

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

2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2023 calendar year, or tax year beginning 07/01/23, and ending 06/30/24

B Check if applicable:
C Name of organization: THE LGBTQ COMMUNITY CENTER OF THE D
D Employer identification number: 33-0937301
E Telephone number: 760-416-7790
G Gross receipts: 4,412,979
F Name and address of principal officer: MICHAEL THOMPSON, 1301 N. PALM CANYON DRIVE, PALM SPRINGS, CA 92262
I Tax-exempt status: 501(c)(3)
J Website: WWW.THECENTERCV.ORG
K Form of organization: Corporation
L Year of formation: 2000
M State of legal domicile: CA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... TO ENRICH THE LIVES OF THE LGBTQ COMMUNITY...; 3 Number of voting members: 12; 4 Number of independent voting members: 12; 5 Total number of individuals employed: 37; 6 Total number of volunteers: 100; 7a Total unrelated business revenue: 0; 7b Net unrelated business taxable income: 0; 8 Contributions and grants: 2,369,232; 9 Program service revenue: 204,023; 10 Investment income: 44,202; 11 Other revenue: -31,082; 12 Total revenue: 2,586,375; 13 Grants and similar amounts paid: 0; 14 Benefits paid: 0; 15 Salaries, other compensation: 1,743,059; 16a Professional fundraising fees: 23,500; 16b Total fundraising expenses: 56,657; 17 Other expenses: 1,359,106; 18 Total expenses: 3,125,665; 19 Revenue less expenses: -539,290; 20 Total assets: 4,023,788; 21 Total liabilities: 134,083; 22 Net assets or fund balances: 3,889,705.

Part II Signature Block

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

Sign Here: Signature of officer MICHAEL THOMPSON, CEO. Date.
Paid Preparer Use Only: Print/Type preparer's name ANDREA L. OLIVERI, Preparer's signature COURTESY COPY, Date 09/26/24, Check self-employed, PTIN P01890398.
Firm's name COACHELLA VALLEY ACCOUNTING & AUDITING, Firm's EIN, Firm's address LA QUINTA, CA 92253, Phone no. 442-325-0089.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO ENRICH THE LIVES OF THE LGBTQ COMMUNITY. THE CENTER PROVIDES A SAFE AND SUPPORTIVE ENVIRONMENT FOR MEMBERS TO ENJOY HEALTH, WELLNESS, EDUCATIONAL AND SOCIAL PROGRAMS, WHERE PEOPLE OF ALL AGES AND BACKGROUNDS ARE WELCOME.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **486,324** including grants of \$) (Revenue \$)
MENTAL HEALTH COUNSELING FOR THE BENEFIT OF THE LGBTQ POPULATION OF OUR COMMUNITY.

4b (Code:) (Expenses \$ **2,046,004** including grants of \$) (Revenue \$)
WELLNESS AND RECREATIONAL PROGRAMS FOR THE BENEFIT OF THE LGBTQ POPULATION IN OUR COMMUNITY.

4c (Code:) (Expenses \$ **207,243** including grants of \$) (Revenue \$)
FOOD BANK PROGRAM TO DISTRIBUTE NECESSITIES TO THE LESS FORTUNATE POPULATION OF THE COMMUNITY.

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

4e Total program service expenses **2,739,571**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	37		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.

MATTHEW WIGGLESWORTH
PALM SPRINGS

1301 N. PALM CANYON DRIVE

CA 92262

760-416-7790

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROB WHEELER CEO & EXECUTIVE DIR	40.00 0.00						X	126,164	0	1,896
(2) KERRY DEAL CFO	40.00 0.00						X	113,644	0	2,612
(3) MICHAEL THOMPSON CEO	40.00 0.00	X		X				102,579	0	8,325
(4) MATTHEW WIGGLESWORTH CFO AS OF JUNE 2024	40.00 0.00			X				0	0	0
(5) DON ZUIDEMA CHAIR	10.00 0.00	X		X				0	0	0
(6) JODY SILVER VICE-CHAIR	10.00 0.00	X		X				0	0	0
(7) JEFF WEYANT TREASURER	5.00 0.00	X		X				0	0	0
(8) KASEY MAZZONE SECRETARY	5.00 0.00	X		X				0	0	0
(9) ALBERT GONZALES MEMBER	5.00 0.00	X						0	0	0
(10) BRIAN RIX MEMBER	5.00 0.00	X						0	0	0
(11) DAVID PEREZ MEMBER	5.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) DEEANN HOPINGS										
(12) MEMBER	5.00 0.00	X					0	0	0	
(13) JIM REED										
(13) MEMBER	5.00 0.00	X					0	0	0	
(14) MARY SUE ALLEN										
(14) MEMBER	5.00 0.00	X					0	0	0	
(15) TED BRIGGS										
(15) MEMBER	5.00 0.00	X					0	0	0	
(16) TOM BECKTOLD										
(16) MEMBER	5.00 0.00	X					0	0	0	
(17)										
(18)										
(19)										
1b Subtotal							342,387		12,833	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							342,387		12,833	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	19,863				
	c Fundraising events	1c	926,683				
	d Related organizations	1d					
	e Government grants (contributions)	1e	133,769				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,396,890				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f		3,477,205				
Program Service Revenue	2a MENTAL HEALTH	Business Code	624100	226,493	226,493		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		226,493				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		100,453			100,453	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real	8,692			
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c	8,692				
	d Net rental income or (loss)		8,692	8,692			
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	196,886			
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b	200,285				
c Gain or (loss)	7c	-3,399					
d Net gain or (loss)		-3,399	-3,399				
8a Gross income from fundraising events (not including \$ 926,683 of contributions reported on line 1c). See Part IV, line 18	8a		403,250				
		b Less: direct expenses	8b	635,839			
		c Net income or (loss) from fundraising events		-232,589			
9a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions		3,576,855	231,786	0	100,453		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	241,633	205,388	28,996	7,249
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	116,236	98,801	13,948	3,487
7 Other salaries and wages	1,359,948	1,155,956	163,194	40,798
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	29,533	25,103	3,544	886
9 Other employee benefits				
10 Payroll taxes	141,247	120,060	16,950	4,237
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	11,700		11,700	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	178,135	142,508	35,627	
12 Advertising and promotion				
13 Office expenses	101,705	81,364	20,341	
14 Information technology				
15 Royalties				
16 Occupancy	187,753	168,978	18,775	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	399,900	359,911	39,989	
23 Insurance	119,618	107,657	11,961	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT & MAINTENANCE	81,820	65,455	16,365	
b COMMUNICATIONS	76,912	61,532	15,380	
c UTILITIES	64,368	57,931	6,437	
d SUPPLIES	55,654	44,524	11,130	
e All other expenses	55,504	44,403	11,101	
25 Total functional expenses. Add lines 1 through 24e	3,221,666	2,739,571	425,438	56,657
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	155,745	1	222,587
	2 Savings and temporary cash investments	234,003	2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	225,708	4	180,700
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	75,535	9	40,338
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,284,918		
	b Less: accumulated depreciation	10b 2,294,935	1,283,809	10c 1,989,983
	11 Investments—publicly traded securities	1,811,456	11	1,714,642
	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	237,532	15	250,917
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,023,788	16	4,399,167	
Liabilities	17 Accounts payable and accrued expenses	134,083	17	141,696
	18 Grants payable		18	
	19 Deferred revenue		19	2,500
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	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		25	9,885
	26 Total liabilities. Add lines 17 through 25	134,083	26	154,081
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,753,674	27	3,883,738
	28 Net assets with donor restrictions	136,031	28	361,348
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,889,705	32	4,245,086
33 Total liabilities and net assets/fund balances	4,023,788	33	4,399,167	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,576,855
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,221,666
3	Revenue less expenses. Subtract line 2 from line 1	3	355,189
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,889,705
5	Net unrealized gains (losses) on investments	5	192
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,245,086

