
CHAIR	0.00	X		Х				0.	0.	0.
(2) JOHN BURTON	2.00									. ,
BOARD MEMBER	0.00	X		X				0.	0.	0.
(3) TERRY MICHEAU	3.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(4) BETH EDWARDS	2.00									
SECRETARY/ VICE CHAIR	0.00	X		Х				0.	0.	0.
(5) MIKA ALBRIGHT	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(6) EVAN COVINGTON	2.00									
BOARD MEMBER	0.00	Х		_				0.	0.	0.
(7) SALLY JESMONTH	2.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(8) JIM BROWN	2.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(9) ARIEL KOREN	2.00									
BOARD MEMBER		X						0.	0.	0.
(10) NICHOLAS GONZALEZ	2.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(11) JONATHAN MILLARD	2.00									
TREASURER	0.00	Х	L	X				0.	0.	0.
(12) ALLISON SPARKS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(13) REBECCA ROLFE	40.00									
EXECUTIVE DIRECTOR/ PRESID	0.00			Х				150,000.	0.	8,822.
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# SAN FRANCISCO LESBIAN GAY BISEXUAL TRANSGENDER COMMUNITY CENTER

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Form 990 (2016) TRANSGE	NDER COM	MUN	IT	Y (	CEN	TE:	R	94-3	<u>236718</u>	Page 8	
Part VII Section A. Officers, Directors, T	ustees, Key Em	ploye	es,	and	High	est C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	(do r box,	(C) Position do not check more than one ox, unless person is both an officer and a director/trustee)			n one oth an	<b>(D)</b> Reportable	<b>(E)</b> Reportable compensatic from related	on an	(F) stimated nount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer Karamolovaa	Highest compensated	empoyee Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s com SC) fr org an	pensation rom the Janization d related anizations	
					_						
······											
			+		+-	+		-			
			-+		+					·	
			-+		+					<u></u>	
1b Sub-total							150,000.		0.	8,822.	
c Total from continuation sheets to Part	VII, Section A	•••••					0.		0.	0.	
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but</li> </ul>						ho re	150,000. eceived more than \$100	,000 of reportabl		8,822.	
compensation from the organization				·						1	
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J fo			•	•	•		highest compensated e			Yes No X	
4 For any individual listed on line 1a, is the and related organizations greater than \$1	sum of reportab	le con	nper	nsatio	on an	d otł	ner compensation from t		4	x	
5 Did any person listed on line 1a receive c rendered to the organization? <i>If</i> "Yes," co						relati	ed organization or indivi	dual for services	5	X	
Section B. Independent Contractors											
1 Complete this table for your five highest the organization. Report compensation for											
(A) Name and busine	ss address	NO	NE		<u></u>		(B) Description of s	ervices	(C Comper		
						_					
·	 					_					
									<u> </u>		
2 Total number of independent contractors	(including but n	ot lim	ited	to th	-	sted	above) who received m	ore than			
\$100,000 of compensation from the orga	nization 🕨			· · · ·	0		· · · · · · · · · · · · · · · · · · ·		Form	<b>990</b> (2016)	
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			(2016) TRANS		94-3236	718 Page 9			
Pa	rt	VII	Statement of Revei	nue					
			Check if Schedule O cont	ains a response	or note to any lir	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	( <b>C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		d e	Membership dues Fundraising events Related organizations	ions) 1c 1d	210,770. ,199,347.				
Contribut and Othe		similar amounts not included above 1f g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f			985,470.	2,395,587.			
	2		RENTAL INCOME		Business Code 532000	396,268.			
Program Service Revenue		b c	PROGRAM REVENUE		900099	117,697.	117,697.		
Progra Re		a e f	All other program service reve	nue					
		g	Total. Add lines 2a-2f			513,965.			
¢	9		Investment income (including other similar amounts)	dividends, inter	est, and	137.			137.
	4		Income from investment of tax Royalties	······	<b>&gt;</b>				
	6	b c	Gross rents Less: rental expenses Rental income or (loss)	<u>(i)</u> Real	(ii) Personal				
	7	a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(ii) Other				
e	8	d	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising	i events (not	▶ 				
Other Revenu			including \$ 210, 7 contributions reported on line Part IV, line 18 Less: direct expenses	1c). See a	<u>81,677.</u> 73,289.				
0	9	c a	Net income or (loss) from fund Gross income from gaming ac Part IV, line 19	raising events tivities. See a	►	8,388.			8,388.
	10	b       Less: direct expenses       b         c       Net income or (loss) from gaming activities          0 a       Gross sales of inventory, less returns and allowances       a			▶				
		с	Net income or (loss) from sales Miscellaneous Revenue	)	► Business Code				
	11	b	STOCK MARKET GA	IN	623000	4,037.			4,037.
		c d	All other revenue						
		e	Total. Add lines 11a-11d		▶	4,037.			
	12		Total revenue. See instructions.		🕨	2,922,114.	513,965.	0.	12,562.

# SAN FRANCISCO LESBIAN GAY BISEXUAL Form 990 (2016) TRANSGENDER COMMUNITY CENTER Part IX Statement of Functional Expenses

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Pa	Part IX Statement of Functional Expenses									
Sec	ion 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. All ot	her organizations must o	complete column (A).	······					
	Check if Schedule O contains a respo									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	272,482.	272,482.							
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16	·								
4	Benefits paid to or for members	·		New Sec.						
5	Compensation of current officers, directors,	1 - 0 0 0 0		21 764	47 647					
_	trustees, and key employees	158,822.	79,411.	31,764.	47,647.					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,281,091.	976,636.	115,089.	189,366.					
7	Other salaries and wages	1,201,001.	570,050.	115,005.	105,500.					
8	Pension plan accruals and contributions (include	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·					
5	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits	110,039.	92,330.	6,391.	11,318.					
10	Payroll taxes	118,800.	88,554.	10,159.	20,087.					
11	Fees for services (non-employees):	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					
а	Management									
b	Legal									
С	Accounting	18,521.		18,521.						
d	Lobbying	00 01 5								
e	Professional fundraising services. See Part IV, line 17	28,315.			28,315.					
f	Investment management fees		· · · · · · · · · · · · · · · · · · ·							
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	73 937	70 316	61.	3 560					
12	Advertising and promotion	73,937. 6,263.	70,316. 5,763.	01.	<u>3,560.</u> 500.					
13	Office expenses	0,2001								
14	Information technology		······································		· · · · · · · · · · · · · · · · · · ·					
15	Royalties		······································	· · · · · · · · · · · · · · · · · · ·						
16	Occupancy	163,963.	163,963.		······································					
17	Travel	8,481.	7,410.	15.	1,056.					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials				:					
19	Conferences, conventions, and meetings	2,501.	2,317.	129.	55.					
20	Interest	180,343.	180,270.	73.						
21	Payments to affiliates	423,921.	420,912.	1,041.	1,968.					
22	Depreciation, depletion, and amortization	27,045.	22,237.	1,663.	3,145.					
23 24	Insurance Other expenses. Itemize expenses not covered	27,043+		<u>+,00</u> 5.	5,135					
<b>⊷</b> -T	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 0.)									
а	OTHER PROGRAM EXPENSES	315,482.	315,445.		37.					
b	GENERAL AND ADMINISTRAT	90,672.	56,177.	15,390.	19,105.					
c	OTHER FUNDRAISING EXPEN	53,501.			53,501.					
d	EQUIPMENT	35,482.	29,568.	1,680.	4,234.					
e	All other expenses	5,187.	4,285.	134.	768.					
25	Total functional expenses. Add lines 1 through 24e	3,374,848.	2,788,076.	202,110.	384,662.					
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)									

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Form 990 (2016)
Part X Balance Sheet TRANSGENDER COMMUNITY CENTER

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

				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	~~~~~	6,387,054.	1	1,208,600.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		508,839.		158,002.
	4	Accounts receivable, net		19,376.		69,111.
	5	Loans and other receivables from current and former officers, directors				
		trustees, key employees, and highest compensated employees. Comp	ete		-	
		Part II of Schedule L Loans and other receivables from other disqualified persons (as define	dar		5	
	6	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and con				
		employers and sponsoring organizations of section 501(c)(9) voluntary	mouning			
(0		employees' beneficiary organizations (see instr). Complete Part II of Sc	h I	langan balan karan baran baran baran	6	ne standar se
Assets	7	Notes and loans receivable, net		400,000.	7	333,250.
As	8	Inventories for sale or use			8	555,250.
	9	Prepaid expenses and deferred charges		10,979.	9	12,905.
	10a					
	IVa	basis. Complete Part VI of Schedule D 10a19,939	554			
	b			10,157,667.	10c	14,079,826.
	11	Investments - publicly traded securities		10,137,007.	11	14,019,020.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		57,517.	15	57,517.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		17,541,432.	16	15,919,211.
	17	Accounts payable and accrued expenses		1,113,171.	17	254,372.
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities	· · · · · · · · · · · · · · · · · · ·	20		
	21				21	
ŝ	22	Loans and other payables to current and former officers, directors, trus				
itie		key employees, highest compensated employees, and disqualified pers				
Liabilities		Complete Part II of Schedule L		5,000.	22	159,322.
	23	Secured mortgages and notes payable to unrelated third parties		9,913,107.	23	9,949,809.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part	X of			
		Schedule D		574,765.	25	72,098.
	26	Total liabilities. Add lines 17 through 25		11,606,043.	26	10,435,601.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 📃	and			
es		complete lines 27 through 29, and lines 33 and 34.				
anc	27	Unrestricted net assets			27	
Bali	28	Temporarily restricted net assets			28	
Įpu	29	Permanently restricted net assets			29	
Fu		Organizations that do not follow SFAS 117 (ASC 958), check here	►LXI			
° or		and complete lines 30 through 34.			· 그러는 그성적을 24년	
sets	30	Capital stock or trust principal, or current funds		0.	30	0.
As	31	Paid-in or capital surplus, or land, building, or equipment fund		0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	· · · · · · · ·	0.	32	0.
-	33	Total net assets or fund balances		5,935,389.	33	5,483,610.
	34	Total liabilities and net assets/fund balances		17,541,432.	34	<u>15,919,211.</u> Form <b>990</b> (2016)

SAN	FRANCISC	co	LESBIAN	GAY	BISEXUAL
TRAN	ISGENDER	C	OMMUNITY	CENT	<b>FER</b>

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Forn	1990 (2016) TRANSGENDER COMMUNITY CENTER	94-	3236718	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,114.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,848.
3	Revenue less expenses. Subtract line 2 from line 1	3		,734.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,935	,389.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6	· · · · · · · · · · · · · · · · · · ·	
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		955.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	<u>column (B))</u>	10	5,483	,610.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		
				res No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a	N.	
	separate basis, consolidated basis, or both:		1.00	
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	2007 (1) 40 (2) 2007 (2) 40 (2)	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u>x</u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Aud	dit	
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired aud	lit	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	

<b>(For</b>	<b>m 99</b>	OULE A O or 990-EZ) f the Treasury rue Service		omplete if	the organ 49	nization is a 47(a)(1) non Attach to Fo	section 50 exempt ch rm 990 or	1(c)(3) org aritable tr Form 990	ganization ust. -EZ.	upport or a section	orm990.	OMB No. 1545-0047 <b>2016</b> Open to Public Inspection
Nam	e of t	he organizat				LESBIA			UAL			r identification number
1						MMUNIT						94-3236718
Pa										ee instruction	s	
The c	organ	ization is not a	a private foun	dation beca	use it is:	(For lines 1 tl	nrough 12,	check only	one box.)	)		
1		A church, co	nvention of cl	nurches, or	associati	on of church	es describe	ed in section	on 170(b)(	1)(A)(i).		
2			cribed in sec		• • • • • •							
3		•	a cooperative	•								
4				zation opera	ated in co	njunction wit	th a hospita	al describe	d in sectio	on 170(b)(1)(A	(III). Enter	r the hospital's name,
_		city, and stat			<u> </u>							
5	J		on operated i (b)(1)(A)(iv). (i			bliege of univ	ersity owne	d or opera	lieu by a g	jovernmental	unit descri	
6	<b></b> ]		ite, or local go			nentel unit d	escribed in	section 1	70/h)(1)(A)	Wv)		
	X	-			-						the genera	l public described in
		-	b)(1)(A)(vi). (C			indu pure or		nom a got			ano genera	
8		-	trust describ			(1)(A)(vi). (Co	molete Pa	t II.)				
9							•	-	ed in coni	unction with a	land-grant	t college
		-		•						y, and state o	-	-
		university:										
10		An organizati	on that norma	ally receives	s: (1) more	e than 33 1/3	% of its su	oport from	contributi	ions, member	ship fees, a	and gross receipts from
		activities rela	ted to its exer	npt functio	ns - subje	ct to certain	exceptions	, and (2) n	o more tha	an 33 1/3% of	its suppor	t from gross investment
		income and u	inrelated busi	ness taxab	le income	(less sectior	n 511 tax) fi	rom busine	esses acqu	uired by the o	rganizatior	after June 30, 1975.
. r		See section	<b>509(a)(2).</b> (Co	mplete Par	t III.)							
11	<u> </u>	An organizati	on organized	and operat	ed exclus	ively to test f	or public s	afety. See	section 5	09(a)(4).		
12 l		An organizati	on organized	and operat	ed exclus	ively for the l	penefit of, t	o perform	the function	ons of, or to c	arry out th	e purposes of one or
		more publicly	supported of	rganizations	s describe	ed in section	509(a)(1) c	or section	509(a)(2).	See section	509(a)(3). (	Check the box in
	<b></b>	7	-						•	s 12e, 12f, an	-	
а	L			•		•		• •	•	ganization(s),		
			-					a majority	of the dire	ctors or truste	ees of the s	supporting
	<u> </u>	י – ר	n. You must o	-								
b	<b>k</b>			· · · ·					• •	ed organizatio		-
			-					same perso	ons that co	ontrol or mana	age the sup	pported
с	[	1 -	n(s). <b>You mu</b> s Actionally inte	•				in connec	tion with	and functiona	lly integrat	od with
v			ed organizatio				•			_	ary integrat	
ď		1 · · ·	-	• • •			-	-		with its suppo	rted organ	ization(s)
						• •				quirement an	•	.,
			t (see instruct	-		. –	-	•		•		
е		, ·	•			•				a Type I, Type	II, Type III	
		functionally	integrated, o	r Type III no	on-functio	nally integrat	ed support	ing organi	zation.	· · · · · · · · · · · · · · · · · · ·		
f	Ente	r the number	of supported	organizatio	ns	•••••						
	Prov	ide the followi	ng informatio	n about the	supporte	d organizatio	on(s)					
	(0)	Name of suppo organization		(ii) E	IN	(iii) Type of o (described o			inization listed ing document?	(v) Amount of support (see in	-	(vi) Amount of other support (see instructions)
		organization				above (see in		Yes	No	support (see if		
					i				ļ			
·												
								1				
										[		
					·		<u> </u>	· · · ·				
	<u>.</u>											
Total							100					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

