Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047 2017 Open to Public

AF	or th	ne 2017 calendar year, or tax year beginning 07/01, 2017	7. and ending		06/30,20 18
		C Name of organization	,	D Employer ide	entification number
B	theck if a	applicable LOS ANGELES LGBT CENTER		95-356	
X	Addr				
-	chan	e change Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nu	Imper
	-	al return 1118 N. MCCADDEN PLACE		(323) 99	
	Final	return/ City or town, state or province, country, and ZIP or foreign postal code	1	(3237 33	3 7010
		inated LOS ANGELES, CA 90038		G Gross receipts	s\$ 124,136,099
	retur Appli	ication F Name and address of princinal officer: LORRT L. TEAN CEO		H(a) is this a grou	
L	_] pend	1118 N. MCCADDEN PLACE LOS ANGELES, CA 9003	3.8	subordinates H(b) Are all subord	s?
-	Tax-0	xempt status: X $501(c)(3)$ $501(c)() \neq (insert no.)$ 4947(a)(1	1 1		ttach a list. (see instructions)
		ite: HTTPS://LALGBTCENTER.ORG	521	H(c) Group exem	
		of organization: X Corporation Trust Association Other	I Year of for		State of legal domicile: CA
	art I	Summary	L Tear Or Iol	mation. 1972 14	State of legal domicile.
	1	Briefly describe the organization's mission or most significant activities: BUILD	TNG A WORL	D WHERE LGB	T PEOPLE THRIVE
đ		AS HEALTHY, EQUAL AND COMPLETE MEMBERS OF SOCIET			I I DOI DD IIMALVD
anci					
erna	2	Check this box if the organization discontinued its operations or dispose	ed of more than '	25% of its not assot	<u></u>
Governance	3	Number of voting members of the governing body (Part VI, line 1a)			3. 3 23.
	4	Number of independent voting members of the governing body (Part VI, line 1a)			4 23.
Activities &	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a).			5 758.
ivit	6	Total number of volunteers (estimate if necessary)			6 1,990.
Act		Total unrelated business revenue from Part VIII, column (C), line 12			7a 0.
		Net unrelated business taxable income from Form 990-T, line 34			7b 235,982.
_			· · · · · · · · · · ·	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	-	36,066,23	
Revenue	9	Program service revenue (Part VIII, line 2g)		72,805,00	
evel	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,227,76	
Å	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-176,06	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		109,922,95	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		16,232,87	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0. 0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10),		39,509,54	8. 41,845,441.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		277,71	
thei		Total fundraising expenses (Part IX, column (D), line 25) 4,406,420			
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		52,168,26	60,260,443.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		108,188,39	
	19	Revenue less expenses. Subtract line 18 from line 12		1,734,55	the second se
or				eginning of Current Y	Year End of Year
land	20	Total assets (Part X, line 16)		90,214,05	2. 100,817,667.
Net Assets of Fund Balance	21	Total liabilities (Part X, line 26)		14,875,03	8. 14,903,620.
Pund	22	Net assets or fund balances. Subtract line 21 from line 20		75,339,01	.4. 85,914,047.
	rt II	Signature Block			
		nalties of perjury, I declare that I have examined this return, including accompanying sched			f my knowledge and belief, it is
true	, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer has ar	, T	1
		mptolet		5	8/19
Sig		Signature of officer		Date	
Hei	e	MICHAEL J. KOLTZMAN CFO			
		Type or print name and title			
Det		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN
Paid		MARC BERGER March Dey-	5/8/1		
	oarer Only	Firm's name BDO USA, LLP		Firm's EIN 🕨 1	.3-5381590
	Unity	Firm's address >515 SOUTH FLOWER STREET, 47TH FLR LOS ANGELES, CA 90071		Phone no. 3	10-557-0300
May	/ the	IRS discuss this return with the preparer shown above? (see instructions)		X Yes No
For	Pane	rwork Reduction Act Notice, see the separate instructions.			Form 990 (2017)

LOS ANGELES LGBT CENTER	LOS ANGELES	LGBT	CENTER	
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-	n 990 (2017) Page 2
Pa	rt III Statement of Program Service Accomplishments
-	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission:
	BUILDING A WORLD WHERE LGBT PEOPLE THRIVE AS HEALTHY, EQUAL AND
	COMPLETE MEMBERS OF SOCIETY.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
_	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?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by
4	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.
4.	(Code))/Everyon (Code)
4a	(Code:) (Expenses \$78,640,393. including grants of \$) (Revenue \$80,593,556.) SEE SCHEDULE O - "FORM 990 PART III LINES 4A - 4D OTHER PROGRAM
	SERVICES"
	SERVICES
40	(Code:) (Expenses \$10,253,230. including grants of \$) (Revenue \$95,044.) SEE SCHEDULE O - "FORM 990 PART III LINES 4A - 4D OTHER PROGRAM
	SERVICES"
4c	(Code:) (Expenses \$ 8,590,121. including grants of \$6,646,384.) (Revenue \$1,713.)
	SEE SCHEDULE O - "FORM 990 PART III LINES 4A - 4D OTHER PROGRAM
	SERVICES"
4d	Other program services (Describe in Schedule O.) ATTACHMENT 1
	(Expenses \$ 6,340,682. including grants of \$) (Revenue \$ 145,495.)
4e	Total program service expenses ► 103,824,426.
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Form 9	990 (2017)		F	Page 3
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)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			37
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		37	
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	Х	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		v
•	Part III.	5		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? If			v
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
~	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			Х
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		х
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
11				
_	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	11a		
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
~	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	Х	

