

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

2024
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 2024 calendar year, or tax year beginning 07/01/24, and ending 06/30/25

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 \$ 5,533,569
F Name and address of principal officer: MICHAEL THOMPSON
1301 N. PALM CANYON DRIVE
PALM SPRINGS CA 92262
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: X 501(c)(3)
J Website: WWW.THECENTERCV.ORG
K Form of organization: X 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...; 2-6 Activities & Governance; 7a-b Revenue; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

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: Preparer's name ANDREA L. OLIVERI, signature COURTESY COPY, Date 11/19/25, 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 \$ **1,902,059** including grants of \$ ) (Revenue \$ )  
**MENTAL HEALTH COUNSELING FOR THE BENEFIT OF THE LGBTQ POPULATION OF OUR COMMUNITY.**

**4b** (Code: ) (Expenses \$ **1,116,045** including grants of \$ ) (Revenue \$ )  
**WELLNESS AND RECREATIONAL PROGRAMS FOR THE BENEFIT OF THE LGBTQ POPULATION IN OUR COMMUNITY.**

**4c** (Code: ) (Expenses \$ **1,103,525** 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 **4,121,629**

**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	<b>Section 501(c)(3) organizations.</b> 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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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	<b>Section 501(c)(3) organizations.</b> 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? <b>Note:</b> 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	

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

**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
<b>1a</b>	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.		
	<b>10</b>		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>10</b>		
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	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?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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		<b>X</b>

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

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

**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 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) <b>MICHAEL THOMPSON</b> ..... CEO	40.00 0.00			X			232,305	0	0	
(2) <b>MATTHEW WIGGLESWORTH</b> ..... CFO	40.00 0.00			X			62,345	0	0	
(3) <b>JAMES LINDQUIST</b> ..... DEVELOPMENT DIRECTOR	40.00 0.00					X	122,404	0	0	
(4) <b>DON ZUIDEMA</b> ..... CHAIR	10.00 0.00	X		X			0	0	0	
(5) <b>JODY SILVER</b> ..... CO-CHAIR	10.00 0.00	X		X			0	0	0	
(6) <b>DAVID PEREZ</b> ..... TREASURER	5.00 0.00	X		X			0	0	0	
(7) <b>KASEY MAZZONE</b> ..... SECRETARY	5.00 0.00	X		X			0	0	0	
(8) <b>ALBERT GONZALES</b> ..... MEMBER	5.00 0.00	X					0	0	0	
(9) <b>ALICIA PERRILL</b> ..... MEMBER	5.00 0.00	X					0	0	0	
(10) <b>BRIAN RIX</b> ..... MEMBER	5.00 0.00	X					0	0	0	
(11) <b>ELIZABETH PRITZKER</b> ..... 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) <b>JIM REED</b>										
(12) MEMBER	5.00 0.00	X						0	0	
(13) <b>JEFF WEYANT</b>										
(13) MEMBER	5.00 0.00	X						0	0	
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
<b>1b Subtotal</b>								<b>417,054</b>		
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>417,054</b>		

**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 **2**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>4</b> 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>	<b>X</b>	
<b>5</b> 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>		<b>X</b>