#### SAN FRANCISCO LESBIAN GAY BISEXUAL Schedule A (Form 990 or 990-EZ) 2016 TRANSGENDER COMMUNITY CENTER

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 opportional of the opportunities for Part II

fails to qualify under the tests listed below, please complete Part III.)

	ort		T			
Calendar year (or fiscal year begin	inning in) 🕨 <u>(a) 2012</u>	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions	s, and					
membership fees received	d. (Do not					
include any "unusual gran	nts.") <u>1,484,4</u>	144, 1,864,773,	2,200,020.	3,634,237,	2,477,264.	11,660,738.
2 Tax revenues levied for the	e organ-					
ization's benefit and either	r paid to					
or expended on its behalf						
3 The value of services or fa	acilities			-		
furnished by a governmen	ntal unit to					
the organization without c	harge					
4 Total. Add lines 1 through	n 3 1,484,4	44. 1,864,773.	2,200,020.	3,634,237.	2,477,264.	11,660,738.
5 The portion of total contrib	outions					
by each person (other that	ina 👘					
governmental unit or publi	icly					
supported organization) in	ncluded					
on line 1 that exceeds 2%	of the					
amount shown on line 11,						
column (f)						138,142.
6 Public support. Subtract line	a 5 from line 4.					11.522.596.
Section B. Total Suppor	rt					
Calendar year (or fiscal year begin	nning in) 🕨 (a) 2012	<b>(b)</b> 201 <u>3</u>	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	1,484,4	44. 1,864,773,	2,200,020.	3,634,237,	2,477,264.	11,660,738,
8 Gross income from interes						
dividends, payments recei	ived on					
securities loans, rents, roy	alties					
and income from similar so		7. 688.	26.	5.	3.	749.
9 Net income from unrelated						
activities, whether or not the	he					
business is regularly carrie						
10 Other income. Do not inclu						
or loss from the sale of cap	-					
UT IUSS ITUHT LITE SAIR OF CAL			1,504.		4,171.	0 001
		1. 4,005.	· J U 4 •		₩ , ⊥ / ⊥ •!	9,981.
assets (Explain in Part VI.)	30	1. 4,005.	, <u>JU4</u> .		<u> </u>	<u>9,981.</u>
assets (Explain in Part VI.) 11 Total support. Add lines 7 t	through 10					11,671,468.
<ul><li>assets (Explain in Part VI.)</li><li>11 Total support. Add lines 7 t</li><li>12 Gross receipts from related</li></ul>	through 10 d activities, etc. (see instr	ructions)			<u>12</u> 2	
<ul><li>assets (Explain in Part VI.)</li><li>11 Total support. Add lines 7 t</li><li>12 Gross receipts from related</li></ul>	through 10 d activities, etc. (see instr m 990 is for the organizat	uctions) ion's first, second, third	d, fourth, or fifth tax	vyear as a section	12 2 1 501(c)(3)	11,671,468.
<ul> <li>assets (Explain in Part VI.)</li> <li>11 Total support. Add lines 7 t</li> <li>12 Gross receipts from related</li> <li>13 First five years. If the Forr</li> </ul>	through 10 d activities, etc. (see instr m 990 is for the organizat ox and <b>stop here</b>	uctions) ion's first, second, third	d, fourth, or fifth tax	vyear as a section	12 2 1 501(c)(3)	11,671,468.
<ul> <li>assets (Explain in Part VI.)</li> <li>11 Total support. Add lines 7 t</li> <li>12 Gross receipts from related</li> <li>13 First five years. If the Forror organization, check this become support of the second se</li></ul>	through 10 d activities, etc. (see instr m 990 is for the organizat ox and stop here n of Public Support	uctions) ion's first, second, third Percentage	d, fourth, or fifth tax	vyear as a section	12 2 1 501(c)(3)	11,671,468.
<ul> <li>assets (Explain in Part VI.)</li> <li>11 Total support. Add lines 7 t</li> <li>12 Gross receipts from related</li> <li>13 First five years. If the Forror</li> <li>organization, check this boost</li> <li>Section C. Computation</li> <li>14 Public support percentage</li> </ul>	through 10 d activities, etc. (see instr m 990 is for the organizat ox and stop here n of Public Support e for 2016 (line 6, column	uctions) ion's first, second, third <b>Percentage</b> (f) divided by line 11, c	d, fourth, or fifth tax	< year as a section	12 2 n 501(c)(3)	<u>11,671,468.</u> ,081,378. ▶□
<ul> <li>assets (Explain in Part VI.)</li> <li>11 Total support. Add lines 7 t</li> <li>12 Gross receipts from related</li> <li>13 First five years. If the Forrorganization, check this boost</li> <li>Section C. Computation</li> <li>14 Public support percentage</li> <li>15 Public support percentage</li> </ul>	through 10 d activities, etc. (see instr m 990 is for the organizat ox and stop here n of Public Support e for 2016 (line 6, column e from 2015 Schedule A, I	ructions) ion's first, second, third Percentage (f) divided by line 11, c Part II, line 14	d, fourth, or fifth tax	x year as a section	12 2 1501(c)(3) 14 15	11,671,468. ,081,378. ▶□ 98.72 % 99.89 %
<ul> <li>assets (Explain in Part VI.)</li> <li>11 Total support. Add lines 7 t</li> <li>12 Gross receipts from related</li> <li>13 First five years. If the Forrorganization, check this boost</li> <li>Section C. Computation</li> <li>14 Public support percentage</li> <li>15 Public support percentage</li> <li>16a 33 1/3% support test - 20</li> </ul>	through 10 d activities, etc. (see instr m 990 is for the organizat ox and stop here n of Public Support e for 2016 (line 6, column e from 2015 Schedule A, I 016. If the organization di	uctions) ion's first, second, third <b>Percentage</b> (f) divided by line 11, c Part II, line 14 d not check the box or	d, fourth, or fifth tax column (f))	<ul> <li>year as a section</li> <li>4 is 33 1/3% or m</li> </ul>	12         2           1501(c)(3)         14           15         15           pore, check this bo         15	11,671,468. ,081,378. 
<ul> <li>assets (Explain in Part VI.)</li> <li>11 Total support. Add lines 7 t</li> <li>12 Gross receipts from related</li> <li>13 First five years. If the Forrorganization, check this boost</li> <li>Section C. Computation</li> <li>14 Public support percentage</li> <li>15 Public support percentage</li> </ul>	30 through 10 d activities, etc. (see instr m 990 is for the organizat ox and stop here of Public Support of Public Support e for 2016 (line 6, column e from 2015 Schedule A, R 016. If the organization di on qualifies as a publicly s	uctions) ion's first, second, third <b>Percentage</b> (f) divided by line 11, c Part II, line 14 d not check the box or supported organization	d, fourth, or fifth tax column (f))	x year as a section 4 is 33 1/3% or m	12         2           15         14           15         15	11,671,468. ,081,378. ▶□ 98.72 % 99.89 % x and ▶ X
<ul> <li>assets (Explain in Part VI.)</li> <li>11 Total support. Add lines 7 t</li> <li>12 Gross receipts from related</li> <li>13 First five years. If the Forrorganization, check this boost for the four organization of the four of the four organization of the four organization of the four of the four organization of the four of the four organization of the four of the</li></ul>	30 through 10 d activities, etc. (see instr m 990 is for the organizat ox and stop here of Public Support of Public Support e for 2016 (line 6, column e from 2015 Schedule A, I 016. If the organization di on qualifies as a publicly s 015. If the organization di	uctions) ion's first, second, third <b>Percentage</b> (f) divided by line 11, c Part II, line 14 d not check the box or supported organization d not check a box on li	d, fourth, or fifth tax column (f)) n line 13, and line 14 ine 13 or 16a, and l	<ul> <li>4 is 33 1/3% or m</li> <li>ine 15 is 33 1/3%</li> </ul>	12         2           1501(c)(3)         14           15	11,671,468. ,081,378. 
<ul> <li>assets (Explain in Part VI.)</li> <li>11 Total support. Add lines 7 t</li> <li>12 Gross receipts from related</li> <li>13 First five years. If the Forrorganization, check this boost for the four organization of t</li></ul>	30 through 10 d activities, etc. (see instr m 990 is for the organizat ox and stop here n of Public Support e for 2016 (line 6, column e from 2015 Schedule A, I 016. If the organization di on qualifies as a publicly s 015. If the organization di ization qualifies as a publi	uctions) ion's first, second, third Percentage (f) divided by line 11, c Part II, line 14 d not check the box or supported organization d not check a box on li icly supported organizat	d, fourth, or fifth tax column (f)) n line 13, and line 14 ine 13 or 16a, and l ation	<ul> <li>4 is 33 1/3% or m</li> <li>ine 15 is 33 1/3%</li> </ul>	12         2           1501(c)(3)         14           15	11,671,468. ,081,378. 
<ul> <li>assets (Explain in Part VI.)</li> <li>11 Total support. Add lines 7 t</li> <li>12 Gross receipts from related</li> <li>13 First five years. If the Forrorganization, check this boost</li> <li>Section C. Computation</li> <li>14 Public support percentage</li> <li>15 Public support percentage</li> <li>16a 33 1/3% support test - 20 stop here. The organization</li> <li>b 33 1/3% support test - 20 and stop here. The organization</li> </ul>	30 through 10 d activities, etc. (see instr m 990 is for the organizat ox and stop here n of Public Support e for 2016 (line 6, column e from 2015 Schedule A, I 016. If the organization di on qualifies as a publicly s 015. If the organization di ization qualifies as a publi tances test - 2016. If the	ructions) ion's first, second, third Percentage (f) divided by line 11, c Part II, line 14 d not check the box or supported organization d not check a box on li icly supported organiza e organization did not c	d, fourth, or fifth tax column (f)) n line 13, and line 14 ine 13 or 16a, and l ation	<ul> <li>4 is 33 1/3% or m</li> <li>ine 15 is 33 1/3%</li> <li>13, 16a, or 16b, a</li> </ul>	12         2           1501(c)(3)         14           15	11,671,468. ,081,378. 
<ul> <li>assets (Explain in Part VI.)</li> <li>11 Total support. Add lines 7 t</li> <li>12 Gross receipts from related</li> <li>13 First five years. If the Forroriganization, check this both section C. Computation</li> <li>14 Public support percentage</li> <li>15 Public support percentage</li> <li>16a 33 1/3% support test - 20 stop here. The organization</li> <li>b 33 1/3% support test - 20 and stop here. The organization</li> <li>17a 10% -facts-and-circumst</li> </ul>	30 through 10 d activities, etc. (see instr m 990 is for the organizat ox and stop here n of Public Support e for 2016 (line 6, column e from 2015 Schedule A, I 016. If the organization di on qualifies as a publicly s 015. If the organization di ization qualifies as a publi tances test - 2016. If the ets the "facts-and-circums	uctions) ion's first, second, third Percentage (f) divided by line 11, c Part II, line 14 d not check the box or supported organization d not check a box on li icly supported organiza e organization did not c stances" test, check th	d, fourth, or fifth tax column (f)) n line 13, and line 14 ine 13 or 16a, and l ation check a box on line nis box and <b>stop he</b>	<ul> <li>k year as a section</li> <li>4 is 33 1/3% or m</li> <li>ine 15 is 33 1/3%</li> <li>13, 16a, or 16b, a</li> <li>are. Explain in Par</li> </ul>	12     2       15     14       15     15       ore, check this bo       or more, check this       or more, check this       the organ	11,671,468. ,081,378. 
<ul> <li>assets (Explain in Part VI.)</li> <li>11 Total support. Add lines 7 t</li> <li>12 Gross receipts from related</li> <li>13 First five years. If the Forroriganization, check this boost</li> <li>Section C. Computation</li> <li>14 Public support percentage</li> <li>15 Public support percentage</li> <li>16a 33 1/3% support test - 20 stop here. The organization</li> <li>b 33 1/3% support test - 20 and stop here. The organization</li> <li>17a 10% -facts-and-circumsta and if the organization meeting</li> </ul>	30 through 10 d activities, etc. (see instr m 990 is for the organizat ox and stop here n of Public Support e for 2016 (line 6, column e from 2015 Schedule A, I 016. If the organization di on qualifies as a publicly s 015. If the organization di ization qualifies as a publi tances test - 2016. If the ets the "facts-and-circums imstances" test. The organization gainstances	Tuctions) ion's first, second, third Percentage (f) divided by line 11, c Part II, line 14 d not check the box or supported organization d not check a box on li icly supported organization d not check a box on li icly supported organization d organization did not c stances" test, check th inization qualifies as a p	d, fourth, or fifth tax column (f)) n line 13, and line 14 ine 13 or 16a, and l ation check a box on line nis box and <b>stop he</b> publicly supported	<ul> <li>k year as a section</li> <li>4 is 33 1/3% or m</li> <li>ine 15 is 33 1/3%</li> <li>13, 16a, or 16b, a</li> <li>ire. Explain in Par</li> <li>organization</li> </ul>	12     2       15     2       14     2       15     3       ore, check this bo     3       or more, check this bo     3       or more, check this bo     3       t VI how the organ     3	11,671,468. ,081,378. 
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<ul> <li>assets (Explain in Part VI.)</li> <li>11 Total support. Add lines 7 t</li> <li>12 Gross receipts from related</li> <li>13 First five years. If the Forroriganization, check this boost</li> <li>Section C. Computation</li> <li>14 Public support percentage</li> <li>15 Public support percentage</li> <li>16a 33 1/3% support test - 20 stop here. The organization</li> <li>b 33 1/3% support test - 20 and stop here. The organization</li> <li>17a 10% -facts-and-circumst and if the organization meets the "facts-and-circumst more, and if the organization</li> </ul>	30 through 10 d activities, etc. (see instr m 990 is for the organizat ox and stop here of Public Support e for 2016 (line 6, column e from 2015 Schedule A, R 016. If the organization di ion qualifies as a publicly s 015. If the organization di ization qualifies as a public tances test - 2016. If the ets the "facts-and-circums umstances" test. The organization di tances test - 2015. If the on meets the "facts-and-circums tances test - 2015. If the on meets the "facts-and-circums tances test - 2015. If the	ructions) ion's first, second, third <b>Percentage</b> (f) divided by line 11, c Part II, line 14 d not check the box or supported organization d not check a box on li icly supported organization d not check a box of li icly suppor	d, fourth, or fifth tax column (f)) n line 13, and line 14 ine 13 or 16a, and l ation check a box on line publicly supported check a box on line neck this box and <b>s</b> qualifies as a publicl	k year as a section 4 is 33 1/3% or m ine 15 is 33 1/3% 13, 16a, or 16b, a pre. Explain in Par organization 13, 16a, 16b, or 1 top here. Explain ly supported orga	12     2       12     2       15	11,671,468.         ,081,378.         98.72 %         99.89 %         x and         Is box         or more,         ization         10% or