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

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

Name of the organization

THE LGBTQ COMMUNITY CENTER OF THE D

Employer identification number

33-0937301

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2023

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2022 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test — 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,761,438	3,438,837	2,469,091	2,369,232	3,477,205	13,515,803
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	80,485	65,147	662,027	214,401	235,185	1,257,245
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,841,923	3,503,984	3,131,118	2,583,633	3,712,390	14,773,048
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	162,500	545,000	221,000	120,000	1,377,801	2,426,301
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				273,722	399,722	673,444
c Add lines 7a and 7b	162,500	545,000	221,000	393,722	1,777,523	3,099,745
8 Public support. (Subtract line 7c from line 6.)						11,673,303

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	1,841,923	3,503,984	3,131,118	2,583,633	3,712,390	14,773,048
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	18,388	1,129	927	44,202	100,453	165,099
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	18,388	1,129	927	44,202	100,453	165,099
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,860,311	3,505,113	3,132,045	2,627,835	3,812,843	14,938,147
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	78.14 %
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	87.67 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	1 %
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	1 %

- 19a 33 1/3% support tests — 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests — 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

Employer identification number

THE LGBTQ COMMUNITY CENTER OF THE D

33-0937301

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1; Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment %
- b** Permanent endowment %
- c** Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations?
- (ii)** Related organizations?

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,106,074		1,106,074
b Buildings				
c Leasehold improvements		1,770,393	967,197	803,196
d Equipment		45,692	36,554	9,138
e Other		1,362,759	1,291,184	71,575
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,989,983

Part VII Investments – Other Securities

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

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

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) ERC RECEIVABLE	237,532
(2) RIGHT OF USE ASSET	9,885
(3) CIP	3,500
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	250,917

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RIGHT OF USE LIABILITY	9,885
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	9,885

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	4,212,886
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	192
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	635,839
e	Add lines 2a through 2d	2e	636,031
3	Subtract line 2e from line 1	3	3,576,855
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,576,855

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

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

1	Total expenses and losses per audited financial statements	1	3,857,505
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	635,839
e	Add lines 2a through 2d	2e	635,839
3	Subtract line 2e from line 1	3	3,221,666
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,221,666

Part XIII Supplemental Information

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

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

SPECIAL EVENTS EXPENSES IN REVENUE \$ **635,839**

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

SPECIAL EVENTS EXPENSES IN REVENUE \$ **635,839**

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

THE LGBTQ COMMUNITY CENTER OF THE D

Employer identification number

33-0937301

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>CENTER STAGE</u> (event type)	<u>RED DRESS</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	599,019	584,820	146,094	1,329,933
	2	Less: Contributions	519,019	261,570	146,094	926,683
	3	Gross income (line 1 minus line 2)	80,000	323,250		403,250
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	2,505	1,470		3,975
	6	Rent/facility costs	25,528	94,221	37,794	157,543
	7	Food and beverages	88,394	59,339		147,733
	8	Entertainment	6,475	7,710	438	14,623
	9	Other direct expenses	157,937	137,442	16,586	311,965
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					-232,589

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> 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)				

- 9 Enter the state(s) in which the organization conducts gaming activities: _____
- a Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b If "No," explain: _____
- 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes 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? Yes No

13 Indicate the percentage of gaming activity conducted in:
a The organization's facility 13a %
b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name
Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes 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 \$

c If "Yes," enter name and address of the third party:
Name
Address

16 Gaming manager information:
Name
Gaming manager compensation \$
Description of services provided
 Director/officer Employee Independent contractor