Form 990 (2017)

Page 4

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		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? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a.	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified 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?			37
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			v
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		х
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
-	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	28a		х
a h	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>	20a		
b	Schedule L. Part IV.	28b		х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
C	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
00	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
• •	Part I.	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	

Form 990 (2017)

Page 5

Check if Schedule O contains a response or note to any line in this Part V Image: The number of forms V-26 Included in the 1a. Enter-0- if not applicable. 1a	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1 a 1 b 0. b Enter the number of Forms W-26 indubded in line (a. Enter -0- if not applicable. 1 b 0. 1 b 0. 2 Enter the number of enters W-26 indubded in line (a. Enter -0- if not applicable. 1 b 0. 1 c X 2 Enter the number of enters W-26 indubded in line (a. Enter -0- if not applicable. 1 c X Z 2 Enter the number of enters W-26 indubded in line (a. Enter -0- if not applicable. 758 Z X 3 Enter the number of enters W-26 indubded in line (a. Enter -0- if not applicable. 758 Z X 3 Enter the number of enters W-26 indubde On Form W-3. Transmittal of Wage and Tax. 758 Z X 3 D the organization have unrelated business reso risk of the organization have unrelated business reso risk of 10.00 or more of ther authority over, a financial account in a foreign country ID 3 b X 4 At any time during the calendary year, di the organization have an interest in time during the calendary term of the foreign country ID 3 a X 5 Mark he organization nave annual gross receipts that are normally greater than \$100.000. and dit the organization foreign april to a prohibited tax shelter transaction? 5 c C 6 Mark he organization neave annual gross receipts that are norm					
be There the number of Forms W-25 included in the 1a. Ener-4 in the applicable. 11				Yes	No
b Inter the fundaed in Points V-25 indicated in time is a lense of indicates for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? It	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
reportable gaming (gambling) winnings to prize winners? Ic X 28. Error the number of employees reported on Form V-X. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. Ic X 30. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3a 31. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b X 34. Any time during the calendar year, if 'No' to line 30, provide an explanation in Schedule 0. 3b X 34. Any time during the calendar year, if 'No' to line 30, provide an explanation in Schedule 0. 3b X 35. If 'Yes,' what if field a Foreign country. See instructions for filing requirements for FinCEH Form 114. Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEH Form 114. Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEH Form 114. Report of Foreign Bank and Financial Accounts (FBAR). See instructions or filing requirements for FinCEH Form 114. Report of Foreign Bank and Financial Accounts (FBAR). See instructions or other autotic foreign Cale in Accounts (FBAR). See instructions or other autotic foreign Cale in Accounts (FBAR). See instructions or other autotic foreign Cale in Accounts (FBAR). See instructions or other autotic foreign Cale in Accounts (FBAR). 5a Wash organ	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
a End: the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 75.63 b if at least one is reported on line 2a, difference on line 2a, di	с	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Statements, field for the calendar year ending with or within the year covered by this return. 128 758 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-/// (see instructions). 3a 3a <td< td=""><td></td><td>reportable gaming (gambling) winnings to prize winners?</td><td>1c</td><td>Х</td><td></td></td<>		reportable gaming (gambling) winnings to prize winners?	1c	Х	
bit at least one is reported on line 2a, did the organization file all required foderal employment tax returns? 2b X Note. If the sum of lines ta and 2a is greater than 250, you may be required to e- <i>file</i> (see instructions). 3a X a D of the organization have unreleated business gross income of 01, 000 or more during the year? 3b X b If "Yes." has it field a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule 0.</i> 3b X b If "Yes." has it field a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule 0.</i> 3b X b If "Yes." has it field a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule 0.</i> 3b X b If "Yes." the during the calendary year, dift the organization have an interest. accounty? accounty? accounty? Sa Was the organization have warnual gross receipts that the normality greater than \$100,000, and did the organization notify the organization an express statement that such contributions or gifts were not tax deductible? accounty? accounty? account? bc 7 Organization sub array to a prohibited tax shells transaction 170(c). accounty? bc bd c bd 8 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization neceive a payment in excess of \$75 made parthy as a contributions and parthy for groo	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
a in test the sum of lines 1 and 2 is greater than 250, you may be required to <i>e-hie</i> (see instructions)		Statements, filed for the calendar year ending with or within the year covered by this return 2a 758			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year,	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b If Yes, 'has it filed a form 980-T for this year? If 'No' to line 30, provide an explanation in Schedule 0,, 30 30 X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bark account, securities account, or other financial accounts is a bark account, securities account, or other financial accounts filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (BAR). 5a X b If 'Yes,' enter the name of the foreign country: ▶ See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (BAR). 5a X b If 'Yes,' enter the name of the foreign country: ▶ See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (BAR). Sa X b If 'Yes,' did the organization infer orm 8886-72. Sa X Sa X c If 'Yes' did the organization indude with ever so tick deductible accharitable contributions?. Sa X b If 'Yes,' did the organization notude with ever so tick deductible accharitable contributions?. Ga X b If the organization neceive a payment in excess of \$75 made partly as a contribution and partly for good and services provided for the payor? Ga Za Za b If 'Yes,' did the organization neceive a supremise, directly or indirectly, on a personal benefit contract? Ya		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
b in Tess, has hinds a form several field to regarization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bark account, securities account, or other financial account)? b if "Yes," enter the name of the foreign country (such as a bark account, securities account, or other financial account)? 5a Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year?. 5a Xa 5a Was the organization have annual group reprint the tax or is a party to a prohibited tax sheller transaction? 5b X 5a Was the organization include with every solicitation an express statement that such contributions that were not tax deductible as charitable contributions? 5a X 5b If "Yes," did the organization include with every solicitation an express statement that such contributions of the organization notify the donor of the value of the good or services provided? 6b 7 Organizations stell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X 7 If the organization receive a payment in excess of system or a parsonal benefit contract? 7t X 7 If the organization number of Forms 8282 filed during the year. 7d 7d X 7 If the organization include with every solicitation and express statement that such contract? 7t X 8 If "Yes," id the organization number of Forms 8282 filed during the year.	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			
over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b If "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5a Was the organization in the was or is a party to a prohibited tax shelter transaction? 5b X 5a Was the organization activity the organization that was or is a party to a prohibited tax shelter transaction? 5a X 5a Does the organization nearby contributions that were not tax deductible accharitable contributions? 5c C 6a Dorganization science a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7b X 7b If "Yes," did the organization nearbite or therwise dispose of tangible personal property for which it was required to file Form 8282? 7c x 7b If "Yes," did the organization nearby again pay pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7d X 7b If the organization nearbe of Forms 8282? 7c x 7g 7d X 7b If the organization nearbe ad somithution of qualified intellectual property, did the organizati	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	X	
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13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					
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the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					
c Enter the amount of reserves on hand 13c 14a 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b X	b	Enter the amount of reserves the organization is required to maintain by the states in which			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		the organization is licensed to issue qualified health plans			
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b	с	Enter the amount of reserves on hand			
			14a		X
JSA Eom 990 (2017	b JSA	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