**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	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	1a Federated campaigns	1a					
	b Membership dues	1b	20,330				
	c Fundraising events	1c	1,009,818				
	d Related organizations	1d					
	e Government grants (contributions)	1e	152,500				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,998,970				
	g Noncash contributions included in lines 1a-1f	1g	\$ 945,268				
	<b>h Total.</b> Add lines 1a-1f		<b>4,181,618</b>				
	<b>Program Service Revenue</b>	2a <b>MENTAL HEALTH</b>	Business Code	624100	206,275	206,275	
b							
c							
d							
e							
f All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			<b>206,275</b>				
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		111,997			111,997	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real	8,137			
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c	8,137				
	d Net rental income or (loss)		8,137	8,137			
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	275,000			
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b	289,134				
	c Gain or (loss)	7c	-14,134				
d Net gain or (loss)		-14,134	-14,134				
8a Gross income from fundraising events (not including \$ 1,009,818 of contributions reported on line 1c). See Part IV, line 18	8a		684,130				
			812,980				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-128,850				
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							
<b>Miscellaneous Revenue</b>	11a <b>OTHER INCOME</b>	Business Code		66,412	66,412		
	b						
	c						
	d All other revenue						
	<b>e Total.</b> Add lines 11a-11d		<b>66,412</b>				
<b>12 Total revenue.</b> See instructions		<b>4,431,455</b>	<b>266,690</b>	<b>0</b>	<b>111,997</b>		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>330,921</b>	<b>281,283</b>	<b>39,710</b>	<b>9,928</b>
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>1,829,202</b>	<b>1,554,821</b>	<b>219,505</b>	<b>54,876</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	<b>43,062</b>	<b>36,603</b>	<b>5,167</b>	<b>1,292</b>
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes	<b>158,877</b>	<b>135,046</b>	<b>19,065</b>	<b>4,766</b>
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	<b>14,400</b>		<b>14,400</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	<b>143,894</b>	<b>115,115</b>	<b>28,779</b>	
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	<b>114,323</b>	<b>91,458</b>	<b>22,865</b>	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>187,174</b>	<b>168,457</b>	<b>18,717</b>	
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>427,669</b>	<b>384,903</b>	<b>42,766</b>	
<b>23</b> Insurance	<b>158,816</b>	<b>142,935</b>	<b>15,881</b>	
<b>24</b> 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.)				
<b>a</b> <b>FOOD</b>	<b>854,604</b>	<b>854,604</b>		
<b>b</b> <b>EQUIPMENT &amp; MAINTENANCE</b>	<b>132,806</b>	<b>106,243</b>	<b>26,563</b>	
<b>c</b> <b>SUPPLIES</b>	<b>82,536</b>	<b>66,030</b>	<b>16,506</b>	
<b>d</b> <b>COMMUNICATIONS</b>	<b>80,057</b>	<b>64,048</b>	<b>16,009</b>	
<b>e</b> All other expenses	<b>142,038</b>	<b>120,083</b>	<b>21,955</b>	
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>4,700,379</b>	<b>4,121,629</b>	<b>507,888</b>	<b>70,862</b>
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	<b>222,587</b>	<b>1</b>	<b>305,757</b>
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	<b>180,700</b>	<b>4</b>	<b>307,500</b>
	<b>5</b> 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		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	<b>40,338</b>	<b>9</b>	<b>79,387</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>4,705,496</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>2,722,603</b>	<b>1,989,983</b>	<b>10c</b> <b>1,982,893</b>
	<b>11</b> Investments—publicly traded securities	<b>1,714,642</b>	<b>11</b>	<b>1,703,072</b>
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	<b>250,917</b>	<b>15</b>	<b>744,445</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	<b>4,399,167</b>	<b>16</b>	<b>5,123,054</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>141,696</b>	<b>17</b>	<b>238,023</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	<b>2,500</b>	<b>19</b>	<b>140,344</b>
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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	<b>9,885</b>	<b>25</b>	<b>768,328</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>154,081</b>	<b>26</b>	<b>1,146,695</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	<b>3,883,738</b>	<b>27</b>	<b>3,976,359</b>
	<b>28</b> Net assets with donor restrictions	<b>361,348</b>	<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances	<b>4,245,086</b>	<b>32</b>	<b>3,976,359</b>	
<b>33</b> Total liabilities and net assets/fund balances	<b>4,399,167</b>	<b>33</b>	<b>5,123,054</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>4,431,455</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>4,700,379</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-268,924</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>4,245,086</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>197</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>3,976,359</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	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.	<b>X</b>	
<b>3a</b>	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?		<b>X</b>
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

Open to Public  
Inspection

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)						
<b>Total</b>						

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 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 2024 (line 6, column (f), divided by line 11, column (f)) 14 %
15 Public support percentage from 2023 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test — 2024. 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 — 2023. 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 — 2024. 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 — 2023. 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,438,837	2,469,091	2,369,232	3,477,205	4,181,618	15,935,983
<b>2</b> 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	65,147	662,027	214,401	235,185	964,954	2,141,714
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	3,503,984	3,131,118	2,583,633	3,712,390	5,146,572	18,077,697
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	545,000	221,000	120,000	1,377,801	298,350	2,562,151
<b>b</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
<b>c</b> Add lines 7a and 7b	545,000	221,000	393,722	1,777,523	298,350	3,235,595
<b>8 Public support.</b> (Subtract line 7c from line 6.)						14,842,102