17 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes 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 \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

THE LGBTQ COMMUNITY CENTER OF THE D

Employer identification number

33-0937301

Part I Questions Regarding Compensation

1a Check the appropriate 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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** **X**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** **X**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** **X**
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** **X**
- b** Any related organization? **5b** **X**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** **X**
- b** Any related organization? **6b** **X**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7** **X**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** **X**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1a		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROB WHEELER CEO & EXECUTIVE DIR	(i)	126,164	0	0	0	1,896	128,060	0
	(ii)	0	0	0	0	0	0	0
2 KERRY DEAL CFO	(i)	113,644	0	0	0	2,612	116,256	0
	(ii)	0	0	0	0	0	0	0
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

THE LGBTQ COMMUNITY CENTER OF THE D

Employer identification number

33-0937301

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
FORM 990 IS PRESENTED AT BOARD MEETINGS AND APPROVED.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
CONFLICTS OF INTEREST ARE REVIEWED BY BOARD MEMBERS.**

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
SALARIES ARE REVIEWED AND APPROVED BY BOARD MEMBERS.**

**FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
SALARIES ARE REVIEWED AND APPROVED BY BOARD MEMBERS.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE PROVIDED TO THE
PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS AND TAX RETURNS ARE ALSO
POSTED ON THE WEBSITE FOR PUBLIC REVIEW.**

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION	
SPECIAL EVENTS EXPENSES IN REVENUE	\$ 635,839
SPECIAL EVENTS EXPENSES IN REVENUE	\$ -635,839

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

Attach to your tax return.

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

Name(s) shown on return

Identifying number 33-0937301

THE LGBTQ COMMUNITY CENTER OF THE D

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

Table with 13 rows for Part I, including fields for maximum amount, total cost, threshold cost, reduction in limitation, and dollar limitation.

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

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

Table with 3 rows for Part II, including special depreciation allowance, property subject to section 168(f)(1) election, and other depreciation.

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

Section A

Table with 2 rows for Section A, including MACRS deductions for assets placed in service in tax years beginning before 2023.

Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

Table with 7 columns (a-g) and 9 rows for Section B, detailing classification, month/year, basis, recovery period, convention, method, and depreciation deduction.

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

Table with 7 columns and 4 rows for Section C, detailing class life, month/year, basis, recovery period, convention, method, and depreciation deduction.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV, including listed property, total amounts, and portion of the basis attributable to section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:								
7	Bunn Coffee Maker	3/25/16	1,533		1,533	5 MO S/L	1,533	0
8	Computer Equip - Mike	7/02/16	1,906		1,906	5 MO S/L	1,906	0
9	TV Monitors - New Bldg	8/01/16	10,563		10,563	5 MO S/L	10,563	0
11	Furnishings - New Bldg	8/01/16	92,193		92,193	5 MO S/L	92,193	0
12	Signage - New Bldg	8/01/16	11,547		11,547	5 MO S/L	11,547	0
13	LHI - 611 S. Palm Canyon	8/01/16	989,256		989,256	5 MO S/L	989,256	0
14	2018 Ford Transit Connect	4/01/18	27,913		27,913	5 MO S/L	27,913	0
15	Wall mounts for TV	10/09/17	1,666		1,666	5 MO S/L	1,666	0
16	Large helium balloons	10/01/17	2,697		2,697	5 MO S/L	2,697	0
17	Laptop/Docking station	10/01/18	2,276		2,276	5 MO S/L	2,158	118
18	Architectural services	10/04/17	8,855		8,855	5 MO S/L	8,855	0
19	Flag poles & lighting	11/01/17	13,765		13,765	5 MO S/L	13,765	0
20	Stairway mural	8/02/90	8,290		8,290	5 MO S/L	6,770	1,520
21	Internet access - 2 floor	7/31/18	8,122		8,122	5 MO S/L	7,986	136
22	Improvements, Suite 101	6/24/20	5,985		5,985	5 MO S/L	3,591	1,197
23	Coachella - Blinds, Carpet, Painting	12/30/20	13,241		13,241	5 MO S/L	5,297	2,648
24	Coachella - Wallmount and Cabling	6/18/21	1,435		1,435	5 MO S/L	574	287
25	LHI - 1301 N Palm Canyon 2nd Floor	10/01/21	1,734,203		1,734,203	5 MO S/L	606,971	345,318
26	LHI - Foodbank - 610 S Belardo Rd PS	3/01/22	6,746		6,746	5 MO S/L	1,799	1,349
27	2020 Ford Transit Van	10/01/20	45,692		45,692	5 MO S/L	27,415	9,139
28	Apple IMAC - CEO	10/08/20	2,080		2,080	5 MO S/L	1,248	416
29	Apple IMAC	10/30/20	4,046		4,046	5 MO S/L	2,428	809
30	Conveyor Belt	10/07/20	2,731		2,731	5 MO S/L	1,639	546
31	Six Lenovo Ultrabooks	10/02/20	7,466		7,466	5 MO S/L	4,480	1,493
32	Mailbox	11/05/20	1,474		1,474	5 MO S/L	884	295
33	Nine Lenovo ThinkSmart Hubs	12/02/20	10,481		10,481	5 MO S/L	6,289	2,096
34	Six Temp Screening Kiosks	12/07/20	9,021		9,021	5 MO S/L	5,413	1,804
35	Cisco IP PBX Phone System	12/07/20	8,253		8,253	5 MO S/L	4,952	1,650
36	Synology Server	12/19/20	1,190		1,190	5 MO S/L	714	238
37	Office Furnishings	2/01/21	58,987		58,987	5 MO S/L	26,337	11,798
38	Nine 50 inch Samsung TVs	2/12/21	5,561		5,561	5 MO S/L	2,224	1,113
39	Fargo ID Printer	9/30/21	3,542		3,542	5 MO S/L	1,240	708
40	2 Lenovo Laptops	10/31/21	1,365		1,365	5 MO S/L	455	273
41	25 New Phones	11/26/21	2,507		2,507	5 MO S/L	794	501
42	Freezer	5/01/22	11,726		11,726	5 MO S/L	2,736	2,345
43	Laptop and Desktop Gui Mike	1/25/22	4,422		4,422	5 MO S/L	1,253	884
44	Desk and Divider	1/28/22	2,611		2,611	5 MO S/L	740	522
45	Laptop and Desktop Aries Charles	2/08/22	2,839		2,839	5 MO S/L	805	567
46	Desktop Deb	2/17/22	1,637		1,637	5 MO S/L	437	327
47	Desktop Kerry	2/17/22	2,126		2,126	5 MO S/L	567	425
48	Laptop and Docking Station	2/28/22	2,464		2,464	5 MO S/L	657	493
49	Desktop	3/31/22	1,637		1,637	5 MO S/L	409	328
50	Firewall	4/04/22	1,130		1,130	5 MO S/L	282	226
51	Unifi Switch and UPS	4/08/22	3,820		3,820	5 MO S/L	955	764
52	LHI - Design and Engineering room	6/30/23	14,768		14,768	5 MO S/L	0	2,954
53	New Front Desk Computer	7/18/22	1,692		1,692	5 MO S/L	310	338
54	2 Desktops for BH Clinic	7/20/22	4,058		4,058	5 MO S/L	744	811
55	Desktop (Candice)	8/23/22	1,692		1,692	5 MO S/L	282	338
56	Laptop (Volunteer & Outreach)	9/07/22	1,750		1,750	5 MO S/L	292	350
57	Apple MacBook Pro (development)	10/20/22	2,093		2,093	5 MO S/L	279	419
58	New printer (Coachella)	11/18/22	1,039		1,039	5 MO S/L	121	208
59	New Apple Computer (Raul)	12/27/22	2,178		2,178	5 MO S/L	218	435
60	New Apple Computer (Roger)	3/20/23	2,873		2,873	5 MO S/L	144	574
61	2 New Desktops (Dan & BH Clinic)	3/29/23	3,725		3,725	5 MO S/L	186	745
62	New Desktop (BH Clinic)	4/26/23	1,976		1,976	5 MO S/L	66	395
Total Other Depreciation			<u>3,178,844</u>		<u>3,178,844</u>		<u>1,895,035</u>	<u>399,900</u>
Total ACRS and Other Depreciation			<u>3,178,844</u>		<u>3,178,844</u>		<u>1,895,035</u>	<u>399,900</u>
Grand Totals			3,178,844		3,178,844		1,895,035	399,900
Less: Dispositions and Transfers			0		0		0	0
Less: Start-up/Org Expense			0		0		0	0
Net Grand Totals			<u>3,178,844</u>		<u>3,178,844</u>		<u>1,895,035</u>	<u>399,900</u>