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Form 9	190 (2017) LOS ANGELES LGBT CENTER 95–356'	/895	F	Page 6
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 in Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	,		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 23	,		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	/	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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?	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		v	
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	10	v	
	describe in Schedule O how this was done	12c	X X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	-
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450	Х	
a	The organization's CEO, Executive Director, or top management official	15a 15b	X	<u> </u>
b	Other officers or key employees of the organization	150	<u></u>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a		16a		x
	with a taxable entity during the year?	10a		
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?	16h		
Secti	on C. Disclosure	16b		<u> </u>
	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA,			
17		E01/4	N(2)	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(0	J(J)S	oniy)
	X Own website Another's website X Upon request Other (explain in Schedule O)			
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	aract	nolia	/ and
19	financial statements available to the public during the tax year.	FIGSL	policy	y, and
20		s' 🕨		
20	State the name, address, and telephone number of the person who possesses the organization's books and record MIGUEL MEDEL, CONTROLLER 1125 N MCCADDEN PL STE 202 LOS ANGELES, CA 90038 323-993-7618			
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Page 7

Part VII	Compensation of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contr	ractors								
	Check if Schedule O	contains a re	esponse or n	ote to any line	e in thi	s Part VII.				

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

					C)					
(A)	(B)	(do r	not c		sition	a than c	ne	(D)	(E)	(F)
Name and Title	Average hours per	(do not check more than one box, unless person is both an				Reportable compensation	Reportable compensation from	Estimated amount of		
	week (list any		officer and a director/trustee)					from	related	other
	hours for related organizations below dotted line)	1 24 25	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
		e	tee			sated				
(1)TESS AYERS	3.00									
BOARD SECRETARY	0.	X						0.	0.	0.
(2)LUANN BOYLAN	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(3)TAD BROWN	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(4)TYLER CASSITY	3.00									
TREASURER	0.	X						0.	0.	0.
(5)KIN CHENG	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(6)CAROLYN A. DYE	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(7)SUSAN FENIGER	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(8)DEAN HANSELL	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(9)MICHAEL LOMBARDO	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(10) ^{KARIM} ABAY	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(11) ^{ALFRED} FRAIJO, JR.	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(12)CARLOS MEDINA	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(13)MICHAEL MUELLER	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(14) IAN HARVIE	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.

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Part VII Section A. Officers, Directors, T		⊧y ⊏n	ipic			and I	ng			· · · · · · · · · · · · · · · · · · ·
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	ss pe	ition more rson	e than o is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
15) PETER PAIGE	2.00					ed				
BOARD MEMBER	0.	v						0.	0.	0
16) JAYZEN PATRIA	2.00	X						0.	0.	0
BOARD MEMBER	2.00	x						0.	0.	0
17) FRANK POND	2.00							0.	0.	0
BOARD MEMBER	2.00	x						0.	0.	0
18) ERIC M. SHORE	2.00							0.	0.	0
BOARD MEMBER	2.00	x						0.	0.	0
19) BRUCE VILANCH	2.00							0.	0.	0
BOARD MEMBER	2.00	x						0.	0.	0
20) MARKI J. KNOX, M.D.	5.00							0.	0.	0
BOARD CO-CHAIR	0.	x						0.	0.	0
21) DAVID J. BAILEY	5.00							0.	0.	0
BOARD CO-CHAIR	0.	x						0.	0.	0
22) ANNIE GOTO	2.00	21						0.	0.	0
BOARD MEMBER	0.	x						0.	0.	0
23) LOREN S. OSTROW	2.00	21						0.	0.	0
BOARD MEMBER	0.	x						0.	0.	0
24) LORRI L. JEAN	53.00									0
CHIEF EXECUTIVE OFFICER	2.00	-		х				524,171.	0.	34,917
25) DARREL CUMMINGS	53.00									- ,-
CHIEF OF STAFF	2.00	-		х				449,202.	0.	0
1b Sub-total								0.	0.	0
c Total from continuation sheets to Part VII,	Section A	• • •	• •		• •	• • •	5	2,400,201.	0.	34,917
d Total (add lines 1b and 1c)	-		•••	•••	•••			2,400,201.	0.	34,917
 2 Total number of individuals (including but no reportable compensation from the organizati 	t limited to t		liste		DOVe	e) who	o re		\$100,000 of	
 3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche 	icer, directo									Yes No 3 X
4 For any individual listed on line 1a, is the organization and related organizations g individual.	reater than	\$15	50,0	00?	lf	"Yes	5,"	complete Schedu	le J for such	4 X