94-3236718 Page 3

#### Schedule A (Form 990 or 990 EZ) 2016 TRANSGENDER COMMUNITY CENTER Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1			1		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1 1	
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,		1				
~	merchandise sold or services per-				· ·	i l	
	formed, or facilities furnished in			1			
	any activity that is related to the						
~	organization's tax-exempt purpose	·	·				
3	Gross receipts from activities that		1				
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-	ļ					
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the				-		
	amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support					<u> </u>	-
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on	ĺ				1 1	
	securities loans, rents, royalties and income from similar sources	1					
b	Unrelated business taxable income			· · · · · · · · · · · · · · · · · · ·			=
-	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с С	Add lines 10a and 10b						
	Net income from unrelated business						<u>_</u>
	activities not included in line 10b,						
	whether or not the business is	1					
12	regularly carried on Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	·					
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for				•		·
							<u></u>
<u> </u>	check this box and stop here	- Original De					
	tion C. Computation of Publi	ic Support Pe	rcentage			······	
15	tion C. Computation of Public Public support percentage for 2016 (II	ic Support Pe ine 8, column (f) d	<b>rcentage</b> ivided by line 13, c	olumn (f))		15	%
15 16	tion C. Computation of Public Public support percentage for 2016 (II Public support percentage from 2015	ic Support Pe ine 8, column (f) d Schedule A, Part	rcentage ivided by line 13, c III, line 15			······	<u>%</u>
15 16 Sec	tion C. Computation of Public Public support percentage for 2016 (ii Public support percentage from 2015 tion D. Computation of Invest	ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom	rcentage ivided by line 13, c III, line 15 e Percentage	olumn (f))	· · · · · · · · · · · · · · · · · · ·	15 16	%
15 16 Sec 17	tion C. Computation of Public Public support percentage for 2016 (li Public support percentage from 2015 tion D. Computation of Invest Investment income percentage for 20	ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom 16 (line 10c, colur	rcentage ivided by line 13, c III, line 15 e Percentage nn (f) divided by lin	olumn (f)		15 16 17	%
15 16 Sec 17 18	tion C. Computation of Public Public support percentage for 2016 (II Public support percentage from 2015 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2	ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom 16 (line 10c, colur 2015 Schedule A,	rcentage ivided by line 13, c III, line 15 e Percentage nn (f) divided by lin Part III, line 17	olumn (f)	<u>.</u>	15       16       17       18	% %
15 <u>16</u> Sec 17 18 19a	tion C. Computation of Public Public support percentage for 2016 (II Public support percentage from 2015 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2016. If the	ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom 16 (line 10c, colur 2015 Schedule A, organization did r	rcentage ivided by line 13, c III, line 15 e Percentage nn (f) divided by lin Part III, line 17 not check the box c	olumn (f)) e 13, column (f) on line 14, and line	15 is more than (	15           16           17           18           33 1/3%, and line 17	% % ' is not
15 <u>16</u> Sec 17 18 19a	tion C. Computation of Public Public support percentage for 2016 (II Public support percentage from 2015 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2	ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom 16 (line 10c, colur 2015 Schedule A, organization did r	rcentage ivided by line 13, c III, line 15 e Percentage nn (f) divided by lin Part III, line 17 not check the box c	olumn (f)) e 13, column (f) on line 14, and line	15 is more than (	15           16           17           18           33 1/3%, and line 17	% % ' is not
15 <u>16</u> Sec 17 18 19a	tion C. Computation of Public Public support percentage for 2016 (II Public support percentage from 2015 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2016. If the	ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom 16 (line 10c, colur 2015 Schedule A, organization did r nd stop here. The	rcentage ivided by line 13, c III, line 15 e Percentage nn (f) divided by lin Part III, line 17 not check the box c organization quali	olumn (f)) e 13, column (f)) on line 14, and line fies as a publicly s	15 is more than tupported organiz	15           16           17           18           33 1/3%, and line 17           ation	% % 7 is not 
15 <u>16</u> Sec 17 18 19a b	tion C. Computation of Public Public support percentage for 2016 (II Public support percentage from 2015 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2016. If the more than 33 1/3%, check this box ar	ic Support Pe ine 8, column (f) d Schedule A, Part stment Incom 16 (line 10c, colur 2015 Schedule A, organization did r nd stop here. The organization did r ck this box and st	rcentage ivided by line 13, c III, line 15 e Percentage nn (f) divided by lin Part III, line 17 not check the box of organization quali not check a box on top here. The orga	olumn (f)) te 13, column (f)) on line 14, and line fies as a publicly s line 14 or line 19a nization qualifies a	15 is more than a upported organiz , and line 16 is mo is a publicly supp	15           16           17           18           33 1/3%, and line 17           ration           ore than 33 1/3%, a           orted organization	% % ′ is not nd 

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Schedule A (Form 990 or 990-EZ) 2016

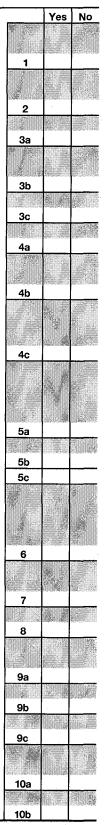
#### SAN FRANCISCO LESBIAN GAY BISEXUAL Schedule A (Form 990 or 990 EZ) 2016 TRANSGENDER COMMUNITY CENTER

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*.
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)



Schedule A (Form 990 or 990-EZ) 2016

#### Schedule A (Form 990 or 990 EZ) 2016 TRANSGENDER COMMUNITY CENTER Supporting Organizations (continued) Part IV Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a 11b b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above?/f "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported 2 organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1

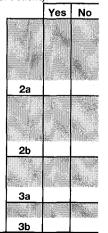
#### Section D. All Type III Supporting Organizations

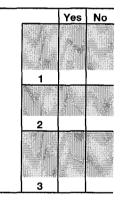
- Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 1 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? 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 (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

#### Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- The organization satisfied the Activities Test, Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- С L ____] The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) 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 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2016





#### SAN FRANCISCO LESBIAN GAY BISEXUAL Schedule A (Form 990 or 990 EZ) 2016 TRANSGENDER COMMUNITY CENTER

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Schedule A (Form 990 or 990-EZ) 2016

#### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All 1

other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			······································
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integr	ated Type III supporting org	anization (see

instructions)

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	edule A (Form 990 or 990-EZ) 2016 TRANSGENDER (	COMMUNITY CENTE		4-3236718 Page 7
	Type in their t unederlang integrated of	a(a)(s) Supporting Org	anizations (continued)	Current Year
<u>Sec</u> 1	tion D - Distributions Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exem			
2	organizations, in excess of income from activity	ipi puiposes oi supported		
3	Administrative expenses paid to accomplish exempt purport	ses of supported organization	19	·
4	Amounts paid to acquire exempt-use assets	ses of supported organization		
	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions	······································		
7	Total annual distributions. Add lines 1 through 6	· · · · · · · · · · · · · · · · · · ·		
8	Distributions to attentive supported organizations to which	the organization is responsive	۹	
Ŭ	(provide details in <b>Part VI</b> ). See instructions	the organization is responsive		
9	Distributable amount for 2016 from Section C, line 6	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
10	Line 8 amount divided by Line 9 amount		· · · · · · · · · · · · · · · · · · ·	
		(i)	(ii)	(iii)
Soo	tion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
_1	Distributable amount for 2016 from Section C, line 6			-
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			5011441181
<u>a</u>				lating and a second second
b				
C	From 2013			
d	From 2014			
<u> </u>	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount			
<u>     i    </u>	Carryover from 2011 not applied (see instructions)			
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
-	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
<u>a</u>				1
b	Excess from 2013			

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Schedule A (Form 990 or 990-EZ) 2016

100

c Excess from 2014

d Excess from 2015

e Excess from 2016

O a ta a sta da A		000 57			O LESBIAN		XUAL	94-3236718 Page
Part VI	Part IV, Sec line 1; Part I	<b>ental I</b> tion A, li V, Sectio ines 5, 6	nformation nes 1, 2, 3b, 3 on D, lines 2 ar	I. Provide the exp c, 4b, 4c, 5a, 6, 9 nd 3; Part IV, Sec	a, 9b, 9c, 11a, 11b	by Part II, line 10; , and 11c; Part IV, 2b, 3a, and 3b; P	, Section B, lines 1 art V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V,
SCHEDU	JLE A, 1	PART	II, LIN	<u>VE 10, EX</u>	PLANATION	FOR OTHER	R INCOME:	
MISCEI	LANEOU	5	<u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u>					
<u>2012</u>	MOUNT:	\$	301.					· · · · · · · · · · · · · · · · · · ·
<u>2013 A</u>	MOUNT:	\$	4,005.					
<u>2014 A</u>	MOUNT:	\$	1,504.					
2015 A	MOUNT:	\$	0.					·
2016 A	MOUNT:	\$	4,171.				·····	
				· · · · · · · · · · · · · · · · · · ·				
					· · · · · · · · · · · · · · · · · · ·	······	· · · · · · · · · · · · · · · · · · ·	
		<u> </u>		······		9		
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<u>,                                     </u>			, 			·		
				· · · · · · · · · · · · · · · · · · ·				

632028 09-21-16

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Schedule B (Form 990, 990-EZ,	Schedule of Contributors <ul> <li>Attach to Form 990, Form 990-EZ, or Form 990-PF.</li> </ul>	OMB No. 1545-0047
or 990-PF) Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990, Form 990, 990-EZ, or 900-PF) and its instructions is at www.lrs.gov/form990.</li> </ul>	2016
Name of the organiza	tion SAN FRANCISCO LESBIAN GAY BISEXUAL TRANSGENDER COMMUNITY CENTER	Employer identification number 94-3236718
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	· . ·
	501(c)(3) taxable private foundation	

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

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

#### **General Rule**

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

#### **Special Rules**

X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 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* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2016)			Page 2
Name of o	•		Employ	ver identification number
	RANCISCO LESBIAN GAY BISEXUAL GENDER COMMUNITY CENTER		94	-3236718
Part I		al space is needed.		
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contribution	ns	Type of contribution
1	ARIA FOUNDATION			Person X
	P.O. BOX 351299	\$100,0	00.	Payroll Noncash
	LOS ANGELES, CA 90035			(Complete Part II for noncash contributions.)
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contribution	าร	Type of contribution
2	TIDES FOUNDATION			Person X Payroll
	P.O. BOX 29903	\$200,0	00.	Noncash
	SAN FRANCISCO, CA 94129-0903		i	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
3	CITY AND COUNTY OF SAN FRANCISCO			Person X
	1 SOUTH VAN NESS AVENUE, 5TH FLOOR	\$ 1,199,3	47.	Payroll Noncash
	SAN FRANCISCO, CA 94103			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	ıs	(d) Type of contribution
4	TARGET CORPORATION			Person X
	P.O. BOX 1296	\$50,0	00.	Payroll Noncash
	MINNEAPOLIS, MN 55440-1296			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ıs	(d) Type of contribution
				Person
		\$		Payroll Noncash
		··· · ·		(Complete Part II for noncash contributions.)
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contribution	IS	Type of contribution
		\$		Person Payroll Noncash
		· · · · · ·		(Complete Part II for noncash contributions.)