CA Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
Other Depreciation:								
7	Bunn Coffee Maker	3/25/16	1,533	1,533	1,533	0	0	0
8	Computer Equip - Mike	7/02/16	1,906	1,906	1,906	0	0	0
9	TV Monitors - New Bldg	8/01/16	10,563	10,563	10,563	0	0	0
11	Furnishings - New Bldg	8/01/16	92,193	92,193	92,193	0	0	0
12	Signage - New Bldg	8/01/16	11,547	11,547	11,547	0	0	0
13	LHI - 611 S. Palm Canyon	8/01/16	989,256	989,256	989,256	0	0	0
14	2018 Ford Transit Connect	4/01/18	27,913	27,913	27,913	0	0	0
15	Wall mounts for TV	10/09/17	1,666	1,666	1,666	0	0	0
16	Large helium balloons	10/01/17	2,697	2,697	2,697	0	0	0
17	Laptop/Docking station	10/01/18	2,276	2,276	2,158	118	118	0
18	Architectural services	10/04/17	8,855	8,855	8,855	0	0	0
19	Flag poles & lighting	11/01/17	13,765	13,765	13,765	0	0	0
20	Stairway mural	8/02/90	8,290	8,290	6,770	1,520	1,520	0
21	Internet access - 2 floor	7/31/18	8,122	8,122	7,986	136	136	0
22	Improvements, Suite 101	6/24/20	5,985	5,985	3,591	1,197	1,197	0
23	Coachella - Blinds, Carpet, Painting	12/30/20	13,241	13,241	5,297	2,648	2,648	0
24	Coachella - Wallmount and Cabling	6/18/21	1,435	1,435	574	287	287	0
25	LHI - 1301 N Palm Canyon 2nd Floor	10/01/21	1,734,203	1,734,203	606,971	345,318	345,318	0
26	LHI - Foodbank - 610 S Belardo Rd PS	3/01/22	6,746	6,746	1,799	1,349	1,349	0
27	2020 Ford Transit Van	10/01/20	45,692	45,692	27,415	9,139	9,139	0
28	Apple IMAC - CEO	10/08/20	2,080	2,080	1,248	416	416	0
29	Apple IMAC	10/30/20	4,046	4,046	2,428	809	809	0
30	Conveyor Belt	10/07/20	2,731	2,731	1,639	546	546	0
31	Six Lenovo Ultrabooks	10/02/20	7,466	7,466	4,480	1,493	1,493	0
32	Mailbox	11/05/20	1,474	1,474	884	295	295	0
33	Nine Lenovo ThinkSmart Hubs	12/02/20	10,481	10,481	6,289	2,096	2,096	0
34	Six Temp Screening Kiosks	12/07/20	9,021	9,021	5,413	1,804	1,804	0
35	Cisco IP PBX Phone System	12/07/20	8,253	8,253	4,952	1,650	1,650	0
36	Synology Server	12/19/20	1,190	1,190	714	238	238	0
37	Office Furnishings	2/01/21	58,987	58,987	26,337	11,798	11,798	0
38	Nine 50 inch Samsung TVs	2/12/21	5,561	5,561	2,224	1,113	1,113	0
39	Fargo ID Printer	9/30/21	3,542	3,542	1,240	708	708	0
40	2 Lenovo Laptops	10/31/21	1,365	1,365	455	273	273	0
41	25 New Phones	11/26/21	2,507	2,507	794	501	501	0
42	Freezer	5/01/22	11,726	11,726	2,736	2,345	2,345	0
43	Laptop and Desktop Gui Mike	1/25/22	4,422	4,422	1,253	884	884	0
44	Desk and Divider	1/28/22	2,611	2,611	740	522	522	0
45	Laptop and Desktop Aries Charles	2/08/22	2,839	2,839	805	567	567	0
46	Desktop Deb	2/17/22	1,637	1,637	437	327	327	0
47	Desktop Kerry	2/17/22	2,126	2,126	567	425	425	0
48	Laptop and Docking Station	2/28/22	2,464	2,464	657	493	493	0
49	Desktop	3/31/22	1,637	1,637	409	328	328	0
50	Firewall	4/04/22	1,130	1,130	282	226	226	0
51	Unifi Switch and UPS	4/08/22	3,820	3,820	955	764	764	0
52	LHI - Design and Engineering room	6/30/23	14,768	14,768	0	2,954	2,954	0
53	New Front Desk Computer	7/18/22	1,692	1,692	310	338	338	0
54	2 Desktops for BH Clinic	7/20/22	4,058	4,058	744	811	811	0
55	Desktop (Candice)	8/23/22	1,692	1,692	282	338	338	0
56	Laptop (Volunteer & Outreach)	9/07/22	1,750	1,750	292	350	350	0
57	Apple MacBook Pro (development)	10/20/22	2,093	2,093	279	419	419	0
58	New printer (Coachella)	11/18/22	1,039	1,039	121	208	208	0
59	New Apple Computer (Raul)	12/27/22	2,178	2,178	218	435	435	0
60	New Apple Computer (Roger)	3/20/23	2,873	2,873	144	574	574	0
61	2 New Desktops (Dan & BH Clinic)	3/29/23	3,725	3,725	186	745	745	0
62	New Desktop (BH Clinic)	4/26/23	1,976	1,976	66	395	395	0
Total Other Depreciation			<u>3,178,844</u>	<u>3,178,844</u>	<u>1,895,035</u>	<u>399,900</u>	<u>399,900</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>3,178,844</u>	<u>3,178,844</u>	<u>1,895,035</u>	<u>399,900</u>	<u>399,900</u>	<u>0</u>
Grand Totals			3,178,844	3,178,844	1,895,035	399,900	399,900	0
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>3,178,844</u>	<u>3,178,844</u>	<u>1,895,035</u>	<u>399,900</u>	<u>399,900</u>	<u>0</u>