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 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
ATTACHMENT 2		
2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► 7		

Х

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(a) (b) MICHAEL J. HOLTZMAN 25.00 x 245,058. 0. (c) ROBERT BOLAN 40.00 x 272,243. 0. (c) MEDICAL DIRECTOR 0. x 272,243. 0. (c) MEDICAL DIRECTOR 0. x 272,243. 0. (c) MATR AHUJA 40.00 x 255,307. 0. (c) DIRECTOR OF PSYCHIATRY 0. x 228,116. 0. (c) JASON MICHAEL HALL 40.00 x 219,212. 0. (c) JASON MICHAEL HALL 40.00 x 219,212. 0. (c) MATTHEW SEXTER 40.00 x 206,892. 0. (c) MATHEW SEXTER (c) <t< th=""><th>(A) Name and title</th><th>(B) Average hours per week (list any hours for</th><th>box, office</th><th>ot che unless r and a</th><th>perso a dire</th><th>ore than o n is both ctor/trust</th><th>an ee)</th><th>(D) Reportable compensation from the</th><th>(E) Reportable compensation from related organizations</th><th>(F) Estimated amount of other compensatior from the</th></t<>	(A) Name and title	(B) Average hours per week (list any hours for	box, office	ot che unless r and a	perso a dire	ore than o n is both ctor/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensatior from the
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7) ROBERT BOLAN 40.00 x 272.243 0. MEDICAL DIRECTOR 0. x 272.243 0. DIRECTOR OF PSYCHIATRY 0. x 255,307. 0. PHYSICTAN 0. x 228.116. 0. PHYSICTAN 0. x 219,212. 0. PHYSICTAN 0. x 206,892. 0. PHYSICTAN 0. x 206,892. 0. PHYSICTAN 0. x 206,892. 0. Construction 0. x 206,892. 0. PHYSICTAN 0. x 206,892. 0. Construction 0. 0. x 206,892. 0. <	6) MICHAEL J. HOLTZMAN	+								
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c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization b a Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual a For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual b Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person b Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person b 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.		+				x		206,892.	0.	
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization b a Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual a For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual b Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person b Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person b 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.										
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) c 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 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Ection B. Independent Contractors (A) (B) (C)										
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization b a Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual a For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual b Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person b Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person b 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.										
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization b a Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual a For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual b Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person b Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person b 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.										
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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 b 60 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 60		+								
reportable compensation from the organization > 60 Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	c Total from continuation sheets to Part VII, S	Section A			• • •					
 B Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual					abo	ve) who	o re	eceived more than	\$100,000 of	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual										Yes 3
for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 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) (B) (C)	organization and related organizations gr	eater than	\$15	0,00	0?	lf "Yes	s," (complete Schedu	le J for such	4 X
I 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) (B) (C)	for services rendered to the organization? If "Y									5
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	-	noncotod :	odona	ndor	t oc	ntracta	rc +	hat received mere	than \$100 000	
	compensation from the organization. Report of									
		dress							ervices (

Form	990	(2017)
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Par	t VII	Statement of Revenue Check if Schedule O contains	a rosponso	or noto to an	whipe in this Part V	ш		
		Check in Schedule O contains	aresponse		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events	. 1b . 1c . 1d	8,081,560. 17,378,733. 14,082,268.				
	g h	Noncash contributions included in lines 1 Total. Add lines 1a-1f		291,523.	39,542,561.			
Program Service Revenue	2a b c	PROGRAM SERVICE FEES		Business Code 621300	80,082,288.	80,082,288.		
Program Se	d e f g	All other program service revenue . Total. Add lines 2a-2f			80,082,288.			
	3	Investment income (including and other similar amounts). ATTA Income from investment of tax-exe	dividends CHMENT	a, interest, 3 ►	905,732.			905,732.
	5 6a	Gross rents	Real 52,116.	(ii) Personal	0.			
	b c d	(1) 0	-44,131.	(ii) Other	-44,131.			-44,131.
	7a b c	assets other than inventory 1, Less: cost or other basis and sales expenses 1,	947,708. 688,823. 258,885.					
ne	d 8a	Net gain or (loss)		▶ TCH 4	258,885.			258,885.
Other Revenue		events (not including \$8,081,56 of contributions reported on line 1c) See Part IV, line 18 Less: direct expenses	a	811,074.	0.000.100			0.000.105
	с 9а	Net income or (loss) from fundraisin Gross income from gaming activiti See Part IV, line 19	es.	41,100.	-2,232,196.			-2,232,196.
	b c	Less: direct expenses	b	^{11,000.} TCH 6►	30,100.			30,100.
	10a b c	Gross sales of inventory, le returns and allowances Less: cost of goods sold Net income or (loss) from sales of in	ь		0.			
	11a b	Miscellaneous Revenue OTHER INCOME	E	Business Code 900099	753,520.	753,520.		
	c d e	All other revenue			753,520.			
JSA 7E105	12	Total revenue. See instructions.			119,296,759.	80,835,808.		-1,081,610. Form 990 (2017)