623452 10-18-16

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)		Page 3
Name of organization	E E	mployer identification number
SAN FRANCISCO LESBIAN GAY BISEXUAL TRANSGENDER COMMUNITY CENTER		94-3236718
Part II Noncash Property (See instructions). Use duplicate copies of	f Part II if additional space is needed.	
(a) No. (b) from Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

Part I	Description of noncash property given	(See instructions)	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 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
			<u></u>
		\$	
(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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

\$

623453 10-18-16

	(Form 990, 990-EZ, or 990-PF) (2016)		Pag
e of orga	NIZATION ANCISCO LESBIAN GAY B	TOFYIIAT	Employer identification number
	ENDER COMMUNITY CENTE		94-3236718
rt III	Exclusively religious, charitable, etc., co the year from any one contributor. Complet completing Part III, enter the total of exclusively relig Use duplicate copies of Part III if additi	ntributions to organizations described in e columns (a) through (e) and the followi ious, charitable, etc., contributions of \$1,000 or le	1 section 501(c)(7), (8), or (10) that total more than \$1,000 for ng line entry. For organizations
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		· · · · · · · · · · · · · · · · · · ·	
-		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
No. m rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_   -			
-		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
No. m	······································	[	
m ti —	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
10-18-16			Schedule B (Form 990, 990-EZ, or 990-PF) (20

							OMB No. 1545-0047
SC	HEDULE D	Supplement	al Fi	nancial Statem	ients		<b>OMB NO. 1545-0047</b>
(For	m 990)	Complete if the org	anizati	on answered "Yes" on Fo 11b, 11c, 11d, 11e, 11f, 12a	rm 990,		
	tment of the Treasury		Attach	to Form 990.			Open to Public Inspection
	al Revenue Service	▶ Information about Schedule D (Fo			www.irs.gov/		
Nam	ne of the organizati	TRANSGENDER COMMUN				Emb	loyer identification number 94-3236718
Pa	rt I Organiza	ations Maintaining Donor Advise			Funds or A	Accou	
	-	n answered "Yes" on Form 990, Part IV, lir					•
	· · · · · · · · · · · · · · · · · · ·			(a) Donor advised funds		(b) Fund	ds and other accounts
1	Total number at er	nd of year					
2	Aggregate value o	f contributions to (during year)		·			
3		f grants from (during year)					
4		t end of year				<u> </u>	
5	-	on inform all donors and donor advisors in	-				
c		n's property, subject to the organization's		-			Yes No
6		on inform all grantees, donors, and donor a oses and not for the benefit of the donor o					
	impermissible priva				•	-	Yes No
Pa		ation Easements. Complete if the org					
1		ervation easements held by the organizat		······································		·	
	Preservation	of land for public use (e.g., recreation or e	ducati	on) 🔲 Preservation d	of a historically	/ import	ant land area
	Protection of	f natural habitat		Preservation of	of a certified h	istoric s	structure
	Preservation	of open space					
2	Complete lines 2a	through 2d if the organization held a quali	fied cor	nservation contribution in th	ne form of a co	nserva	tion easement on the last
	day of the tax year						Held at the End of the Tax Year
a		nservation easements				2a	
b		icted by conservation easements				2b	······································
C		vation easements on a certified historic str				2c	
ď		vation easements included in (c) acquired				2d	•
3		al Register /ation easements modified, transferred, re					during the tax
Ū	year		00000,	exanguioned, or terminated	a by the organ	nzation	damig the tax
4		where property subject to conservation ea	sement	is located			
5	Does the organizat	ion have a written policy regarding the pe	riodic m	nonitoring, inspection, hand	ling of		
	violations, and enfo	preement of the conservation easements i	t holds'	?			Yes No
6	Staff and volunteer	r hours devoted to monitoring, inspecting,	handlir	ng of violations, and enforci	ng conservati	on ease	ements during the year
	▶						
7		es incurred in monitoring, inspecting, hand	lling of	violations, and enforcing co	onservation ea	semen	ts during the year
•	►\$			6	470/->//)/	<b>.</b> ) /?)	
8		vation easement reported on line 2(d) abov					Yes No
9		(4)(B)(ii)? how the organization reports conservati					
•		le, the text of the footnote to the organization			•		
	conservation easer						
Pa	t III Organiza	tions Maintaining Collections o	f Art,	<b>Historical Treasures</b>	, or Other	Simila	ar Assets.
	Complete if	the organization answered "Yes" on Form	990, P	art IV, line 8.			
1a	If the organization	elected, as permitted under SFAS 116 (AS	IC 958)	, not to report in its revenue	e statement a	nd bala	nce sheet works of art,
	historical treasures	, or other similar assets held for public ext	hibition	education, or research in f	urtherance of	public :	service, provide, in Part XIII,
		note to its financial statements that descri					
b	-	elected, as permitted under SFAS 116 (AS		•			
		similar assets held for public exhibition, ed	lucatio	n, or research in furtheranc	e of public se	rvice, p	rovide the following amounts
	relating to these ite					<b>•</b> •	
		led on Form 990, Part VIII, line 1 d in Form 990, Part X				<b>b</b>	
2		received or held works of art, historical tre		or other similar assets for f			· · · · · · · · · · · · · · · · · · ·
-		nts required to be reported under SFAS 1			-	Provide	
а		on Form 990, Part VIII, line 1				▶ \$	
	Assets included in					<b>&gt;</b> \$	
LHA	For Paperwork Re	duction Act Notice, see the Instruction	s for Fo	orm 990.		S	Schedule D (Form 990) 2016
63205	08-29-16						

Sche	dule D (Form 990) 2016 TRANSGE									<u>236718</u>	
Pa	rt III Organizations Maintaining C	Collection	ns of A	rt, His	storical T	reasures,	or Othe	er Simila	ar Ass	ets(continu	ed)
3	Using the organization's acquisition, access	ion, and oth	ner record	ds, chec	ck any of the	e following th	nat are a si	gnificant ι	use of it	s collection	items
	(check all that apply):										
а	Public exhibition		c	ı []	Loan or exe	change prog	rams				
b	Scholarly research		e		Other						
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections a	nd explai	in how t	hey further	the organiza	tion's exer	npt purpo	se in Pa	art XIII.	
5	During the year, did the organization solicit of	or receive de	onations	of art, h	istorical trea	asures, or ot	her similar	assets			
	to be sold to raise funds rather than to be m	aintained a	s part of	the orga	anization's c	ollection?			<u></u> [	Yes	No
Pa	t IV Escrow and Custodial Arran	gements	S. Comple	ete if th	e organizatio	on answered	I "Yes" on	Form 990	, Part I	/, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21									
1a	Is the organization an agent, trustee, custod	ian or other	· intermed	diary for	contributio	ns or other a	issets not	included			
	on Form 990, Part X?								[	Yes	No No
b	If "Yes," explain the arrangement in Part XIII										
				•					-	Amount	
с	Beginning balance							1c			
ď	Additions during the year										
e	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F									Yes	No No
	If "Yes," explain the arrangement in Part XIII.										
	t V Endowment Funds. Complete i										
		(a) Curren			Prior year				ears bac	(e) Four ye	ears back
1a	Beginning of year balance	(4) 00.00		<u>(~)</u>	1101 900			<b></b> ,		1 10/ 100	
b	Contributions			*							<del>/7</del>
c	Net investment earnings, gains, and losses										
ď	Grants or scholarships										
	Other expenditures for facilities				·····	1					
Ģ	and programs										
	Administrative expenses										
		· · · · ·			······				-	+	,
g	End of year balance			a (line 1	a column (		L			4	
2	Provide the estimated percentage of the curr	-	io palaric		ig, column (	a)) neio as:					
	Board designated or quasi-endowment			%							
	Permanent endowment	%	0/								
C	Temporarily restricted endowment	i dalla su callata	%								
•	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ssion of the	e organiza	ation the	at are neid a	and administ	erea for th	ie organiza	ation	5	
	by:										es No
	(i) unrelated organizations		••••••	•••••				••••••	•••••	3a(i)	
	(ii) related organizations		••••••					• • • • • • • • • • • • • • • • • •	••••••••••••	3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza						••••••	• • • • • • • • • • • • • • • • • • • •		3b	
4	Describe in Part XIII the intended uses of the		on's endo	wment	tunds.	******					
Fai	t VI Land, Buildings, and Equipm				ر ند م ن	- <del>-</del>					
	Complete if the organization answered				T	······································	T				
	Description of property	1	Cost or of			t or other	1 1 1	cumulated	a	(d) Book v	alue
	· · · · · · · · · · · · · · · · · · ·		s (investn	nent)		(other)		reciation			000
	Land					20,000.		<u></u>			,000.
	Buildings		. <u> </u>		TA'02	51,413.	5,3	84,41	4.	L3,666,	, 999.
	Leasehold improvements										
d	Equipment		· · · · · · · · · · · · · · · · · · ·			2,985.		51,92			,059.
_	Other					75,156.	<u>  3</u>	23,38			,768.
Total	Add lines 1a through 1e. (Column (d) must e	qual Form S	90, Part	X, colur	nn (B), line 1	10c.)				L <b>4,</b> 079,	,826.
								S	ichedul	e D (Form 9	90) 2016

Schedule D (Form 990) 2016 TRANSGENDER	COMMUNITY	CENTER	94-3236718 Page 3
Part VII Investments - Other Securities.	on Form 000 Part IV	line 11b See Form 990	Part Y line 12
Complete if the organization answered "Yes" c (a) Description of security or category (including name of security)	(b) Book value		valuation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			·
(C)			
(D)			
(E)			
(F)			
(G)			
<u>(H)</u>	· · · · · · · · · · · · · · · · · · ·	ing an ing ang pangang sanggi sa ing n	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			n freithe an an de all feit (state sind an de saide a de saide sind). An an
Part VIII Investments - Program Related.	Eauro 000 David N/		Dert V. Frankler
Complete if the organization answered "Yes" c (a) Description of investment	(b) Book value		valuation: Cost or end-of-year market value
	(b) Dook value		
(1) (2)			
(3)			· · · · · · · · · · · · · · · · · · ·
(4)			
(5)	<u></u>		المعالية المراجع
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	·		
Part IX Other Assets.			
Complete if the organization answered "Yes" o		line 11d. See Form 990,	
and the second	escription		(b) Book value
(1)			·
(2)			
(3)		·····	
(4)			
(5)	·····		
	· · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(7)			
(9)		·	
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		<b>&gt;</b>
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, I	line 11e or 11f. See Form	n 990, Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) SECURITY DEPOSITS		47,175.	
(3) UNEARNED REVENUE		24,923.	
(4)			
(5)		· · ·	
(6)			
(7)			
(8)		······	
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line		72,098.	
2. Liability for uncertain tax positions. In Part XIII, provide t			
organization's liability for uncertain tax positions under F	IN 48 (ASC 740). Ch	eck here if the text of the	e footnote has been provided in Part XIII 🛛 🗙

Schedule D (Form 990) 2016

SAN FRANCISCO	LESBIAN	GAY	BISEXUAL	

Sche	dule D (Form 990) 2016 TRANSGENDER COMMUNITY CENT	<b>FER</b>	9	94-3	236718 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a			
1	Total revenue, gains, and other support per audited financial statements	· · · · · · · · · · · · · · · · · · ·		1	2,922,114
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	. 2b	·		
c	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	<u></u>		
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,922,114
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b	••••••		4c	0
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,922,114
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per F	Returi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1			
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements		·····	1	3,373,893
1 2				1	3,373,893.
•	Total expenses and losses per audited financial statements			1	3,373,893.
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	. 2a	······		3,373,893.
2 a	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 2b		1	3,373,893.
2 a b	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	2a 2b 2c			3,373,893.
2 a b c	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	2a 2b 2c 2d		1	0.
2 a b c	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.)	2a 2b 2c 2d			3,373,893. 0. 3,373,893.
2 a b c d e	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 <b>2a</b> through <b>2d</b>	2a 2b 2c 2d		2e	0.
2 a b c d e 3	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	2a 2b 2c 2d		2e	0.
2 a b c d e 3 4	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:	2a 2b 2c 2d 2d		2e	0.
2 a b c d e 3 4 a b	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	2a 2b 2c 2d 2d 4a 4b	955.	2e	0. 3,373,893. 955.
2 a b c d e 3 4 a b c 5	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 Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	955.	2e 3	0. 3,373,893.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