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6	3,503,984	3,131,118	2,583,633	3,712,390	5,146,572	18,077,697
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,129	927	44,202	100,453	111,997	258,708
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	1,129	927	44,202	100,453	111,997	258,708
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	3,505,113	3,132,045	2,627,835	3,812,843	5,258,569	18,336,405
<b>14 First 5 years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	80.94 %
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15	<b>16</b>	78.14 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	1 %
<b>18</b> Investment income percentage from 2023 Schedule A, Part III, line 17	<b>18</b>	1 %

- 19a 33 1/3% support tests — 2024.** 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 — 2023.** 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described on line 11a above?		
<b>c</b> 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>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		

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

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <i>see instructions</i> ).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>			
<b>2</b> Activities Test. <b>Answer lines 2a and 2b below.</b>			
<b>a</b> 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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</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>			
<b>3</b> Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
<b>a</b> 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>b</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>			

**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.

<b>Section A – Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B – Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C – Distributable Amount</b>			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	<b>Distributable Amount.</b> 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b> Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b> Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019 .....			
<b>b</b> From 2020 .....			
<b>c</b> From 2021 .....			
<b>d</b> From 2022 .....			
<b>e</b> From 2023 .....			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020 .....			
<b>b</b> Excess from 2021 .....			
<b>c</b> Excess from 2022 .....			
<b>d</b> Excess from 2023 .....			
<b>e</b> Excess from 2024 .....			



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.

OMB No. 1545-0047

Open to Public Inspection

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

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: Description, 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 conversation 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: Description, Amount. 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. (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 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. a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

**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
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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 in 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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> 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
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**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
<b>1a</b> Land		<b>1,106,074</b>		<b>1,106,074</b>
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		<b>2,123,067</b>	<b>1,345,092</b>	<b>777,975</b>
<b>d</b> Equipment		<b>45,692</b>	<b>45,692</b>	
<b>e</b> Other		<b>1,430,663</b>	<b>1,331,819</b>	<b>98,844</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				<b>1,982,893</b>

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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) <b>RIGHT OF USE ASSET</b>	<b>744,445</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	<b>744,445</b>

**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) <b>RIGHT OF USE LIABILITY</b>	<b>768,328</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>768,328</b>

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	<b>5,244,632</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	<b>197</b>
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>812,980</b>
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	<b>813,177</b>
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	<b>4,431,455</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<b>5</b>	<b>4,431,455</b>

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	<b>5,513,359</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>812,980</b>
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	<b>812,980</b>
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	<b>4,700,379</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<b>5</b>	<b>4,700,379</b>

**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** \$ **812,980**

**PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER**  
**SPECIAL EVENTS EXPENSES IN REVENUE** \$ **812,980**



**SCHEDULE G  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**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 nongovernment 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						
<b>Total</b>						

**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>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	945,487	748,461	1,693,948
	2	Less: Contributions	907,387	102,431	1,009,818
	3	Gross income (line 1 minus line 2)	38,100	646,030	684,130
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	680		680
	6	Rent/facility costs	61,698	233,511	295,209
	7	Food and beverages	111,893	58,506	170,399
	8	Entertainment	26,973	14,800	41,773
	9	Other direct expenses	188,971	90,570	279,541
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-103,472

**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))
		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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**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**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- 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**
- b** Any related organization? **5b**
- 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**
- b** Any related organization? **6b**
- 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

**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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

**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 <b>MICHAEL THOMPSON</b> <b>CEO</b>	(i)	232,305	0	0	0	0	232,305	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
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 M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

**Open To Public  
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**THE LGBTQ COMMUNITY CENTER OF THE D**

Employer identification number

**33-0937301**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	<b>X</b>	<b>2</b>	<b>842,873</b>	<b>FMV</b>
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( <b>AUCTION ITEMS</b> )	<b>X</b>	<b>1</b>	<b>84,347</b>	<b>FMV</b>
26 Other ( <b>SECURITY</b> )	<b>X</b>	<b>1</b>	<b>2,500</b>	<b>FMV</b>
27 Other ( <b>FURNITURE</b> )	<b>X</b>	<b>1</b>	<b>15,548</b>	<b>FMV</b>
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

**29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

Yes No

<b>30a</b>		<b>X</b>
<b>31</b>		<b>X</b>
<b>32a</b>		<b>X</b>

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.