JSA 7E1051 1.000

Part IX Statement of Functional Expenses

LOS ANGELES LGBT CENTER

Check if Schedule O contains a respo	onse or note to any line	e in this Part IX		<u> </u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,453,757.	6,453,757.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	192,627.	192,627.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,				
trustees, and key employees	1,272,277.	254,281.	646,284.	371,712
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and	0.			
persons described in section 4958(c)(3)(B)	32,350,579.	27,238,679.	3,327,392.	1,784,508
7 Other salaries and wages	54,550,577.	41,430,019.	5,341,394.	±,/04,500
8 Pension plan accruals and contributions (include	0.			
section 401(k) and 403(b) employer contributions)	5,493,199.	4,747,875.	524,865.	220,45
9 Other employee benefits	2,729,386.	4,747,875.	279,714.	154,76
IO Payroll taxes	2,729,380.	2,294,912.	2/9,/14.	154,/0
11 Fees for services (non-employees):	0			
a Management	0.			
b Legal	94,046.	58,470.	35,576.	
c Accounting	181,862.	CO 100	181,862.	
d Lobbying	60,128.	60,128.		007 07
e Professional fundraising services. See Part IV, line 17.	207,270.			207,27
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column	0 000 405	1 011 105	60 100	255 10
(A) amount, list line 11g expenses on Schedule O.)	2,230,495.	1,811,107.	62,189.	357,19
2 Advertising and promotion	714,783.	449,047.	93,715.	172,02
13 Office expenses	1,341,708.	844,607.	467,298.	29,80
4 Information technology	1,603,377.	821,538.	673,483.	108,35
I5 Royalties	0.	2 010 045	100 000	04 54
I6 Occupancy	3,231,382.	3,019,045.	127,793.	84,54
7 Travel	340,068.	273,621.	44,240.	22,20
8 Payments of travel or entertainment expenses	_			
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	105,389.	43,525.	33,191.	28,67
20 Interest	334,285.	289,249.	29,717.	15,31
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,116,997.	1,007,419.	76,457.	33,12
23 Insurance	296,065.	52,714.	240,841.	2,51
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
aPHARMACEUTICALS	43,058,978.	43,058,978.		
bCLIENT SERVICES	1,881,610.	1,880,405.		1,20
cLAB TESTING	1,099,345.	1,099,345.		
dPROGRAM SERVICE EVENTS	1,232,070.	1,090,075.	24,355.	117,640
e All other expenses	1,337,855.	6,783,022.	-6,140,280.	695,113
25 Total functional expenses. Add lines 1 through 24e	108,959,538.	103,824,426.	728,692.	4,406,420
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► X if				
following SOP 98-2 (ASC 958-720)	3,469,409.	607,000.		2,862,39
	2,202,102.			Earm 000 (20

JSA 7E1052 1.000

-	000 10017
⊦orm	990 (2017

orm 990	LOS ANGELES LGBT CENTER (2017)		95-	3567895 Page 11
Part X				Page II
	Check if Schedule O contains a response or note to any line in this Pa	art X		
		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	13,650,080.	1	20,788,025.
2	Savings and temporary cash investments	0.	2	0.
3	Pledges and grants receivable, net	10,286,331.	3	11,756,734.
4	Accounts receivable, net	7,003,469.	4	8,574,741.
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
		0.	5	0.
6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	0		0
S	organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net ATCH 7	0.	6	0.
Assets 0 2		28,910,100.	7	28,910,100.
-	Inventories for sale or use	611,541.	8	881,973.
9	Prepaid expenses and deferred charges	2,327,613.	9	2,471,625.
10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 22,460,932.			
		9,596,425.	4.0.	8,688,284.
		15,716,258.	10c	16,485,029.
11	Investments - publicly traded securities ATCH 8	0.	11	10,485,029.
12	Investments - other securities. See Part IV, line 11	0.	12	0
13	Investments - program-related. See Part IV, line 11	0.	13 14	0.
14 15	Intangible assets	2,112,235.		2,261,156.
	Other assets. See Part IV, line 11	90,214,052.	15 16	100,817,667.
16	Total assets. Add lines 1 through 15 (must equal line 34)	8,983,599.	17	11,432,933.
17	Accounts payable and accrued expenses	0.	18	0.
18 19	Grants payable	452,355.	19	1,394,143.
20	Deferred revenue	0.	20	0
20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D	0.	20	0
	Loans and other payables to current and former officers, directors,		21	
	trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L	0.	22	0.
	Secured mortgages and notes payable to unrelated third parties ATCH 9	423,887.	23	180,300.
24	Unsecured notes and loans payable to unrelated third parties	0.	24	0
25	Other liabilities (including federal income tax, payables to related third		24	
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	5,015,197.	25	1,896,244.
26	Total liabilities. Add lines 17 through 25	14,875,038.	26	14,903,620.
ses	Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.		-	
27	Unrestricted net assets	64,052,574.	27	75,157,121.
27 28 28	Temporarily restricted net assets	6,007,113.	28	5,331,754.
29	Permanently restricted net assets	5,279,327.	29	5,425,172.
or Fu	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	Capital stock or trust principal, or current funds		30	
30 31 32 33 33	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ž 32	Retained earnings, endowment, accumulated income, or other funds		32	
50 SZ	Total net assets or fund balances	75,339,014.	33	85,914,047.
34	Total liabilities and net assets/fund balances	90,214,052.	34	100,817,667.