	THE	ORGANIZATION	HAS	EVALUATED	ITS	CURRENT	TAX	POSITION	AS	OF	JUNE	30	,
--	-----	--------------	-----	-----------	-----	---------	-----	----------	----	----	------	----	---

2017 AND IT IS NOT AWARE OF ANY SIGNIFICANT UNCERTAIN TAX POSITIONS FOR

WHICH A RESERVE WOULD BE NECESSARY.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

#### AMORTIZATION EXPENSE - BOOK/TAX DIFFERENCE 955.

SCHEDULE G (Form 990 or 990-EZ)		ental Information Regardin	-		-		OMB No. 1545-0047
Department of the Treasury		ne organization answered "Yes" of organization entered more than \$ Attach to Form 99	15,000	on Fo	orm 990-EZ, line 6a.		<b>LUIU</b> Open to Public
Internal Revenue Service		about Schedule G (Form 990 or 990-E	z) and it	s instr	uctions is at www.irs.		Inspection
Name of the organization		ANCISCO LESBIAN GA			TAL		identification number
Fundrais		ENDER COMMUNITY CE. 5. Complete if the organization answ			n Form 000 Dort IV		36718
required to	complete this pa	ırt.					
a X Mail solicitat b X Internet and c Phone solicit	ions email solicitation		ation of ation of	non-g gover	overnment grants rnment grants		
	n have a written	or oral agreement with any individua Part VII) or entity in connection with		-			Yes No
	highest paid ind	ividuals or entities (fundraisers) purs	•		-		
(i) Name and address or entity (fund		(ii) Activity	fund have o or co	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount pa to (or retained fundraiser listed in col. (	by) to (or retained by)
LESLIE ANN MINOT -	9724		Yes	No			
PEACOCK HILL CIRCLE		GRANT WRITING	+	x	1,687,747.	18,3	15. 1,669,132.
BING CONSULTING - 3					000 445	10.0	000 447
MISSION STREET, SAN	<u>\</u>	EVENT PLANNING		X	292,447.	10,0	00. 282,447.
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Tatal	· · · · · · · · · · · · · · · · · · ·				1 000 104		
	·····	on is registered or licensed to solicit	contrib	utions	1,980,194, or has been notified	28,3 1 it is exempt fro	
or licensing.							
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						· · · · · · · · · · · · · · · · · · ·	
LHA For Paperwork Re	duction Act Not	ice, see the Instructions for Form	990 or	990-E	EZ. S	chedule G (For	m 990 or 990-EZ) 2016

SEE PART IV FOR CONTINUATIONS

#### SAN FRANCISCO LESBIAN GAY BISEXUAL Schedule G (Form 990 or 990 EZ) 2016 TRANSGENDER COMMUNITY CENTER

94-3236718 Page 2

Pa		of fundraising event contributions and gr	-			
			(a) Event #1 SOIREE DINNER & PAR		(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ne			(event type)	(event type)	(total number)	<u> </u>
Revenue	1	Gross receipts	292,447.			292,447.
	2	Less: Contributions	210,770.	·		210,770.
	3	Gross income (line 1 minus line 2)	81,677.			81,677.
	4	Cash prizes				· · · · · · · · · · · · · · · · · · ·
s	5	Noncash prizes				
pense	6	Rent/facility costs	25,914.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	25,914.
Direct Expenses	7	Food and beverages	40,341.			40,341.
õ	8	Entertainment	4,149.			4,149.
	9	Other direct expenses	2,885.			4,885.
•	10	Direct expense summary. Add lines 4 through				73,289.
Pa	11 rt	Net income summary. Subtract line 10 from li II Gaming. Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	0,500.
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
å	1	Gross revenue			·	
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)	· · · · · · · · · · · · · · · · · · ·		
	8	Net gaming income summary, Subtract line 7	from line 1, column (d)	·····	•	
_						
		er the state(s) in which the organization condu				
		ne organization licensed to conduct gaming ac No," explain:		·····	· · · · · · · · · · · · · · · · · · ·	Yes No
			**************************************			<u> </u>
		re any of the organization's gaming licenses re /es," explain:		rminated during the tax	year?	Yes No
	_					

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

	SAN FRANCISCO LESBIAN GAY BISEXUAL	226	710	
	edule G (Form 990 or 990 EZ) 2016 TRANSGENDER COMMUNITY CENTER 94-3			1 1
	Does the organization conduct gaming activities with nonmembers?	1	(es	L No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	$\Box$	(es	
13	Indicate the percentage of gaming activity conducted in:	ı	63	
	The organization's facility	13a		%
	An outside facility	13b		<u>%</u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🗔 Y	(es	🗆 No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
~	of gaming revenue retained by the third party <b>&gt;</b> \$			
Ċ	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Garning manager compensation  \$			
	Description of services provided		_	
	Director/officer Employee Independent contractor			
	L] Director/officer L] Employee L] Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Υ [	es	🔲 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year 🕨 \$			
Pa	t IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and (v); and (v); and (v); and (v); and (v); and (v)	1es 9, 9	b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions			
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	s:		
<u>(I</u>	) NAME OF FUNDRAISER: LESLIE ANN MINOT			
/ -		<b>NTT 7</b>	0.0.	117
<u>(</u> ]	) ADDRESS OF FUNDRAISER: 9724 PEACOCK HILL CIRCLE, LAS VEGAS,	NV	89.	L17
··				
(I	) NAME OF FUNDRAISER: BING CONSULTING			
(I	) ADDRESS OF FUNDRAISER: 3364 MISSION STREET, SAN FRANCISCO, C.	<u>A 9</u>	41:	L 0

Ochodula () (Eaver 200 av 000 EZ)		O LESBIAN	GAY BISEXUAL	94-3236718_Page 4_
Schedule G (Form 990 or 990 EZ) Part IV Supplemental Info	ormation (continued)			
			······································	
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Schedule G (Form 990 or 990-EZ)

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization SAN FRANC	GO Comp ▶ Informat	Grants and Oth vernments, an lete if the organization ion about Schedule I SIAN GAY BIS	n answered "Yes" Attach to For (Form 990) and its	<b>ls in the Ŭni</b> " on Form 990, Pa m 990.	<b>ted States</b> rt IV, line 21 or 22.	0	OMB No. 1545-0047 <b>2016</b> Open to Public Inspection Employer identification number
TRANSGEND	ER COMMUN	NITY CENTER					<u>94-3236718</u>
Part I General Information on Grants a						· · · · · · · · · · · · · · · · · · ·	
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's pro-</li> </ol>	stance?						
Part II Grants and Other Assistance to			······································		anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000. Part II car	n be duplicated if addit	ional space is nee	ded.		· · · · · · · · · · · · · · · · · · ·	
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SF LGBT CENTER CAPITAL FUND 1800 MARKET STREET SAN FRANCISCO, CA 94102	32-0485225	501(C)(3)	272,482.	0.			TO ASSIST THE ORGANIZATION
SAN FRANCISCO, CA 94102	52-0405225		272,402,				ORGANIZATION
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in th	Le line 1 table	<u> </u>	<u> </u>	_1	1.
3 Enter total number of other organization				·····	· · · · · · · · · · · · · · · · · · ·		▶ 1.
LHA For Paperwork Reduction Act Notice	e, see the Instruc	tions for Form 990.					Schedule I (Form 990) (2016

CONTRACTOR

## SAN FRANCISCO LESBIAN GAY BISEXUAL

Schedule I (Form 990) (2016)

## TRANSGENDER COMMUNITY CENTER

94-	3	23	67	18	3
J = .	~	2.2	~ /		

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed.

	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
· · · · · · · · · · · · · · · · · · ·					
					· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·					
	<u></u>				
Part IV Supplemental Information. Provide the information	ation required in Part I, lir	ne 2; Part III, colum	n (b); and any other a	dditional information.	· · · · · · · · · · · · · · · · · · ·
					i
		ii		······································	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii
				· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·			

SCHEDULE J	Compensation Information	OMB No.	1545-00	047
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	20	16	
• •	Compensated Employees	<b>Z</b> U	16	)
·	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>	Open t	o Pub	lic
Department of the Treasury Internal Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/form99	Particular in the second second	ection	
Name of the organizatio		ployer identificat	ion nu	mber
	TRANSGENDER COMMUNITY CENTER	94-323671	. 8	
Part I Question	s Regarding Compensation			
			Yes	No
1a Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed on Form 990	), 「「「		
Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.	in and and a second sec		
First-class or d	charter travel Housing allowance or residence for personal u	JSe		
Travel for corr	panions Payments for business use of personal reside	nce		
Tax indemnific	ation and gross-up payments Health or social club dues or initiation fees			
Discretionary	spending account Personal services (such as, maid, chauffeur, c	hef)		
b If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or			
reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2 Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?			
3 Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organization	's		
CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organization to	D		
establish compensi	ation of the CEO/Executive Director, but explain in Part III.			
Compensatior		배려분		
Independent o	ompensation consultant			
Form 990 of o	ther organizations	nittee		
4 During the year, dic	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
organization or a re	-			
	e payment or change of control payment?			X
	ceive payment from, a supplemental nonqualified retirement plan?			X
	eive payment from, an equity-based compensation arrangement?	<u>4c</u>		X
If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
contingent on the re				
				X
b Any related organiz		<u>5b</u>		<u> </u>
	r 5b, describe in Part III.			
	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
contingent on the n				77
a The organization?		<u>6a</u>		X
	ation?	6b		<u> </u>
	r 6b, describe in Part III.			
	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		16 ( 19 ⁶	v
	es 5 and 6? If "Yes," describe in Part III			<u> </u>
	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		ne tra	v
	otion described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III d the organization also follow the rebuttable presumption procedure described in	1		<u>X</u>
			ettika,	
negulations section	53.4958-6(c)?			

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Schedule J (Form 990) 2016

TRANSGENDER COMMUNITY CENTER

#### Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) REBECCA ROLFE	(i)	150,000.	0.	0.	0.	8,822.	158,822.	0.
EXECUTIVE DIRECTOR/ PRESID	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)			· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·
······	(i)			· ····································				<u> </u>
	(i)							
	(i)					· · · · · · · · · · · · · · · · · · ·		<u> </u>
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)		······································			· · · · · · · · · · · · · · · · · · ·		
	(ii)							
	(i)							<u> </u>
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	(i) (ii)							
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· · · · · · · · · · · · · · · · · · ·	(ii)				· · · · · · · · · · · · · · · · · · ·			<u> </u>
	(i)							
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	(i)			· · · · · · · · · · · · · · · · · · ·			·····	
	(ii)							
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<u>.</u>	(ii)							
	(i)							· · · · · · · · · · · · · · · · · · ·
	(ii)						<u> </u>	
	(i)		······································			· · · · · · · · · · · · · · · · · · ·	·	
	(ii)						1	1

#### Schedule J (Form 990) 2016

Page 2

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SAN FRANCISCO LESBIAN GAY BISEXUAL TRANSGENDER COMMUNITY CENTER

94-3236718

Page 3

## Part III Supplemental Information

Schedule J (Form 990) 2016

632113 09-09-16

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2016

Department of the Treasury	complete if t	he organization an 28b, or 28c, Atta	iswere or For ach to	ed "Yes rm 990 Form	-EZ, Part V, line 38 990 or Form 990-E	art IV, line 25a, 25b, a or 40b.		2 _{Ope}	No. 1545- 01( n To Pu ection	6
. –					AY BISEXUA	AL	Employe			umber
		NDER COMMU				i01(c)(29) organizatic	94-32	36/1	8	
						5b, or Form 990-EZ, I		0b.		
1 (a) Name of disqualified p		b) Relationship bet	ween	disqua	lified	(c) Description of tra			(d) Corr	ected?
		person and o	rganiz	ation					Yes	No
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						· · · · · · · · · · · · · · · · · · ·		_		
		·					-	_		
2 Enter the amount of tax i	incurred by th	ne organization mai	nagers	s or dis	qualified persons d	uring the year under	· .			
section 4958 3 Enter the amount of tax,							Þ\$			
					ganization		ΨΦ			
		Interested Per								
•	-				, Part V, line 38a or	Form 990, Part IV, li	ne 26; or if t	he organi	zation	
(a) Name of	(b) Relations	990, Part X, line 5, hip (c) Purpose	(d) Lo	oan to or	(e) Original	(f) Balance due	(g) In	(h) Appro	ved (i)	Written
interested person	with organizat	tion of loan		m the lization?	principal amount		default?	committe	e? agre	ement?
S. RIDDLE	FORMER	BOPERATIN		From	5,000.	5,000.	Yes No	Yes N X	lo Yes X	s No
	CURREN'				200,000			X	X	
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Total		<u> </u>			> \$	159,322.				
		Benefiting Intel Inswered "Yes" on								
(a) Name of interested p		(b) Relationship			(c) Amount of	(d) Type	e of	(e) P	urpose	of
		interested pers the organiz	son an		assistance	assistar	nce	ass	istance	
					· ·					
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LHA For Paperwork Reduct	ion Act Notic	ce, see the Instruc	tions	for Fo	rm 990 or 990-EZ.	Sch	edule L (Fo	rm 990 o	⁻ 990-Е	Z) 2016
S	EE PAR	r v for cc	NTI	INUA	TIONS					