**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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.**

<b>FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION</b>	
<b>SPECIAL EVENTS EXPENSES IN REVENUE</b>	<b>\$ 812,980</b>
<b>SPECIAL EVENTS EXPENSES IN REVENUE</b>	<b>\$ -812,980</b>

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

THE LGBTQ COMMUNITY CENTER OF THE D

33-0937301

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. Line 1: 1,220,000; Line 3: 3,050,000; Line 16: 427,669.

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. Line 16: 427,669.

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

Section A

Table with 2 rows for Section A. Line 17: 0.

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

Table with 7 columns (a-g) and 9 rows (19a-i) for Section B.

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

Table with 6 columns and 4 rows (20a-d) for Section C.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Line 22: 427,669.

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
<b>Other Depreciation:</b>								
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	10,562		10,562	5 MO S/L	10,562	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	2,276	0
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	8,290	0
21	Internet access - 2 floor	7/31/18	8,122		8,122	5 MO S/L	8,122	0
22	Improvements, Suite 101	6/24/20	5,985		5,985	5 MO S/L	4,788	1,197
23	Coachella - Blinds, Carpet, Painting	12/30/20	13,241		13,241	5 MO S/L	7,945	2,648
24	Coachella - Wallmount and Cabling	6/18/21	1,435		1,435	5 MO S/L	861	287
25	LHI - 1301 N Palm Canyon 2nd Floor	10/01/21	1,734,203		1,734,203	5 MO S/L	952,289	346,841
26	LHI - Foodbank - 610 S Belardo Rd PS	3/01/22	6,746		6,746	5 MO S/L	3,148	1,349
27	2020 Ford Transit Van	10/01/20	45,692		45,692	5 MO S/L	36,554	9,138
28	Apple IMAC - CEO	10/08/20	2,080		2,080	5 MO S/L	1,664	416
29	Apple IMAC	10/30/20	4,046		4,046	5 MO S/L	3,237	809
30	Conveyor Belt	10/07/20	2,731		2,731	5 MO S/L	2,185	546
31	Six Lenovo Ultrabooks	10/02/20	7,466		7,466	5 MO S/L	5,973	1,493
32	Mailbox	11/05/20	1,474		1,474	5 MO S/L	1,179	295
33	Nine Lenovo ThinkSmart Hubs	12/02/20	10,481		10,481	5 MO S/L	8,385	2,096
34	Six Temp Screening Kiosks	12/07/20	9,021		9,021	5 MO S/L	7,217	1,804
35	Cisco IP PBX Phone System	12/07/20	8,253		8,253	5 MO S/L	6,602	1,651