Future Depreciation Report FYE: 6/30/25

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
7	Bunn Coffee Maker	3/25/16	1,533	0	0
8	Computer Equip - Mike	7/02/16	1,906	0	0
9	TV Monitors - New Bldg	8/01/16	10,563	0	0
11	Furnishings - New Bldg	8/01/16	92,193	0	0
12	Signage - New Bldg	8/01/16	11,547	0	0
13	LHI - 611 S. Palm Canyon	8/01/16	989,256	0	0
14	2018 Ford Transit Connect	4/01/18	27,913	0	0
15	Wall mounts for TV	10/09/17	1,666	0	0
16	Large helium balloons	10/01/17	2,697	0	0
17	Laptop/Docking station	10/01/18	2,276	0	0
18	Architectural services	10/04/17	8,855	0	0
19	Flag poles & lighting	11/01/17	13,765	0	0
20	Stairway mural	8/02/90	8,290	0	0
21	Internet access - 2 floor	7/31/18	8,122	0	0
22	Improvements, Suite 101	6/24/20	5,985	1,197	0
23	Coachella - Blinds, Carpet, Painting	12/30/20	13,241	2,648	0
24	Coachella - Wallmount and Cabling	6/18/21	1,435	287	0
25	LHI - 1301 N Palm Canyon 2nd Floor	10/01/21	1,734,203	346,841	0
26	LHI - Foodbank - 610 S Belardo Rd PS	3/01/22	6,746	1,349	0
27	2020 Ford Transit Van	10/01/20	45,692	9,138	0
28	Apple IMAC - CEO	10/08/20	2,080	416	0
29	Apple IMAC	10/30/20	4,046	809	0
30	Conveyor Belt	10/07/20	2,731	546	0
31	Six Lenovo Ultrabooks	10/02/20	7,466	1,493	0
32	Mailbox	11/05/20	1,474	295	0
33	Nine Lenovo ThinkSmart Hubs	12/02/20	10,481	2,096	0
34	Six Temp Screening Kiosks	12/07/20	9,021	1,804	0
35	Cisco IP PBX Phone System	12/07/20	8,253	1,651	0
36	Synology Server	12/19/20	1,190	238	0
37	Office Furnishings	2/01/21	58,987	11,797	0
38	Nine 50 inch Samsung TVs	2/12/21	5,561	1,112	0
39	Fargo ID Printer	9/30/21	3,542	709	0
40	2 Lenovo Laptops	10/31/21	1,365	273	0
41	25 New Phones	11/26/21	2,507	502	0
42	Freezer	5/01/22	11,726	2,345	0
43	Laptop and Desktop Gui Mike	1/25/22	4,422	885	0
44	Desk and Divider	1/28/22	2,611	522	0
45	Laptop and Desktop Aries Charles	2/08/22	2,839	568	0
46	Desktop Deb	2/17/22	1,637	328	0
47	Desktop Kerry	2/17/22	2,126	425	0
48	Laptop and Docking Station	2/28/22	2,464	492	0
49	Desktop	3/31/22	1,637	327	0
50	Firewall	4/04/22	1,130	226	0
51	Unifi Switch and UPS	4/08/22	3,820	764	0
52	LHI - Design and Engineering room	6/30/23	14,768	2,953	0
53	New Front Desk Computer	7/18/22	1,692	339	0
54	2 Desktops for BH Clinic	7/20/22	4,058	812	0
55	Desktop (Candice)	8/23/22	1,692	339	0
56	Laptop (Volunteer & Outreach)	9/07/22	1,750	349	0
57	Apple MacBook Pro (development)	10/20/22	2,093	418	0
58	New printer (Coachella)	11/18/22	1,039	208	0
59	New Apple Computer (Raul)	12/27/22	2,178	436	0
60	New Apple Computer (Roger)	3/20/23	2,873	575	0
61	2 New Desktops (Dan & BH Clinic)	3/29/23	3,725	745	0
62	New Desktop (BH Clinic)	4/26/23	1,976	395	0
Total Other Depreciation			<u>3,178,844</u>	<u>399,652</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>3,178,844</u>	<u>399,652</u>	<u>0</u>
Grand Totals			<u>3,178,844</u>	<u>399,652</u>	<u>0</u>