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Sch <u>edu</u> le	L (Form 990 or 990-EZ) 2016 TRANSC	GENDER COMMUNITY CEN	TER	94-3236	571 <u>8</u>	Page 2
Part IV	Business Transactions Involv	ing Interested Persons.				
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2				
	(a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of	organia	aring of zation's
		person and the organization	transaction	transaction	rever	nues?
	· · · · · · · · · · · · · · · · · · ·				Yes	No
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Part V	Supplemental Information					
<u></u>	Provide additional information for resp	onses to questions on Schedule L (see	instructions).	·		
						1
CHED	ULE L, PART II, LOANS	5 TO AND FROM INTERE	STED PERSON	<u> 15 :</u>		
A) N	AME OF PERSON: S. RII					
		NTEAMTON HODVED DO				
B) R	ELATIONSHIP WITH ORGA	NIZATION: FORMER BO	ARD	· <u> </u>		
<b>a</b> \ 5.		m TNO				
<u>C)</u> P	URPOSE OF LOAN: OPERA	ATING				
		·				
7.) NT	AME OF PERSON: ALLISC	N CDADEC				
A) N.	AME OF PERSON: ALLISC	IN SPARKS				
B) R	ELATIONSHIP WITH ORGA	NIZATION: CURRENT B	מסגר			
<u>D</u> / I(.	EDATIONSHIP WITH OKGA	MIZATION: CORRENT B		<u></u>		<u>.</u>
C) PI	JRPOSE OF LOAN: OPERA	TNC				
<u>C/ 1</u>	OKIODE OF HOAN: OFERA			·····	<del></del>	
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Schedule L (Form 990 or 990-EZ) 2016

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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.		OMB No. 1545-0047 <b>2016</b> Open to Public Inspection
Name of the organization	SAN FRANCISCO LESBIAN GAY BISEXUAL TRANSGENDER COMMUNITY CENTER	Employe	er identification number 3236718
FORM 990, PART	I I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:	
3.			AND ITS
SUPPORTERS TO	FIND INNOVATIVE SERVICES AND FABULOUS CULTU	RAL PI	ROGRAMS
THAT LEAD TO P	A STRONGER, HEALTHIER COMMUNITY AND A MORE E	QUITA	<u>3LE</u>
WORLD.			
			y-nykykytennista yPastana
FORM 990, PART	TII, LINE 4B, PROGRAM SERVICE ACCOMPLISHME	NTS:	
AND FINANCIAL	COUNSELING FOR 50 PEOPLE. FINALLY, WE HOSTE	D ECOI	NOMIC
EMPOWERMENT MC	ONTH WITH 17 EVENTS, REACHING MORE THAN 1000	ATTE	NDEES,
AND 100 EMPLOY	YERS AND COMMUNITY PARTNERS.		
			· · · · · · · · · · · · · · · · · · ·
FORM 990, PARI	III, LINE 4C, PROGRAM SERVICE ACCOMPLISHME	NTS:	
VOLUNTEERS).			
agen (1997) 1997 - Carlos Andrew, 1997 1997 - Carlos Andrew, 1997 - Carlos Andrew, 1997 - Carlos Andrew, 1997 1997 - Carlos Andrew, 1997 - Carlos Andr			
	VI, SECTION B, LINE 11B:		
	MITTEE REVIEWS THE FORM 990 DRAFT IN DETAIL.		
	OVIDED TO ALL BOARD MEMBERS PRIOR TO FINAL	APPROV	AL AND
FILING.			
FORM 990, PART	VI, SECTION B, LINE 12C:		
THE BOARD OF D	DIRECTORS HAS APPROVED A POLICY DEFINING AND	REGUI	ATING
CONFLICTS OF I	NTEREST. ANNUALLY EACH BOARD MEMBER IS ASKE	DTOC	COMPLETE A
FORM VERIFYING	THEIR AGREEMENT TO COMPLY WITH THE POLICY	AND DI	SCLOSING ANY
CONFLICT OF IN	TEREST THEY HAVE.		
	VI, SECTION B, LINE 15:		

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

Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990 EZ) (2016) Name of the organization SAN FRANCISCO LESBIAN GAY BISEXUAL	Page 2 ployer identification number
	94-3236718
THE BASE SALARY FOR THE EXECUTIVE DIRECTOR WAS SET IN 2003.	AT THE TIME,
THE SALARY WAS ESTABLISHED, THE BOARD OF DIRECTORS REVIEWED	COMPARISON DATA
WITH OTHER NON-PROFITS AND CONSULTED WITH AN INDEPENDENT CON	SULTANT WORKING
IN THE FIELD OF EXECUTIVE RECRUITMENT AND COMPENSATION.	
THE BASE SALARY FOR KEY EMPLOYEES ARE ESTABLISHED BASED ON C	OMPARISONS WITH
OTHER NON-PROFIT ORGANIZATIONS SIMILAR IN SIZE, MISSION, AND	GEOGRAPHY. ALL
DECISIONS REGARDING COMPENSATION ARE FULLY DOCUMENTED.	
FORM 990, PART VI, SECTION C, LINE 18:	
A BINDER WITH BOARD MINUTES, BUDGET, AUDIT REPORT, 990, AND	OTHER RELEVANT
DOCUMENTS IS MAINTAINED AT THE RECEPTION DESK AND AVAILABLE '	FO ANY MEMBER
OF THE PUBLIC WHO REQUESTS IT.	
OF THE PUBLIC WHO REQUESTS IT.	
OF THE PUBLIC WHO REQUESTS IT. FORM 990, PART VI, SECTION C, LINE 19:	
	SHED ON THE
FORM 990, PART VI, SECTION C, LINE 19:	
FORM 990, PART VI, SECTION C, LINE 19: COPIES OF THE ANNUAL REPORT, 990 AND AUDIT REPORTS ARE PUBLIS	AUDIT REPORT,
FORM 990, PART VI, SECTION C, LINE 19: COPIES OF THE ANNUAL REPORT, 990 AND AUDIT REPORTS ARE PUBLIS ORGANIZATION'S WEBSITE. A BINDER WITH BOARD MINUTES, BUDGET,	AUDIT REPORT,
FORM 990, PART VI, SECTION C, LINE 19: COPIES OF THE ANNUAL REPORT, 990 AND AUDIT REPORTS ARE PUBLI: ORGANIZATION'S WEBSITE. A BINDER WITH BOARD MINUTES, BUDGET, 990 AND OTHER RELEVANT DOCUMENTS IS MAINTAINED AT THE RECEPT:	AUDIT REPORT,
FORM 990, PART VI, SECTION C, LINE 19: COPIES OF THE ANNUAL REPORT, 990 AND AUDIT REPORTS ARE PUBLI: ORGANIZATION'S WEBSITE. A BINDER WITH BOARD MINUTES, BUDGET, 990 AND OTHER RELEVANT DOCUMENTS IS MAINTAINED AT THE RECEPT:	AUDIT REPORT,
FORM 990, PART VI, SECTION C, LINE 19: COPIES OF THE ANNUAL REPORT, 990 AND AUDIT REPORTS ARE PUBLIS ORGANIZATION'S WEBSITE. A BINDER WITH BOARD MINUTES, BUDGET, 990 AND OTHER RELEVANT DOCUMENTS IS MAINTAINED AT THE RECEPT: AVAILABLE TO ANY MEMBER OF THE PUBLIC WHO REQUESTS IT.	AUDIT REPORT,
FORM 990, PART VI, SECTION C, LINE 19: COPIES OF THE ANNUAL REPORT, 990 AND AUDIT REPORTS ARE PUBLI: ORGANIZATION'S WEBSITE. A BINDER WITH BOARD MINUTES, BUDGET, 990 AND OTHER RELEVANT DOCUMENTS IS MAINTAINED AT THE RECEPT: AVAILABLE TO ANY MEMBER OF THE PUBLIC WHO REQUESTS IT. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	AUDIT REPORT, ION DESK AND
FORM 990, PART VI, SECTION C, LINE 19: COPIES OF THE ANNUAL REPORT, 990 AND AUDIT REPORTS ARE PUBLI: ORGANIZATION'S WEBSITE. A BINDER WITH BOARD MINUTES, BUDGET, 990 AND OTHER RELEVANT DOCUMENTS IS MAINTAINED AT THE RECEPT: AVAILABLE TO ANY MEMBER OF THE PUBLIC WHO REQUESTS IT. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	AUDIT REPORT, ION DESK AND
FORM 990, PART VI, SECTION C, LINE 19: COPIES OF THE ANNUAL REPORT, 990 AND AUDIT REPORTS ARE PUBLI: ORGANIZATION'S WEBSITE. A BINDER WITH BOARD MINUTES, BUDGET, 990 AND OTHER RELEVANT DOCUMENTS IS MAINTAINED AT THE RECEPT: AVAILABLE TO ANY MEMBER OF THE PUBLIC WHO REQUESTS IT. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	AUDIT REPORT, ION DESK AND
FORM 990, PART VI, SECTION C, LINE 19: COPIES OF THE ANNUAL REPORT, 990 AND AUDIT REPORTS ARE PUBLI: ORGANIZATION'S WEBSITE. A BINDER WITH BOARD MINUTES, BUDGET, 990 AND OTHER RELEVANT DOCUMENTS IS MAINTAINED AT THE RECEPT: AVAILABLE TO ANY MEMBER OF THE PUBLIC WHO REQUESTS IT. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	AUDIT REPORT, ION DESK AND
FORM 990, PART VI, SECTION C, LINE 19: COPIES OF THE ANNUAL REPORT, 990 AND AUDIT REPORTS ARE PUBLI: ORGANIZATION'S WEBSITE. A BINDER WITH BOARD MINUTES, BUDGET, 990 AND OTHER RELEVANT DOCUMENTS IS MAINTAINED AT THE RECEPT: AVAILABLE TO ANY MEMBER OF THE PUBLIC WHO REQUESTS IT. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	AUDIT REPORT, ION DESK AND
FORM 990, PART VI, SECTION C, LINE 19: COPIES OF THE ANNUAL REPORT, 990 AND AUDIT REPORTS ARE PUBLI: ORGANIZATION'S WEBSITE. A BINDER WITH BOARD MINUTES, BUDGET, 990 AND OTHER RELEVANT DOCUMENTS IS MAINTAINED AT THE RECEPT: AVAILABLE TO ANY MEMBER OF THE PUBLIC WHO REQUESTS IT. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	AUDIT REPORT, ION DESK AND

SCHEDULE R	Related Organizations and Unrelated Partnerships	OMB No. 1545-0047
(Form 990)       Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.         Department of the Treasury Internal Revenue Service       Attach to Form 990.         Name of the organization       SAN FRANCISCO LESBIAN GAY BISEXUAL	2016	
	Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.	Open to Public Inspection
Name of the organization	SAN FRANCISCO LESBIAN GAY BISEXUAL	Employer identification number
	TRANSGENDER COMMUNITY CENTER	94-3236718

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity		<b>))</b> 12(b)(13) olled ity?
				501(c)(3))		Yes	No
SF LGBT CENTER CAPITAL FUND - 34-0485225	_						
1800 MARKET STREET	BUILDING A STRONG AND						
SAN FRANCISCO, CA 94102	HEALTHY LGBT COMMUNITY	CALIFORNIA	501(C)(3)	LINE 12D	N/A		X
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

#### Schedule R (Form 990) 2016 TRANSGENDER COMMUNITY CENTER

94-3236718

Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	ר)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	General o managin partner?	Percentag ownership
······································		country)		sections 512-514)			Yes	No		Yes No	<b></b>
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	. <b>(b)</b> Primary activity	(C) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	ent	(i) ction (b)(13) trolled tity?
								Yes	No

632162 09-06-16

Schedule R (Form 990) 2016	TRANSGENDER	COMMUNITY	CENTER

9	4-	- 3	23	36	7	1	8	Page 3

1 Bibbas

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

No	ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
່ 1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
i	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
1	b Gift, grant, or capital contribution to related organization(s)	1b	X	
•	c Gift, grant, or capital contribution from related organization(s)	1c	X	
	d Loans or loan guarantees to or for related organization(s)	1d		X
(	e Loans or loan guarantees by related organization(s)	1e		X
1	f Dividends from related organization(s)	1f		X
9	g Sale of assets to related organization(s)	1g		X
. 1	h Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	<u>1i</u>		X
	Lease of facilities, equipment, or other assets to related organization(s)			X
1	k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
ł	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	m Performance of services or membership or fundraising solicitations by related organization(s)			X
. 1	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	o Sharing of paid employees with related organization(s)	10		X
I	p Reimbursement paid to related organization(s) for expenses	1p		X
.1	q Reimbursement paid by related organization(s) for expenses	1q		X
			n se se e Na se e	
.1	r Other transfer of cash or property to related organization(s)	1r		X
	s Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	( Method of determin	d) ing amount involved
(1) SF LGBT CENTER CAPITAL FUND	В	272,482.	CASH	
(2) SF LGBT CENTER CAPITAL FUND	N	0.	FMV	
(3) SF LGBT CENTER CAPITAL FUND	С	30,750.	CASH	
(4)				
(5)			· · · · · · · · · · · · · · · · · · ·	
(6) 632163 09-06-16			in the second second	Schedule R (Form 990) 2016