36	Synology Server	12/19/20	1,190		1,190	5 MO S/L	952	238
37	Office Furnishings	2/01/21	58,987		58,987	5 MO S/L	38,135	11,797
38	Nine 50 inch Samsung TVs	2/12/21	5,561		5,561	5 MO S/L	3,337	1,112
39	Fargo ID Printer	9/30/21	3,542		3,542	5 MO S/L	1,948	709
40	2 Lenovo Laptops	10/31/21	1,365		1,365	5 MO S/L	728	273
41	25 New Phones	11/26/21	2,507		2,507	5 MO S/L	1,295	502
42	Freezer	5/01/22	11,726		11,726	5 MO S/L	5,081	2,345
43	Laptop and Desktop Gui Mike	1/25/22	4,422		4,422	5 MO S/L	2,137	885
44	Desk and Divider	1/28/22	2,611		2,611	5 MO S/L	1,262	522
45	Laptop and Desktop Aries Charles	2/08/22	2,839		2,839	5 MO S/L	1,372	568
46	Desktop Deb	2/17/22	1,637		1,637	5 MO S/L	764	328
47	Desktop Kerry	2/17/22	2,126		2,126	5 MO S/L	992	425
48	Laptop and Docking Station	2/28/22	2,464		2,464	5 MO S/L	1,150	492
49	Desktop	3/31/22	1,637		1,637	5 MO S/L	737	327
50	Firewall	4/04/22	1,130		1,130	5 MO S/L	508	226
51	Unifi Switch and UPS	4/08/22	3,820		3,820	5 MO S/L	1,719	764
52	LHI - Design and Engineering room	6/30/23	14,768		14,768	5 MO S/L	2,954	2,953
53	New Front Desk Computer	7/18/22	1,692		1,692	5 MO S/L	648	339
54	2 Desktops for BH Clinic	7/20/22	4,058		4,058	5 MO S/L	1,555	812
55	Desktop (Candice)	8/23/22	1,692		1,692	5 MO S/L	620	339
56	Laptop ( Volunteer & Outreach)	9/07/22	1,750		1,750	5 MO S/L	642	349
57	Apple MacBook Pro (development)	10/20/22	2,093		2,093	5 MO S/L	698	418
58	New printer (Coachella)	11/18/22	1,039		1,039	5 MO S/L	329	208
59	New Apple Computer (Raul)	12/27/22	2,178		2,178	5 MO S/L	653	436
60	New Apple Computer (Roger)	3/20/23	2,873		2,873	5 MO S/L	718	575
61	2 New Desktops (Dan & BH Clinic)	3/29/23	3,725		3,725	5 MO S/L	931	745
62	New Desktop (BH Clinic)	4/26/23	1,976		1,976	5 MO S/L	461	395
63	Food bank appliances	9/04/24	10,947		10,947	5 MO S/L	0	1,825
64	Food bank furniture	10/22/24	17,812		17,812	5 MO S/L	0	2,375
65	75" Vibe board	6/30/25	7,537		7,537	5 MO S/L	0	0
66	#205 Modular Furniture	6/30/25	31,609		31,609	5 MO S/L	0	0
67	HVAC Room #1	7/25/24	14,506		14,506	5 MO S/L	0	2,659
68	HVAC 101/Mosaic	7/25/24	13,626		13,626	5 MO S/L	0	2,498
69	HVAC Room #3	8/23/24	9,959		9,959	5 MO S/L	0	1,660
70	Food bank flooring	9/03/24	12,640		12,640	5 MO S/L	0	2,107
71	Food bank painting	9/09/24	10,290		10,290	5 MO S/L	0	1,715
72	Food bank final	9/10/24	50,324		50,324	5 MO S/L	0	8,387
73	Room #205 Improvements	9/10/24	241,329		241,329	15 MO S/L	0	4,791