CA Future Depreciation Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	CA
Other Depreciation:				
7	Bunn Coffee Maker	3/25/16	1,533	0
8	Computer Equip - Mike	7/02/16	1,906	0
9	TV Monitors - New Bldg	8/01/16	10,563	0
11	Furnishings - New Bldg	8/01/16	92,193	0
12	Signage - New Bldg	8/01/16	11,547	0
13	LHI - 611 S. Palm Canyon	8/01/16	989,256	0
14	2018 Ford Transit Connect	4/01/18	27,913	0
15	Wall mounts for TV	10/09/17	1,666	0
16	Large helium balloons	10/01/17	2,697	0
17	Laptop/Docking station	10/01/18	2,276	0
18	Architectural services	10/04/17	8,855	0
19	Flag poles & lighting	11/01/17	13,765	0
20	Stairway mural	8/02/90	8,290	0
21	Internet access - 2 floor	7/31/18	8,122	0
22	Improvements, Suite 101	6/24/20	5,985	1,197
23	Coachella - Blinds, Carpet, Painting	12/30/20	13,241	2,648
24	Coachella - Wallmount and Cabling	6/18/21	1,435	287
25	LHI - 1301 N Palm Canyon 2nd Floor	10/01/21	1,734,203	346,841
26	LHI - Foodbank - 610 S Belardo Rd PS	3/01/22	6,746	1,349
27	2020 Ford Transit Van	10/01/20	45,692	9,138
28	Apple IMAC - CEO	10/08/20	2,080	416
29	Apple IMAC	10/30/20	4,046	809
30	Conveyor Belt	10/07/20	2,731	546
31	Six Lenovo Ultrabooks	10/02/20	7,466	1,493
32	Mailbox	11/05/20	1,474	295
33	Nine Lenovo ThinkSmart Hubs	12/02/20	10,481	2,096
34	Six Temp Screening Kiosks	12/07/20	9,021	1,804
35	Cisco IP PBX Phone System	12/07/20	8,253	1,651
36	Synology Server	12/19/20	1,190	238
37	Office Furnishings	2/01/21	58,987	11,797
38	Nine 50 inch Samsung TVs	2/12/21	5,561	1,112
39	Fargo ID Printer	9/30/21	3,542	709
40	2 Lenovo Laptops	10/31/21	1,365	273
41	25 New Phones	11/26/21	2,507	502
42	Freezer	5/01/22	11,726	2,345
43	Laptop and Desktop Gui Mike	1/25/22	4,422	885
44	Desk and Divider	1/28/22	2,611	522
45	Laptop and Desktop Aries Charles	2/08/22	2,839	568
46	Desktop Deb	2/17/22	1,637	328
47	Desktop Kerry	2/17/22	2,126	425
48	Laptop and Docking Station	2/28/22	2,464	492
49	Desktop	3/31/22	1,637	327
50	Firewall	4/04/22	1,130	226
51	Unifi Switch and UPS	4/08/22	3,820	764
52	LHI - Design and Engineering room	6/30/23	14,768	2,953
53	New Front Desk Computer	7/18/22	1,692	339
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Total Other Depreciation			<u>3,178,844</u>	<u>399,652</u>
Total ACRS and Other Depreciation			<u>3,178,844</u>	<u>399,652</u>
Grand Totals			<u>3,178,844</u>	<u>399,652</u>

**SCHEDULE G
(Form 990 or
990-EZ)**

Fundraising Other Events

2023

For calendar year 2023, or tax year beginning **07/01/23**, and ending **06/30/24**

Name

Employer Identification Number

THE LGBTQ COMMUNITY CENTER OF THE D

33-0937301

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events (add col. (a) through col. (c))
		<u>SPECIAL EVENT</u> - (event type)	_____ (event type)	_____ (event type)	
Revenue	1 Gross receipts	146,094			146,094
	2 Less: Charitable contributions	146,094			146,094
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	37,794			37,794
	7 Food/beverages				
	8 Entertainment	438			438
	9 Other expenses	16,586			16,586