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Schedule R (Form 990) 2016 TRANSGENDER COMMUNITY CENTER

## 94-3236718 Page 4

1.275 21

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		(e) Are all partners se 501 (c)(3) orgs.? Yes Nc		Share of end-of-year assets	Dispropor- tionate allocations? Yes No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner? Yes No	Percentage ownership
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Schedule R (Form 990) 2016	SAN FRANCISCO I TRANSGENDER COM	ESBIAN GAY BISEXUAL MUNITY CENTER	94-3236718_Page 5
Part VII Supplemental In			
	prmation for responses to questions	s on Schedule R. See instructions.	
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## 2016 TAX RETURN FILING INSTRUCTIONS

## CALIFORNIA FORM 199

## FOR THE YEAR ENDING

JUNE 30, 2017

Prepared for	SAN FRANCISCO LESBIAN GAY BISEXUAL TRANSGENDER COMMUNITY CENTER 1800 MARKET STREET SAN FRANCISCO, CA 94102
Prepared by	NOVOGRADAC & COMPANY LLP 249 EAST OCEAN BLVD., SUITE 900 LONG BEACH, CA 90802
To be signed and dated by	NOT APPLICABLE
Amount of tax	Total tax       \$       0.00         Less: payments and credits       \$       0.00         Plus: other amount       \$       0.00         Plus: interest and penalties       \$       0.00         NO       PMT       REQUIRED \$
Overpayment	Credited to your estimated tax\$0.00Other amount\$0.00Refunded to you\$0.00
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	

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#### SAN FRANCISCO LESBIAN GAY BISEXUAL TRANSGENDER COMMUNITY CENTER

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

			· · · · · · · · · · · · · · · · · · ·		<del>_</del>			
	1	Gross sales or receipts from al					1	81,677.00
	2	Interest					2	3.00
	3	Dividends					3	134.00
Receipts	4	Gross rents					4	00
from	5	Gross royalties			•••••	•	5	00
Other	6	Gross amount received from sa	ale of assets (See Instructions)			•	6	00
Sources	7						7	518,002.00
	8	Total gross sales or receipts fro					8	599,816.00
	9	Contributions, gifts, grants, and	similar amounts paid			•	9	272,482.00
	10	Disbursements to or for memb	ers			•	10	000
	11	Disbursements to or for memb Compensation of officers, direc	tors, and trustees	······	SEE STA	TEMENT 3 •	11	158,822.00
	12	Other salaries and wages				•	12	1,281,091.00
Expenses	13	Interest					13	180,343.00
and	14	Taxes				•	14	<b>118,800.</b> 00
Disburse-	15	Rents					15	163,963.00
ments	16	Depreciation and depletion (See					16	422,961.00
	17	Other Expenses and Disbursem					17	849,675.00
	18	Total expenses and disburseme			nd on Side 1, P		18	
Schedu	lle L	Balance Sheet	Beginning of			<u> </u>	of tax	able year
Assets			(a)		b)	(C)		(d)
					<u>37,054</u> .			<ul> <li>1,208,600.</li> </ul>
		receivable			28,215.			• 227,113.
		ceivable STMT 4		4	00,000.			• 333,250.
		·						•
		state government obligations						•
		in other bonds						•
		in stock						•
8 Mortga	-							•
9 Other i		***************************************						•
10 a Depi	reciab	e assets	15,374,434.	lana af da 1989 <u>a d</u> huadha		19,719,55		
		mulated depreciation	( 5,436,767.)	9,9		( 5,859,728		13,859,826.
11 Land	•••••	·			20,000.			• 220,000.
		STMT 5			58,496.		_	• 70,422.
				17,54	11,432.			15,919,211.
Liabilities				<u>Netherstern</u>				
		/able		,1,1.	13,171.			• 254,372.
		s, gifts, or grants payable		<u></u>	<b>F</b> 000			•
		otes payable <b>STMT</b> 6			5,000.		5.6	• <u>159,322</u> .
17 Mortga	ages p	ayable			<u>13,107.</u>			• <u>9,949,809</u> .
		es <b>STMT 7</b>		5	74,765.			72,098.
		or principal fund						•
		al surplus. Attach reconciliation		F				•
		nings or income fund			<u>35,389.</u>			• <u>5,483,610</u> .
		es and net worth	<u>inden en die Stidde</u>		11,432.	<u>, 295 ligit († 1722 hij Uniter</u>	N. Higgi	15,919,211.
Schedu			per books with income per re dule if the amount on Schedul		lumn (d) la lar	e than \$50,000		
4 N-4 1								
		er books				on books this year		tintestandin miliotestation des ●
2 Federal					t included in th		• • • • • • •	
		bital losses over capital gains				s return not charged	Q	
		ecorded on books this year		terrane and the		ome this year <b>STMT</b>	<u>o</u>	• <u>955.</u> 955.
		orded on books this year not	• • • • • • • • • • • • • • • • • • •		tal. Add line 7		•••••	
		his return			t income per re			-452,734.
o rotal. P	<u>uu in</u>	e 1 through line 5	-451,/	1 <b>7</b> • 31	DUAULINE 9 TO	om line 6		-434,/34.

Side 2 Form 199 C1 2016

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## 94-3236718

FORM 199	CASH CONTRIBUTIONS NCLUDED ON PART I, LINE 3	STATEMENT		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT	
ARIA FOUNDATION	P.O. BOX 351299 LOS ANGELES, CA 90035	12/13/16	100,000.	
TIDES FOUNDATION	P.O. BOX 29903 SAN FRANCISCO, CA 94129-0903	02/03/17	200,000.	
CITY AND COUNTY OF SAN FRANCISCO	1 SOUTH VAN NESS AVENUE, 5TH FLOOR SAN FRANCISCO, CA 94103	06/30/17	1,199,347.	
FARGET CORPORATION	P.O. BOX 1296 MINNEAPOLIS, MN 55440-1296	05/11/17	50,000.	
FOTAL INCLUDED ON LINE 3			1,549,347.	
	OTHER INCOME		ATEMENT 2	

DESCRIPTION	AMOUNT
TOCK MARKET GAIN PROGRAM REVENUE RENTAL INCOME	4,037. 117,697. 396,268.
COTAL TO FORM 199, PART II, LINE 7	518,002.

FORM 199 COMF	ENSATION OF	OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 3
NAME AND ADDRESS			TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
RAFAEL MANDELMAN 1800 MARKET STREE SAN FRANCISCO, CA			CHAIR 3.00	0.
JOHN BURTON 1800 MARKET STREE SAN FRANCISCO, CA			BOARD MEMBER 2.00	0.
FERRY MICHEAU 1800 MARKET STREE 3AN FRANCISCO, CA			BOARD MEMBER 3.00	0.
3ETH EDWARDS 1800 MARKET STREE 3AN FRANCISCO, CA			SECRETARY/ VICE CHAIR 2.00	0.
4IKA ALBRIGHT L800 MARKET STREE 3AN FRANCISCO, CA			BOARD MEMBER 2.00	0.
IVAN COVINGTON 800 MARKET STREE AN FRANCISCO, CA			BOARD MEMBER 2.00	0.
SALLY JESMONTH 800 MARKET STREE AN FRANCISCO, CA			BOARD MEMBER 2.00	0.
IM BROWN 800 MARKET STREE AN FRANCISCO, CA			BOARD MEMBER 2.00	0.
RIEL KOREN 800 MARKET STREE AN FRANCISCO, CA			BOARD MEMBER 2.00	0.
ICHOLAS GONZALEZ 800 MARKET STREE AN FRANCISCO, CA			BOARD MEMBER 2.00	0.
ONATHAN MILLARD 800 MARKET STREE' AN FRANCISCO, CA			TREASURER 2.00	0.

SAN FRANCISCO LESBIAN GAY BISEXUAL TRANS		94-3236718
ALLISON SPARKS BOARD MEM 1800 MARKET STREET 2 SAN FRANCISCO, CA 94102	BER .00	0.
	DIRECTOR/ PRESI	:D 0.
TOTAL TO FORM 199, PART II, LINE 11		0.
FORM 199 NET NOTES RECEIVABLE		STATEMENT 4
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE, NET	400,000.	333,250.
TOTAL TO FORM 199, SCHEDULE L, LINE 3	400,000.	333,250.
FORM 199 OTHER ASSETS		STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
ART WORK PREPAID EXPENSES LEASE COSTS	15,000. 10,979. 42,517.	15,000. 12,905. 42,517.
FOTAL TO FORM 199, SCHEDULE L, LINE 12	68,496.	70,422.
FORM 199 BONDS AND NOTES PAYABLE		STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PAYABLES TO OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES, ETC.	5,000.	159,322.

STATEMENT(S) 3, 4, 5, 6

FORM 199	OTHER LIABILITIES	3	STATEMENT 7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
SECURITY DEPOSITS FUNDS HELD FOR OTHERS UNEARNED REVENUE		39,831. 534,934. 0.	47,175. 0. 24,923.
TOTAL TO FORM 199, SCHE	DULE L, LINE 18	574,765.	72,098.
FORM 199 DEDUCT	IONS IN THIS RETURN NOT C	CHARGED	STATEMENT 8

DESCRIPTION	AMOUNT
AMORTIZATION	955.
FOTAL TO FORM 199, SCHEDULE M-1, LINE 8	955.

AGAINST BOOK INCOME THIS YEAR

## STATEMENT(S) 7, 8

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

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## FOR THE YEAR ENDING

JUNE 30, 2017

Prepared for	SAN FRANCISCO LESBIAN GAY BISEXUAL TRANSGENDER COMMUNITY CENTER 1800 MARKET STREET SAN FRANCISCO, CA 94102
Prepared by	NOVOGRADAC & COMPANY LLP 249 EAST OCEAN BLVD., SUITE 900 LONG BEACH, CA 90802
Amount due or refund	BALANCE DUE OF \$150.00
Make check payable to	ATTORNEY GENERAL REGISTRY OF CHARITABLE TRUSTS
Mail tax return and check (if applicable) to	REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