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	<b>Total Other Depreciation</b>		<u>3,599,422</u>			<u>3,599,422</u>		<u>2,294,934</u>	<u>427,669</u>
	<b>Total ACRS and Other Depreciation</b>		<u>3,599,422</u>			<u>3,599,422</u>		<u>2,294,934</u>	<u>427,669</u>
	<b>Grand Totals</b>		3,599,422			3,599,422		2,294,934	427,669
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>3,599,422</u>			<u>3,599,422</u>		<u>2,294,934</u>	<u>427,669</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
<b>Other Depreciation:</b>								
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	10,562	10,562	10,562	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	2,276	0	0	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	8,290	0	0	0
21	Internet access - 2 floor	7/31/18	8,122	8,122	8,122	0	0	0
22	Improvements, Suite 101	6/24/20	5,985	5,985	4,788	1,197	1,197	0
23	Coachella - Blinds, Carpet, Painting	12/30/20	13,241	13,241	7,945	2,648	2,648	0
24	Coachella - Wallmount and Cabling	6/18/21	1,435	1,435	861	287	287	0
25	LHI - 1301 N Palm Canyon 2nd Floor	10/01/21	1,734,203	1,734,203	952,289	346,841	346,841	0
26	LHI - Foodbank - 610 S Belardo Rd PS	3/01/22	6,746	6,746	3,148	1,349	1,349	0
27	2020 Ford Transit Van	10/01/20	45,692	45,692	36,554	9,138	9,138	0
28	Apple IMAC - CEO	10/08/20	2,080	2,080	1,664	416	416	0
29	Apple IMAC	10/30/20	4,046	4,046	3,237	809	809	0
30	Conveyor Belt	10/07/20	2,731	2,731	2,185	546	546	0
31	Six Lenovo Ultrabooks	10/02/20	7,466	7,466	5,973	1,493	1,493	0
32	Mailbox	11/05/20	1,474	1,474	1,179	295	295	0
33	Nine Lenovo ThinkSmart Hubs	12/02/20	10,481	10,481	8,385	2,096	2,096	0
34	Six Temp Screening Kiosks	12/07/20	9,021	9,021	7,217	1,804	1,804	0
35	Cisco IP PBX Phone System	12/07/20	8,253	8,253	6,602	1,651	1,651	0
36	Synology Server	12/19/20	1,190	1,190	952	238	238	0
37	Office Furnishings	2/01/21	58,987	58,987	38,135	11,797	11,797	0
38	Nine 50 inch Samsung TVs	2/12/21	5,561	5,561	3,337	1,112	1,112	0
39	Fargo ID Printer	9/30/21	3,542	3,542	1,948	709	709	0
40	2 Lenovo Laptops	10/31/21	1,365	1,365	728	273	273	0
41	25 New Phones	11/26/21	2,507	2,507	1,295	502	502	0
42	Freezer	5/01/22	11,726	11,726	5,081	2,345	2,345	0
43	Laptop and Desktop Gui Mike	1/25/22	4,422	4,422	2,137	885	885	0
44	Desk and Divider	1/28/22	2,611	2,611	1,262	522	522	0
45	Laptop and Desktop Aries Charles	2/08/22	2,839	2,839	1,372	568	568	0
46	Desktop Deb	2/17/22	1,637	1,637	764	328	328	0
47	Desktop Kerry	2/17/22	2,126	2,126	992	425	425	0
48	Laptop and Docking Station	2/28/22	2,464	2,464	1,150	492	492	0
49	Desktop	3/31/22	1,637	1,637	737	327	327	0
50	Firewall	4/04/22	1,130	1,130	508	226	226	0
51	Unifi Switch and UPS	4/08/22	3,820	3,820	1,719	764	764	0
52	LHI - Design and Engineering room	6/30/23	14,768	14,768	2,954	2,953	2,953	0
53	New Front Desk Computer	7/18/22	1,692	1,692	648	339	339	0
54	2 Desktops for BH Clinic	7/20/22	4,058	4,058	1,555	812	812	0
55	Desktop (Candice)	8/23/22	1,692	1,692	620	339	339	0
56	Laptop ( Volunteer & Outreach)	9/07/22	1,750	1,750	642	349	349	0
57	Apple MacBook Pro (development)	10/20/22	2,093	2,093	698	418	418	0
58	New printer (Coachella)	11/18/22	1,039	1,039	329	208	208	0
59	New Apple Computer (Raul)	12/27/22	2,178	2,178	653	436	436	0
60	New Apple Computer (Roger)	3/20/23	2,873	2,873	718	575	575	0
61	2 New Desktops (Dan & BH Clinic)	3/29/23	3,725	3,725	931	745	745	0
62	New Desktop (BH Clinic)	4/26/23	1,976	1,976	461	395	395	0
63	Food bank appliances	9/04/24	10,947	10,947	0	1,825	1,825	0
64	Food bank furniture	10/22/24	17,812	17,812	0	2,375	2,375	0
65	75" Vibe board	6/30/25	7,537	7,537	0	0	0	0
66	#205 Modular Furniture	6/30/25	31,609	31,609	0	0	0	0
67	HVAC Room #1	7/25/24	14,506	14,506	0	2,659	2,659	0
68	HVAC 101/Mosaic	7/25/24	13,626	13,626	0	2,498	2,498	0
69	HVAC Room #3	8/23/24	9,959	9,959	0	1,660	1,660	0
70	Food bank flooring	9/03/24	12,640	12,640	0	2,107	2,107	0
71	Food bank painting	9/09/24	10,290	10,290	0	1,715	1,715	0
72	Food bank final	9/10/24	50,324	50,324	0	8,387	8,387	0
73	Room #205 Improvements	9/10/24	241,329	241,329	0	4,791	4,791	0