Form 9	90 (2017)			Pa	ge 12
Part					
	Check if Schedule O contains a response or note to any line in this Part XI.	<u></u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	119,2		
2	Total expenses (must equal Part IX, column (A), line 25)	2	108,9		
3	Revenue less expenses. Subtract line 2 from line 1	3	10,3		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	75,3		
5	Net unrealized gains (losses) on investments	5	2	37,8	
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	<u>33,</u> column (B))	10	85,9	14,0)47.
Part					
	Check if Schedule O contains a response or note to any line in this Part XII		 .		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," e	explain in	i i		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited on a	1		
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversight	:		
	of the audit, review, or compilation of its financial statements and selection of an independent ac	-		Х	
	If the organization changed either its oversight process or selection process during the tax year, of				
	Schedule O.	•			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth in			
	the Single Audit Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	dergo the)		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	0	3b	Х	

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

		nt of the Treasury evenue Service		► Go to www.irs.ge	o <i>v/Form</i> 990 for instruct	ions and	the latest	information.	Inspection
Nam	e of ti	he organization						Employer identifi	cation number
LO	S Al	NGELES LGB						95-35678	
Ра					-	•		art.) See instructions	
The	orga		•		t is: (For lines 1 through			,	
1					tion of churches desc				
2					. (Attach Schedule E	-			
3					rganization described				
4			-		conjunction with a ho	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
_		hospital's nam							
5		-	-		a college or universit	y owned	d or ope	rated by a governme	ntal unit described in
~				Complete Part II.)	rnmental unit describe	al in a a a t	ion 170/	L\/4\/A\/\	
6 7	x								om the general public
'	Δ	-		any receives a sur (1)(A)(vi). (Compl		ipport in	Jili a yu		on the general public
8					o)(1)(A)(vi). (Complete	Part II)			
9	\square	-		-		-		l in conjunction with a	land-grant college
5		-		-			-	name, city, and state of	
		university:		grant conego or a				harro, oky, and olato o	
10		An organizatio	on that norma	Illy receives: (1) m	ore than 331/3 % of its	support	from co	ntributions, membersh	nip fees, and gross
		receipts from support from	activities rela aross investm	ited to its exempt f nent income and u	functions - subject to nrelated business tax	certain e able inco	xception	s, and (2) no more tha s section 511 tax) from	n 331/3 %of its businesses
		acquired by th	ne organizatio	on after June 30, 1	975. See section 509	(a)(2). (C	Complete	Part III.)	
11		•	•	•	usively to test for publ				
12		-	-	-		-			arry out the purposes
				· · · -					ee section 509(a)(3).
				-					nes 12e, 12f, and 12g.
а						-		orted organization(s),	
					te Part IV, Sections A		ajonty of	the directors or truste	
b	Г		•	•			with ite	supported organization	an(c) by baying
U								is that control or man	
			-		, Sections A and C.	the sam	e persor		age the supported
с	Γ	-				ated in co	onnectio	n with, and functional	ly integrated with
Ū					ns). You must comple				ly integrated min,
d			•	. , .	· ·			ection with its suppor	ted organization(s)
		•••	-			•		oution requirement and	• • • • •
			-		omplete Part IV, Sect	-		-	
е		Check this b	ox if the orga	anization received	a written determinatio	n from t	he IRS tl	nat it is a Type I, Type I	I, Type III
		functionally	integrated, or	Type III non-funct	tionally integrated sup	porting o	organizat	ion.	
f	En	ter the number	of supported	l organizations					
g	Pro	ovide the follow	ing information	on about the supp	orted organization(s).				
	(i) N	ame of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization	(v) Amount of monetary	(vi) Amount of
					above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
						Yes	No		
(A)									
(P)									
(B)									
(C)									
(D)									
(E)									
Tota	al								
									·

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

Page 2

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.)