600941 04-01-16

<ol> <li>During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?</li> <li>During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?</li> <li>During this reporting period, did non-program expenditures exceed 50% of gross revenues?</li> <li>During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.</li> <li>During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider. STMT 9</li> <li>During this reporting period, did the organization nold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.</li> <li>Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is</li> </ol>	MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021 WEB SITE ADDRESS: http://ag.ca.gov/charities/	Tailure to subn end of the orga the assessmen	ANNUAL REGISTRATION RENEWAL F O ATTORNEY GENERAL OF Sections 12586 and 12587, California G 11 Cal. Code Regs. sections 301-307 mit this report annually no later than four anization's accounting period may result i tof a minimum tax of \$800, plus interest Sovernment Code section 12586.1. IRS ex	CALIFO overnment ( , 311 and 3 months and n the loss of , and/or fine	RNIA Code 12 fifteen days after the tax exemption and s or filing penalties			
SAN FRANCISCO LESBIAN GAY BISEXUAL       Change of saddress         TRANSGENDER COMMUNITY CENTER       Amended report         Saddres NUMBER COMMUNITY CENTER       Corporate or Organization No. 1965399         Saddres NUMBER COMMUNITY CENTER       Corporate or Organization No. 1965399         Saddres NUMBER COMMUNITY CENTER       Corporate or Organization No. 1965399         Federal Employer 1D. No. 94-3236718       Pedral Employer 1D. No. 94-3236718         Dify stream, Same and Prices       Eee       Cross Annual Revenue       Fee         Scass Annual Revenue       Eee       Oross Annual Revenue       Fee         Scass Annual Revenue       Eee       Oross Annual Revenue       Fee         Between \$25,000 and \$100,000       \$25       Between \$250,001 and \$250,000       Between \$100,001 and \$250,000         PART A - ACTIVITES       For your most resemt full accounting period (beginning 07/01/2016 anding 06/30/2017 ) list: Gross annual revenue \$ 2,922,114. Total assets \$ 15,894,288.       Total assets \$ 10,894,288.         PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT       Note:       Yes N         Note:       H you answer 'ves' to any of the questions below, you must attech a separate abset providing an explanation and details for each 'ves' regoonse. Please review RRF-1 instructions for information required.       Yes N         1.       During this reporting period, were there any contracts, base,	State Charity Registration Number	or 10207	16	Check if:				
TRANSGENDER COMMUNITY CENTER       Amended report         1800 MARKET STREET       Corporate or Organization No. 1965399         Access Munder and Strant)       Stan FRANCISCO, CA 94102       Federal Employer LD. No. 94-3236718         Chy or teem. States and 2PCode       Corporate or Organization No. 1965399       Federal Employer LD. No. 94-3236718         Cross Annual Revenue       Fee       Cross Annual Revenue       Fee         Less than \$25,000       Between \$10,000 and \$200,000       Stop       Between \$10,000 and \$200,000       Stop         PART A - ACTIVITES       For your most recent full accounting period (beginning 07/01/2016 ending 06/30/2017 ) list:       Gross Annual Revenue       Fee         Note:       If you and the report in period (beginning 07/01/2016 ending 06/30/2017 ) list:       Gross annual revenue \$ 2, 222, 114 · Total assets \$ 15, 894, 288 · Total and any difficult or you or the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.       Yes       N         1. During this reporting period, was there any contracts, loans, leases or other financial transactions below, you must attach as esparate sheet providing an explanation and any difficult difficult or with the anetic yor with an entity in which any such officer, director or trustee had any financial interest?       Yes       N         2. During this reporting period, was there any contracts, loans, leases or other financial transactions between the organization	State Gharity negistration Number	.01 _10207		Cha	nge of address			
Xadama Bytember and Straul       Federal Employer I.D. No.       94-3236718         SAN PFRNCISCO, CA 94102       Federal Employer I.D. No.       94-3236718         Federal Employer I.D. No.       94-3236718         ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)         Make Check Payable to Attorney General's Registry of Charitable Trusts         Gross Annual Revenue       Fee         Less than \$25,000       0       Between \$100,001 and \$250,000       \$570         Between \$25,000 and \$100,000       \$225       Between \$250,000 and \$10,000 is and \$570       Between \$10,00,001 and \$50 million       \$125         For your most recent full accounting period (beginning 07/01/2016 ending 06/30/2017 ) list: Gross annual revenue \$2, 922, 114. Total assets \$15,894,288.       PART 8 - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT         Note: If you answer 'yee' to any of the questions below, you must attach a separate sheet providing an explanation and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?       Yes       N         2.       During this reporting period, was there any theft, embezziement, diversion or misuse of the organization's charitable property or trusts?       Y       X         3.       During this reporting period, was there any organization funds used to pay any penalty, line or judgment? If	TRANSGENDER COM			Ame	ended report			
SAN FRANCISCO, CA 94102       Federal Employer 1D. No. 94-3236718         Cross Annual Revenue       Federal Employer 1D. No. 94-3236718         ANNUAL REGISTRATION RENEWAL FEE SCHEDULE [11 Cal. Code Regs. sections 301-307, 311 and 312)         Make Check Payable to Attorney General's Registry of Charitable Trusts         Gross Annual Revenue       Fee         Less than \$25,000       Botween \$100,001 and \$250,000       \$50       Between \$1,000,001 and \$10 million       \$150         Between \$25,000 and \$100,000       S28       Between \$250,001 and \$1 million       \$75       Between \$1,000,001 and \$20 million       \$300         PART A - ACTIVITIES         For your most recent full accounting period (beginning 07/01/2016 transset)       ending 06/30/2017 bitst       bitstop \$300         PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT         Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and drain officer, director or trustee there of either directly or with an enthy in which any such officer, director or trustee had any infine full rector or trustee there of either directly or with an enthy in which any such officer, director or trustee had any infine reporting period, was there any thet, embezziement, diversion or misuse of the organization's charitable property or funds?       Yes       N         Ouring this reporting period, were the sory corgan expendel fun		EET		Corporate	or Organization No.	1965399		
Othy or Town, State and 2010/034         ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts         Gross Annual Revenue       Fee         Less than \$25,000       0         Between \$20,000 and \$100,000       \$25         Between \$20,001 and \$200,000       \$56         Between \$20,001 and \$10 million       \$57         Between \$20,001 and \$10 million       \$50         PART A - ACTIVITIES       For your most recent full accounting period (beginning 07/01/2016 total assets \$ 15,894,288.         PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT       Note:         Note:       If you answer "yee" to any of the questions below, you must attach a separate sheet providing an explanation and dealls for each "yee" response. Please review RH = 1 instructions for information required.         1.       During this reporting period, were there any contracts, leans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?       2         2.       During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's chaitable purposes used?       2         3.       During this reporting period, were the services of a commercial functionals or ound reginal motin and any officed, or thatiable purposes used?		CA 9/10	· 2	Fodovol Fo	anlawan I.D. No	94-3236718		
Make Check Payable to Attorney General's Registry of Charitable Trusts       Fee       Gross Annual Revenue       Fee       Between \$1,000,001 and \$20 million       \$350         Between \$25,000 and \$100,000       \$25       Between \$26,001 and \$1 million       \$77       Between \$1,000,001 and \$20 million       \$350         PART A - ACTIVITIES       For your most recent full accounting period (beginning 07/01/2016 and \$0 6/30/2017 ) list:       Gross Annual Revenue \$ 2,922,1114. Total assets \$ 15,894,288.       Image: State Sta	City or Town, State and ZIP Code	<u>CA 9410</u>	<u> </u>	rederal En	npioyer I.D. No	94-3230710		
Gross Annual Revenue       Fee       Gross Annual Revenue       Fee       Gross Annual Revenue       Fee         Less than \$25,000       0       525       Between \$100,001 and \$200,000       \$50         Between \$250,000 and \$100,000       525       Between \$250,001 and \$10 million       \$150         Between \$250,000 and \$100,000       \$25       Between \$250,001 and \$10 million       \$150         Between \$250,000 and \$100,000       \$25       Between \$250,001 and \$10 million       \$150         PART A - ACTIVITIES       To your most recent full accounting period (beginning 07/01/2016 ending 06/30/2017 ) list:       Gross annual Revenue       \$15,894,288.         PART B - STATEMENTS RECARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT       Note: If you answer 'yes' response. Please review RRF-1 instructions for information required.       \$150         1       During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee here of either directly or with an entity in which any such officer, director or trustee had any financial interest?       \$25         2       During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization 'ndres?       \$2         3       During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization 's charitable proposes used?       \$2         4 <td>ANNUAL RE</td> <td></td> <td></td> <td></td> <td></td> <td>17, 311 and 312)</td> <td></td> <td></td>	ANNUAL RE					17, 311 and 312)		
Between \$25,000 and \$100,000       \$25       Between \$250,001 and \$1 million       \$75       Between \$0,000,001 and \$50 million       \$225         Grader than \$50 million       \$300         PART A - ACTIVITIES	Gross Annual Revenue				1	evenue	Fe	e
For your most recent full accounting period (beginning_07/01/2016 rotal assets \$15,894,288.         PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT         Note:       If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.         1.       During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any fileer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?       Yes       N         2.       During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?       Yes       N         3.       During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.       X         4.       During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.       STMT 9         5.       During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.       SEE STATEMENT 10       X         7.       During this reporting period, did the or		+		•	Between \$10,00	0,001 and \$50 million	\$2	25
Gross annual revenue \$ 2,922,114. Total assets \$ 15,894,288.         PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT         Note:       If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for Information required.         1.       During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee there of either directly or with an entity in which any such officer, director or trustee had any financial interest?       Yes       N         2.       During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?       Yes       N         3.       During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.       Yes       N         5.       During this reporting period, were the services of a commercial fundraiser or fundraising coursel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number.       STMT 9       X         6.       During this reporting period, did the organization necelve any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.       STMT 9       X         7.       During this reporting period, did the organization necelve any governmental fundr	PART A - ACTIVITIES		· · · · · · · · · · · · · · · · · · ·					
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT         Note:       If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.         1.       During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or truste thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?       Yes       N         2.       During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?       Yes       X         3.       During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.       Yes       X         5.       During this reporting period, did the organization receive any governmental fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.       STMT 9       X         6.       During this reporting period, did the organization neceive any governmental fundraiser for charitable purposes.       X         7.       During this reporting period, did the organization neceive any governmental fundraiser for charitable purposes.       X         6.       During this reporting period, did the organization norgram? If "yes," provide an attac	For your most recent fi	Ill accounting p	period (beginning 07/01/201	.6_endi		2017 ) list:		
Note:       If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.         1.       During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and yo fficer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?       Yes       N         2.       During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?       Yes       N         3.       During this reporting period, did non-program expenditures exceed 50% of gross revenues?       Yes       N         4.       During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.       Yes       N         5.       During this reporting period, were the services of a commercial fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service. STIMT 9       X         6.       During this reporting period, did the organization neceive any governmental funding? If so, provide an attachment listing the name, address, and telephone number.       SEE STATEMENT 10       X         7.       During this reporting period, did the organization nective any dovernmercial fundraiser for charitable purposes.       Yes       Yes <td>· · · · · · · · · · · · · · · · · · ·</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	· · · · · · · · · · · · · · · · · · ·							
and details for each "yes" response. Please review RRF-1 instructions for information required.       Yes       N         1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?       Yes       N         2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?       Z         3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?       Z         4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.       X         5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.       SITMT 9       X         6. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment listing the name, address, orntact person, and telephone number.       SIES TATEMENT 10       X         7. During this reporting period, did the organization noracts with a commercial fundraiser for charitable purposes.       X       X         8. Does the organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?						volumention		····.
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?       X         2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?       X         3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?       X         4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.       X         5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the ame, address, and telephone number of the service provider. STMT 9       X         6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name, address, and telephone number. SEE STATEMENT 10       X         7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.       X         8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating principles for this reporting period?       X         9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	and details for each	yes" response.	Please review RRF-1 instructions f	or informa	tion required.			
or funds?       2         3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?       2         4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720       2         5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used?       2         6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.       SEE STATEMENT 10       X         7. During this reporting period, did the organization hold a rafile for charitable purposes? If "yes," provide an attachment indicating the number of rafiles and the date(s) they occurred.       X         8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.       X         9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?       X         0rganization's e-mail address       CENTER@SFCENTER.ORG       X         1       declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.	and any officer, director of		•			•	Yes	No X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.       X         5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider. STMT 9       X         6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 10       X         7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.       X         8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.       X         9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?       X         0rganization's e-mail address       CENTER@SFCENTER.ORG       X         I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.       EXECUTIVE DIRECTOR	÷ 1	od, was there an	y theft, embezzlement, diversion or m	isuse of th	e organization's ch	aritable property		x
4.       During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720       X         5.       During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.       STMT 9       X         6.       During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.       SEE STATEMENT 10       X         7.       During this reporting period, did the organization neceive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.       SEE STATEMENT 10       X         7.       During this reporting period, did the organization nold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.       X         8.       Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.       X         9.       Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?       X         Organization's e-mail address       CENTER@SFCENTER.ORG       X	3. During this reporting period	od, did non-prog	ram expenditures exceed 50% of gro	ss revenue	s?			x
If "yes," provide an attachment listing the name, address, and telephone number of the service provider.       STMT 9       X         6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.       SEE       STATEMENT 10       X         7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.       X       X         8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.       X         9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?       X         0rganization's area code and telephone number       (415) 865-5555       X         0rganization's e-mail address       CENTER@SFCENTER.ORG       X         I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.       REBECCA ROLFE       EXECUTIVE DIRECTOR				alty, fine or	judgment? If you fi	led a Form 4720		x
name of the agency, mailing address, contact person, and telephone number.       SEE       STATEMENT       10       X         7.       During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.       X         8.       Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.       X         9.       Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?       X         0rganization's e-mail address       CENTER@SFCENTER.ORG       X         I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.         REBECCA ROLFE       EXECUTIVE DIRECTOR	If "yes," provide an attach	ment listing the	name, address, and telephone numb	er of the se	ervice provider.	STMT 9	x	
the number of raffles and the date(s) they occurred.       X         8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.       X         9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?       X         Organization's area code and telephone number       (415) 865-5555         Organization's e-mail address       CENTER@SFCENTER.ORG         I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.         REBECCA ROLFE       EXECUTIVE DIRECTOR	name of the agency, mail	ng address, con	ntact person, and telephone number.		SEE S'	PATEMENT 10	x	
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.       X         9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?       X         0rganization's area code and telephone number       (415) 865-5555         0rganization's e-mail address       CENTER@SFCENTER.ORG         I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.         REBECCA ROLFE       EXECUTIVE DIRECTOR	• • • •	••••••	• •	poses? If "	yes," provide an at	tachment indicating		x
principles for this reporting period?       X         Organization's area code and telephone number       (415) 865-5555         Organization's e-mail address       CENTER@SFCENTER.ORG         I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.         REBECCA ROLFE       EXECUTIVE DIRECTOR	8. Does the organization cor	nduct a vehicle c	donation program? If "yes," provide ar					x
Organization's e-mail address CENTER@SFCENTER.ORG I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete. REBECCA ROLFE EXECUTIVE DIRECTOR			udited financial statement in accordar	nce with ge	nerally accepted a	ccounting	x	
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete. REBECCA ROLFE EXECUTIVE DIRECTOR	Organization's area code and telep	none number <u>(</u>	415) 865-5555					
correct and complete.           REBECCA ROLFE         EXECUTIVE DIRECTOR	Organization's e-mail address	ENTEROSF	CENTER.ORG					
		that I have exami	ined this report, including accompanying	documents	, and to the best of m	y knowledge and belief, i	t is true	Э,
	Signature of authorized officer							
		P11100	M HAUHIO	i Al	•			

FORM RRF-1

## INFORMATION REGARDING PROFESSIONAL FUND-RAISING SERVICES PART B, LINE 5

### LESLIE ANN MINOT 9274 PEACOCK HILL CIRCLE LAS VEGAS, NV 89117 BING CONSULTING 3364 MISSION STREET SAN FRANCISCO, CA 94110

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STATEMENT 9

FORM RRF-1

PART B, LINE 6

CITY AND COUNTY OF SAN FRANCISCO CONTACT PERSON: STEPHEN FORD 1 SOUTH VAN NESS AVENUE, 5TH FLOOR SAN FRANCISCO, CA 94103 415-701-5593

STATEMENT 10

INFORMATION REGARDING GOVERNMENT FUNDING

# A COMPLETE COPY OF THE FEDERAL FORM 990 WAS ATTACHED TO THE FILING COPY OF THE REGISTRATION RENEWAL FEE REPORT