Form **990****Two Year Comparison Report****2022 & 2023**For calendar year 2023, or tax year beginning **07/01/23**, ending **06/30/24**

Name

Taxpayer Identification Number

THE LGBTQ COMMUNITY CENTER OF THE D**33-0937301**

		2022	2023	Differences
Revenue	1. Contributions, gifts, grants	1. 2,146,550	3,323,573	1,177,023
	2. Membership dues and assessments	2. 32,465	19,863	-12,602
	3. Government contributions and grants	3. 190,217	133,769	-56,448
	4. Program service revenue	4. 204,023	226,493	22,470
	5. Investment income	5. 44,202	100,453	56,251
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.	-3,399	-3,399
	8. Net income or (loss) from fundraising events	8. -278,959	-232,589	46,370
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 247,877	8,692	-239,185
	12. Total revenue. Add lines 1 through 11	12. 2,586,375	3,576,855	990,480
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 117,541	241,633	124,092
	16. Salaries, other compensation, and employee benefits	16. 1,625,518	1,646,964	21,446
	17. Professional fundraising fees	17. 23,500		-23,500
	18. Other professional fees	18. 257,483	189,835	-67,648
	19. Occupancy, rent, utilities, and maintenance	19. 179,994	187,753	7,759
	20. Depreciation and Depletion	20. 404,087	399,900	-4,187
	21. Other expenses	21. 517,542	555,581	38,039
	22. Total expenses. Add lines 13 through 21	22. 3,125,665	3,221,666	96,001
	23. Excess or (Deficit). Subtract line 22 from line 12	23. -539,290	355,189	894,479
Other Information	24. Total exempt revenue	24. 2,586,375	3,576,855	990,480
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 496,102	332,239	-163,863
	27. Total assets	27. 4,023,788	4,399,167	375,379
	28. Total liabilities	28. 134,083	154,081	19,998
	29. Retained earnings	29. 3,889,705	4,245,086	355,381
	30. Number of voting members of governing body	30. 12	12	
31. Number of independent voting members of governing body	31. 12	12		
32. Number of employees	32. 43	37		
33. Number of volunteers	33. 72	100		

Form **990****Tax Return History****2023**

Name

THE LGBTQ COMMUNITY CENTER OF THE D

Employer Identification Number

33-0937301

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants			2,428,271	2,336,767	3,457,342	
Membership dues			40,820	32,465	19,863	
Program service revenue			59,786	204,023	226,493	
Capital gain or loss					-3,399	
Investment income			927	44,202	100,453	
Fundraising revenue (income/loss)			128,048	-278,959	-232,589	
Gaming revenue (income/loss)						
Other revenue			62	247,877	8,692	
Total revenue			2,657,914	2,586,375	3,576,855	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.			394,247	117,541	241,633	
Other compensation			1,144,010	1,625,518	1,646,964	
Professional fees			102,699	280,983	189,835	
Occupancy costs			174,736	179,994	187,753	
Depreciation and depletion			332,293	404,087	399,900	
Other expenses			399,494	517,542	555,581	
Total expenses			2,547,479	3,125,665	3,221,666	
Excess or (Deficit)			110,435	-539,290	355,189	
Total exempt revenue			2,657,914	2,586,375	3,576,855	
Total unrelated revenue						
Total excludable revenue			60,775	496,102	332,239	
Total Assets			4,628,865	4,023,788	4,399,167	
Total Liabilities			200,414	134,083	154,081	
Net Fund Balances			4,428,451	3,889,705	4,245,086	

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST/DIVIDENDS	\$ 100,453			14		
TOTAL	<u>\$ 100,453</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
OTHER PROFESSIONAL FEES	\$ 178,135	\$ 142,508	\$ 35,627	\$
TOTAL	<u>\$ 178,135</u>	<u>\$ 142,508</u>	<u>\$ 35,627</u>	<u>\$ 0</u>

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
TELEPHONE	\$ 31,152	\$ 24,922	\$ 6,230	\$
MISC EXPENSE	23,093	18,474	4,619	
POSTAGE AND SHIPPING	1,259	1,007	252	
TOTAL	<u>\$ 55,504</u>	<u>\$ 44,403</u>	<u>\$ 11,101</u>	<u>\$ 0</u>

Schedule A, Part III, Line 1(e)

Description	Amount
MEMBERSHIP DUES	\$ 19,863
OTHER CONTRIBUTIONS	308,433
RIVERSIDE COUNTY - PEI-CBT GRANT	
CASH CONTRIBUTION	48,269
PLANNED PARENTHOOD OF PACIFIC SW	
CASH CONTRIBUTION	5,000
SCAN HEALTH PLAN	
CASH CONTRIBUTION	15,000
THE FROST FOUNDATION	
CASH CONTRIBUTION	30,000
INLAND EMPIRE HEALTH PLAN	
CASH CONTRIBUTION	5,000
CITY OF RANCHO MIRAGE	
CASH CONTRIBUTION	5,000
CITY OF PALM SPRINGS	
CASH CONTRIBUTION	25,000
BROADWAY CARES	
CASH CONTRIBUTION	15,000
MAX & VICTORIA DREYFUS FOUNDATION	
CASH CONTRIBUTION	12,000
DAVID ROSENHAUER	
CASH CONTRIBUTION	10,000
DAVID MIZENER & ARTURO CARRILLO	
CASH CONTRIBUTION	100,000
JIM COX - JACK PUGH GIFT FUND	
CASH CONTRIBUTION	5,000
BARRY MCCABE	
CASH CONTRIBUTION	25,000
ARNOLD KASSOY	
CASH CONTRIBUTION	1,096,601
DAVID HOOD	
CASH CONTRIBUTION	100,000
EISENHOWER MEDICAL CENTER	
CASH CONTRIBUTION	75,000
INLAND EMPIRE COMMUNITY FOUNDATION	
CASH CONTRIBUTION	60,000
CHRISTOPHER CALDWELL	
CASH CONTRIBUTION	55,350
HAROLD MATZNER	
CASH CONTRIBUTION	50,000