**CA Asset Report**  
**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Basis for Depr</u>	<u>CA Prior</u>	<u>CA Current</u>	<u>Federal Current</u>	<u>Difference Fed - CA</u>
	<b>Total Other Depreciation</b>		<u>3,599,422</u>	<u>3,599,422</u>	<u>2,294,934</u>	<u>427,669</u>	<u>427,669</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>3,599,422</u>	<u>3,599,422</u>	<u>2,294,934</u>	<u>427,669</u>	<u>427,669</u>	<u>0</u>
	<b>Grand Totals</b>		3,599,422	3,599,422	2,294,934	427,669	427,669	0
	<b>Less: Dispositions</b>		0	0	0	0	0	0
	<b>Less: Start-up/Org Expense</b>		0	0	0	0	0	0
	<b>Net Grand Totals</b>		<u>3,599,422</u>	<u>3,599,422</u>	<u>2,294,934</u>	<u>427,669</u>	<u>427,669</u>	<u>0</u>

Name **THE LGBTQ COMMUNITY CENTER OF THE D** Taxpayer Identification Number **33-0937301**

		2023	2024	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	3,323,573	4,008,788	685,215
	2. Membership dues and assessments	19,863	20,330	467
	3. Government contributions and grants	133,769	152,500	18,731
	4. Program service revenue	226,493	206,275	-20,218
	5. Investment income	100,453	111,997	11,544
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-3,399	-14,134	-10,735
	8. Net income or (loss) from fundraising events	-232,589	-128,850	103,739
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	8,692	74,549	65,857
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>3,576,855</b>	<b>4,431,455</b>	<b>854,600</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	241,633	330,921	89,288
	16. Salaries, other compensation, and employee benefits	1,646,964	2,031,141	384,177
	17. Professional fundraising fees			
	18. Other professional fees	189,835	158,294	-31,541
	19. Occupancy, rent, utilities, and maintenance	187,753	187,174	-579
	20. Depreciation and Depletion	399,900	427,669	27,769
	21. Other expenses	555,581	1,565,180	1,009,599
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>3,221,666</b>	<b>4,700,379</b>	<b>1,478,713</b>
<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>355,189</b>	<b>-268,924</b>	<b>-624,113</b>	
<b>Other Information</b>	24. Total exempt revenue	3,576,855	4,431,455	854,600
	25. Total unrelated revenue			
	26. Total excludable revenue	332,239	378,687	46,448
	27. Total assets	4,399,167	5,123,054	723,887
	28. Total liabilities	154,081	1,146,695	992,614
	29. Retained earnings	4,245,086	3,976,359	-268,727
	30. Number of voting members of governing body	12	10	
31. Number of independent voting members of governing body	12	10		
32. Number of employees	37	37		
33. Number of volunteers	100	75		

Form **990****Tax Return History****2024**

Name

**THE LGBTQ COMMUNITY CENTER OF THE D**

Employer Identification Number

**33-0937301**

	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants .....		2,428,271	2,336,767	3,457,342	4,161,288	
Membership dues .....		40,820	32,465	19,863	20,330	
Program service revenue .....		59,786	204,023	226,493	206,275	
Capital gain or loss .....				-3,399	-14,134	
Investment income .....		927	44,202	100,453	111,997	
Fundraising revenue (income/loss) .....		128,048	-278,959	-232,589	-128,850	
Gaming revenue (income/loss) .....						
Other revenue .....		62	247,877	8,692	74,549	
<b>Total revenue</b> .....		<b>2,657,914</b>	<b>2,586,375</b>	<b>3,576,855</b>	<b>4,431,455</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....		394,247	117,541	241,633	330,921	
Other compensation .....		1,144,010	1,625,518	1,646,964	2,031,141	
Professional fees .....		102,699	280,983	189,835	158,294	
Occupancy costs .....		174,736	179,994	187,753	187,174	
Depreciation and depletion .....		332,293	404,087	399,900	427,669	
Other expenses .....		399,494	517,542	555,581	1,565,180	
<b>Total expenses</b> .....		<b>2,547,479</b>	<b>3,125,665</b>	<b>3,221,666</b>	<b>4,700,379</b>	
<b>Excess or (Deficit)</b> .....		<b>110,435</b>	<b>-539,290</b>	<b>355,189</b>	<b>-268,924</b>	
Total exempt revenue .....		2,657,914	2,586,375	3,576,855	4,431,455	
Total unrelated revenue .....						
Total excludable revenue .....		60,775	496,102	332,239	378,687	
Total Assets .....		4,628,865	4,023,788	4,399,167	5,123,054	
Total Liabilities .....		200,414	134,083	154,081	1,146,695	
Net Fund Balances .....		4,428,451	3,889,705	4,245,086	3,976,359	

**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	\$ <u>111,997</u>			14		
TOTAL	\$ <u><u>111,997</u></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 &amp; General</u>	<u>Fund Raising</u>
OTHER PROFESSIONAL FEES	\$ 143,894	\$ 115,115	\$ 28,779	\$
TOTAL	<u>\$ 143,894</u>	<u>\$ 115,115</u>	<u>\$ 28,779</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 &amp; General</u>	<u>Fund Raising</u>
UTILITIES	\$ 64,532	\$ 58,079	\$ 6,453	\$
TELEPHONE	44,464	35,571	8,893	
MISC EXPENSE	31,578	25,262	6,316	
POSTAGE AND SHIPPING	1,464	1,171	293	
TOTAL	<u>\$ 142,038</u>	<u>\$ 120,083</u>	<u>\$ 21,955</u>	<u>\$ 0</u>