Calendar year (or fissal year beginning in) ► (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 1 Gifks, grants, contributions, and membership thes received. (Do not include any 'unusual grants.) 28,233,672 25,645,169 24,232,575. 29,792,105. 19,943,181. 148,422,280. 2 Tax revenues leviced on its behalf and either paid to or sepended on its behalf and either paid to or sepended on its behalf and either paid to or sepended on its behalf and either paid to or sepended on its behalf and either paid to or sepended on its behalf and either paid to or sepended on its behalf and either paid to or sepended on its behalf and either paid to or sepended on its behalf and either paid to or sepended on its behalf and either paid to or sepended on its behalf and either paid to or sepended on its behalf and either paid to or sepended on its behalf and either paid to or sepended on its behalf and either paid to or sependence or facilities by each person (other than be sepend cognization) included on its new and the sependence of the another to or line and the paid to or sependence or septement is leave. 26,233,672,25,452,452,452,452,452,452,452,452,452	Sec	tion A. Public Support						
membership fees received. (Do not include any 'unusuit grants''),, 22,229,672, 25,445,369, 24,202,573, 29,792,105, 39,542,561, 145,442,280. 2 Tax revenues fevide for the organization's benefit and either paid to or separated on its behalf,, 20,272, 25,445,369, 24,202,573, 29,792,105, 39,542,561, 145,442,280. 3 The value of services or facilities furnished by a governmental unit to the organization without charge	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
organization's benefit and either paid to or expended on its behall. 0. 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 0. 4 Total. Add lines 1 through 3. 26.259.672 25.645.366 24.202.573 29.792.105 29.542.561 145.442.200. 5 The portion of total contributions by governmental unit or publicly supported organization) included on line 1 that exceeds 25.6 the amount shown on line 11. column (1). 26.259.672 25.645.366 24.202.573 29.792.105 29.542.561 145.442.200. 5 The portion of total contributions by governmental unit or publicly supported organization) included on line 1 that exceeds 25.6 the amount shown on line 11. column (1). 14.123.700. 14.123.700. 6 Class income from interest, dividends, interest, dividends, remts. royalities, and income from similar sources . 0.0 0.0 265.501 273.103. 10 Other income. Do not include gain or loss from the sale of capital assets is regularly carried on . 12 30.690.180. 152.857.602 11 Total support. Add lines 7 through 10. 12 31.690.180. 152.957.923.308.31.690.180. 12 Corps receipts from related activities, etc. (see instructions) 12 316.90.180. 13	1	membership fees received. (Do not	26,259,672.	25,645,369.	24,202,573.	29,792,105.	39,542,561.	145,442,280.
furnished by a governmental unit to the organization without charge	2	organization's benefit and either paid						0.
The portion of total contributions by accharge and person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (0,	3	furnished by a governmental unit to the						0.
each person (other than is governmental unit 1,123,370. governmental unit 1,203,370. 1,123,370. 1,123,370. Section B. Total Support Section B. Total Support 1,144,318,910. Section B. Total Support. Subtract line 5 from line 4 1 144,318,910. Section B. Total Support. Subtract line 5 from line 4 26,259,672. 25,645,369. 24,202,573. 29,792,105. 39,542,561. 145,442,280. Gross income from interest, dividends, person state of an income from similar sources income from interest, dividends, person state of an income from similar sources is regularly carried on	4	Total. Add lines 1 through 3	26,259,672.	25,645,369.	24,202,573.	29,792,105.	39,542,561.	145,442,280.
6 Public support. Subtract line 5 from line 4 144, 218, 210. Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4. 26,259,672. 25,645,369. 24,202,573. 29,792,105. 39,542,561. 145,442,280. 8 Gross income from interest, dividends, payments received on securities loans, rents, royaltes, and income from similar sources 1417,056. 707,494. 716,806. 1,160,993. 957,848. 3,960,197. 9 Net income from unrelated business activities, whether or not the business is regularly carried on . 7,602. 0. 0. 0. 265,501. 273,103. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). ATCH, 1. 83,225. 15,614. 785,682. 2,052,139. 753,520. 3,690,180. 11 Total support. Add lines 7 through 10. 12 310,900,348. 316,900,348. 13 First five years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 310,900,348. 14 Public support percentage from 2016 Schedule A, Part II, line 14 130,130 %	5	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
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12 Gross receipts from related activities, etc. (see instructions) 12 310,900,358. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Image: Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). 14 94.10% 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 94.80% 16a 331/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization Image: State Sta	10	loss from the sale of capital assets	83,225.	15,614.	785,682.	2,052,139.	753,520.	3,690,180.
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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		-						-
	18	supported organization						· ► 🗌
		-						

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ũ	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
<i>i</i> u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u> </u>	tion B. Total Support						
		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
-	ndar year (or fiscal year beginning in) ►	(a) 2010	(6) 2014	(6) 2013	(0) 2010	(6) 2017	(1) 10121
9 10 a	Amounts from line 6 Gross income from interest, dividends,						
ivu	payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f	0	,	, ,	, ,		
	organization, check this box and stop here					<u></u>	<u></u> ▶
Sec	tion C. Computation of Public Sup		<u>v</u>				
15	Public support percentage for 2017 (line 8)					15	%
16	Public support percentage from 2016 Sche					16	%
Sec	tion D. Computation of Investmen					1	
17	Investment income percentage for 2017 (lin					17	%
18	Investment income percentage from 2016					18	%
19 a	331/3% support tests - 2017. If the org	ganization did no	ot check the bo	x on line 14, an	d line 15 is mor	e than 331/3%,	and line
	17 is not more than 331/3%, check th	is box and sto	here. The org	anization qualifie	s as a publicly	supported organ	ization . 🕨 📃
b	331/3% support tests - 2016. If the orga	anization did not	check a box on	line 14 or line 19	9a, and line 16 is	more than 331/	3 %, and
	line 18 is not more than 331/3%, check	this box and s t	t op here. The or	ganization qualifi	es as a publicly	supported organ	ization 🕨
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	o, check this bo	ox and see instr	uctions 🕨
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Page 3

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

10b Schedule A (Form 990 or 990-EZ) 2017

	LOS ANGELES LGBT CENTER 95-356.	/895		_
-	le A (Form 990 or 990-EZ) 2017			Page 5
Part	V Supporting Organizations (continued)		Voc	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	NU
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	fon B. Type I Supporting Organizations	110		
			Yes	No
	Did the disectory to start any sectory of any sectory supported experientians have the second to			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations	-		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			L
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			I
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.)	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
				No
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
Ь				
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the</i>			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
2	-			
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
U	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
-				·