Schedule A, Part III, Line 1(e) (continued)

Description	Amount
RICHARD LLEWELLYN CASH CONTRIBUTION	\$ 50,000
TITO'S VODKA CASH CONTRIBUTION	47,500
TED BRIGGS CASH CONTRIBUTION	35,200
JUDSON CAPELL CASH CONTRIBUTION	32,304
REGIONAL ACCESS PROJECT FOUNDATION CASH CONTRIBUTION	25,500
GRACE HELEN SPEARMAN FOUNDATION CASH CONTRIBUTION	25,000
JAY ALLEN CASH CONTRIBUTION	25,000
PATRICK BASILE CASH CONTRIBUTION	25,000
MARTIN MASSIELLO CASH CONTRIBUTION	20,000
DEBORAH KOLVAN CASH CONTRIBUTION	15,000
PALM SPRINGS FRONTRUNNERS CASH CONTRIBUTION	15,000
OMNI RANCHO LAS PALMAS CASH CONTRIBUTION	13,334
DE ARMOND, RONALD CASH CONTRIBUTION	12,520
GREATER AUTOS OF YESTERYEAR CASH CONTRIBUTION	12,500
MICHAEL MELANCON & GLENN JOHNSON CASH CONTRIBUTION	10,511
ANTHONY MOSCA CASH CONTRIBUTION	10,000
DONALD BURNS FOUNDATION CASH CONTRIBUTION	10,000
JOHNSON FAMILY FOUNDATION CASH CONTRIBUTION	10,000
SCOTT MASON CASH CONTRIBUTION	10,000
EQUALITY CALIFORNIA INSTITUTE CASH CONTRIBUTION	9,250

Schedule A, Part III, Line 1(e) (continued)

Description	Amount
BRAND G VACATIONS.	\$
CASH CONTRIBUTION	7,500
GLENN HESSEL	
CASH CONTRIBUTION	7,500
DAVID ROOT LIVING TRUST	
CASH CONTRIBUTION	5,200
STONEWALL GOLF ASSOCIATION	
CASH CONTRIBUTION	5,187
ROBERTA CONROY	
CASH CONTRIBUTION	5,000
DAP HEALTH	
CASH CONTRIBUTION	5,000
DESERT RESORT MANAGEMENT	
CASH CONTRIBUTION	5,000
WALTER GENDELL	
CASH CONTRIBUTION	5,000
HUGH GLENN	
CASH CONTRIBUTION	5,000
LARRY COLTON	
CASH CONTRIBUTION	5,000
ROSSKAM FAMILY GIVING	
CASH CONTRIBUTION	5,000
CAROL DAVIDSON & JODY SILVER	
CASH CONTRIBUTION	11,000
CENTER STAGE	
CASH CONTRIBUTION	519,019
RED DRESS	
CASH CONTRIBUTION	261,570
SPECIAL EVENT - NOC	
CASH CONTRIBUTION	146,094
TOTAL	<u>\$ 3,477,205</u>

Federal Statements

Schedule A, Part III, Line 7a - Support from Disqualified Persons

<u>Donor Name</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>
DAVID MIZENER & ARTURO CARRILLO	\$ 100,000	\$ 100,000	\$ 10,000	\$ 100,000	\$ 100,000
SCOTT MASON	20,000	20,000	10,000	10,000	
ARNOLD KASSOY					1,096,601
DAVID HOOD		25,000	101,000		100,000
TED BRIGGS					35,200
GRACE HELEN SPEARMAN FOUNDATION					25,000
CAROL DAVIDSON & JODY SILVER					11,000
	42,500	400,000	100,000	10,000	10,000
TOTAL	\$ <u>162,500</u>	\$ <u>545,000</u>	\$ <u>221,000</u>	\$ <u>120,000</u>	\$ <u>1,377,801</u>

Schedule A, Part III, Line 7b - Excess Gross Receipts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
2023	\$ 437,850	\$ 399,722
2022	300,000	273,722
TOTAL	<u>\$ 737,850</u>	<u>\$ 673,444</u>

Schedule A, Part III, Line 10a(e)

Description	Amount
INTEREST/DIVIDENDS	\$ 100,453
TOTAL	\$ <u>100,453</u>

CENTER STAGE**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
AUCTION COSTS	\$ 4,500
AUDIO/VISUAL	83,570
EVENT PLANNER	33,056
HOTEL ROOM/TALENT	10,467
PHOTO BOOTH/PHOTOGRAPHER	1,603
POSTAGE/PRINTS	2,872
SECURITY	1,653
DECOR	10,378
TRASH REMOVAL	1,800
VALET	8,038
TOTAL	<u>\$ 157,937</u>

RED DRESS**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
ADVERTISING	\$ 2,326
AUDIO/VISUAL	61,563
EVENT PLANNER	15,000
HOTEL ROOM/TALENT	12,527
PHOTO BOOTH/PHOTOGRAPHER	13,460
SECURITY	6,450
SUPPLIES/MISC	2,853
TRASH	14,063
VALET	8,025
POSTAGE/PRINTING	898
DECOR	277
TOTAL	<u>\$ 137,442</u>

Special Event - NOC**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
AUDIO/VISUAL	\$ 1,250
SUPPLIES/MISC	4,980
TRASH REMOVAL	1,966
PROGRAM EXPENSE	8,390
TOTAL	<u>\$ 16,586</u>