Schedule A, Part III, Line 1(e)

Description	Amount
MEMBERSHIP DUES	\$ 20,330
GOVERNMENT CONTRIBUTIONS	52,500
OTHER CONTRIBUTIONS	1,320,898
FOOD	819,542
OTHER NONCASH	2,500
THE CALIFORNIA ENDOWMENT	
CASH CONTRIBUTION	100,000
DAVID MIZENER & ARTURO CARRILLO	
CASH CONTRIBUTION	75,000
EISENHOWER MEDICAL CENTER	
CASH CONTRIBUTION	30,000
AFR FURNITURE RENTALS	
FURNITURE RENTAL	15,548
CRAIG ROBINSON	
CASH CONTRIBUTION	50,000
DAVID ZIELINSKI	
CASH CONTRIBUTION	50,000
EIGHTYNINE RESTAURANT & LOUNGE	
FOOD	23,331
GLENN JOHNSON, MICHAEL MELANCON, & A	
CASH CONTRIBUTION	59,240
LOU WEAVER (DECEASED)	
CASH CONTRIBUTION	100,000
ROSS MELTZER	
CASH CONTRIBUTION	56,250
THE DONALD R. BECK TRUST - DECEASED	
CASH CONTRIBUTION	276,882
TRUST OF CARLTON VOGT & WES WORLEY	
CASH CONTRIBUTION	119,779
CENTER STAGE	
CASH CONTRIBUTION	823,040
AUCTION ITEMS	84,347
RED DRESS	
CASH CONTRIBUTION	102,431
TOTAL	<u>\$ 4,181,618</u>

## Federal Statements

Schedule A, Part III, Line 2(e)

Description	Amount
MENTAL HEALTH	\$ 206,275
OTHER INCOME	66,412
CENTER STAGE	38,100
RED DRESS	646,030
SPECIAL EVENT - NOC	
RENT 1	8,137
TOTAL	<u>\$ 964,954</u>

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

Donor Name	2020	2021	2022	2023	2024
DAVID MIZENER & ARTURO CARRILLO	\$ 100,000	\$ 10,000	\$ 100,000	\$ 100,000	\$ 181,250
SCOTT MASON AND JOSE AVALOS	20,000	10,000	20,000		17,000
ARNOLD KASSOY				1,096,601	20,000
DAVID HOOD	25,000	101,000		100,000	50,000
TED BRIGGS				35,200	30,100
GRACE HELEN SPEARMAN FOUNDATION				25,000	
CAROL DAVIDSON & JODY SILVER				11,000	
	400,000	100,000	10,000	10,000	
TOTAL	<u>\$ 545,000</u>	<u>\$ 221,000</u>	<u>\$ 130,000</u>	<u>\$ 1,377,801</u>	<u>\$ 298,350</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	\$ 111,997
TOTAL	\$ 111,997

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

<u>Description</u>	<u>Amount</u>
AUCTION COSTS	\$ 31,748
AUDIO/VISUAL	95,712
EVENT PLANNER	34,442
SUPPLIES	2,980
PHOTO BOOTH/PHOTOGRAPHER	6,625
POSTAGE/PRINTS	2,244
SECURITY	4,630
DECOR	3,034
CREW	1,950
VALET	5,141
OTHER EXPENSE	465
TOTAL	<u>\$ 188,971</u>

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

<u>Description</u>	<u>Amount</u>
AUCTION COST	\$ 7,562
AUDIO/VISUAL	10,570
EVENT PLANNER	18,976
OTHER EXPENSES	3,490
PHOTO BOOTH/PHOTOGRAPHER	11,478
SECURITY	10,698
SUPPLIES/MISC	2,560
TRASH	2,096
VALET	7,525
RESTROOMS	12,744
DECOR	2,226
CREW	645
TOTAL	<u>\$ 90,570</u>

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

<u>Description</u>	<u>Amount</u>
SUPPLIES/MISC	\$ 703
PROGRAM EXPENSE	758
TOTAL	\$ <u>1,461</u>