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Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization	-		,
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

Page 7

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)	Page				
	ion D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish ex	vempt purposes		Guirent real				
2	Amounts paid to perform activity that directly furthers exer		od					
2		janizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	zatione						
4	Amounts paid to acquire exempt-use assets	24110115						
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which	the organization is resp						
0	(provide details in Part VI). See instructions.	the organization is resp						
9	Distributable amount for 2017 from Section C, line 6							
9 10	Line 8 amount divided by Line 9 amount							
10			(::)	(:::)				
:	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017				
1	Distributable amount for 2017 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2017							
	(reasonable cause required-explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2017							
а								
b	From 2013							
С	From 2014							
d	From 2015							
е	From 2016							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2017 distributable amount							
i	Carryover from 2012 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2017 from							
	Section D, line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2017 distributable amount							
С	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2017, if							
	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI . See instructions.							
6	Remaining underdistributions for 2017. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2018. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
a	Excess from 2013							
	Excess from 2014							
	Excess from 2015							
d	Excess from 2016							
	Excess from 2017							

Page 8

Schedule A (Form 990 or 990-EZ) 2017

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

SCHEDULE A, PART II - OTHER INCOME							
DESCRIPTION	2013	2014	2015	2016	2017	TOTAL	
OTHER REVENUE	83,225.	15,614.	785,682.	2,052,139.	753,520.	3,690,180.	
TOTALS	83,225.	15,614.	785,682.	2,052,139.	753,520.	3,690,180.	

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

LOS ANGELES LGBT CENTER

Organization type (check one):

Employer identification number

95-3567895

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization LOS ANGELES LGBT CENTER

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$5,363,501.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$2,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$1,835,372.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$1,642,163.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$1,585,643.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$1,210,912.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization LOS ANGELES LGBT CENTER

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$1,067,279.	Person X Payroll Noncash (Complete Part II for
			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

ion LOS ANGELES LGBT CENTER

Employer identification number 95-3567895

a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Page 3

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Schedule B (Form 990, 990-EZ, or 990-PF) (2017)	Page 4
Name of organization LOS ANGELES LGBT CENTER	Employer identification number
	0F 2F6700F

Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	the year from any ons completing Par e year. (Enter this in	one contributor. III, enter the total formation once. S	Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
		(e) Transf	er of gift				
	Transferee's name, address, an	ıd ZIP + 4	Relatio	onship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	Transferee's name, address, an	nd ZIP + 4	Relatio	onship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift (c) U		of gift	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, an	ud ZIP + 4	Relatio	onship of transferor to transferee			
				1			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	Transferee's name, address, an	(e) Transf		onship of transferor to transferee			
JSA 7E1255 1.000)			Schedule B (Form 990, 990-EZ, or 990-PF) (2017)			

	rtment of the Treasury al Revenue Service	Comp	Diete if the organization is described be Go to www.irs.gov/Form990 for		to Form 990 or Form 990-E latest information.	2. Open to Public Inspection
		ered "Yes,"	on Form 990, Part IV, line 3, or Form	990-EZ, Part V, line 4	6 (Political Campaign Activiti	
٠	Section 501(c)(3) or	ganizations	Complete Parts I-A and B. Do not complete	lete Part I-C.		
٠	Section 501(c) (othe	er than secti	on 501(c)(3)) organizations: Complete F	Parts I-A and C below.	Do not complete Part I-B.	
	Section 527 organiza					
	•		on Form 990, Part IV, line 4, or Form			
		0	that have filed Form 5768 (election un			
		0	that have NOT filed Form 5768 (election	•	••••••	•
	e organization answ		on Form 990, Part IV, line 5 (Proxy	Tax) (see separate I	Instructions) or Form 990-E	Z, Part V, line 35C (Prox)
	• •		anizations: Complete Part III.			
Nam	e of organization				Employer iden	tification number
LOS	ANGELES LGB	T CENTER	ર		95-3567	895
Par	rt I-A Comple	te if the c	organization is exempt under	section 501(c) or	is a section 527 organ	ization.
1	Provide a descrip	tion of the	organization's direct and indirect p	political campaign a	ctivities in Part IV. (see ins	structions for
	definition of "polit			1.5	(
2	•		xpenditures (see instructions)		▶ \$	
3			campaign activities (see instruction			
_			organization is exempt under s			
1			cise tax incurred by the organizatio			
2	Enter the amount	t of any exc	cise tax incurred by organization m	anagers under sect	tion 4955	
3			a section 4955 tax, did it file Form			
	•			•		
	If "Yes," describe					
			organization is exempt under	section 501(c), e	xcept section 501(c)(3)	•
1	Enter the amount		expended by the filing organization			
	activities				▶\$	
2			ng organization's funds contributed			
3			enditures. Add lines 1 and 2. En			
	line 17b				▶\$	
4			e Form 1120-POL for this year?			
5			and employer identification numb			
			ts. For each organization listed, en tributions received that were prom			
			nd or a political action committee (I			
	· · · · · · · · · · · · · · · · · · ·	regated ful				
	(a) Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
						promptly and directly
						delivered to a separate
						political organization. If
						none, enter -0
(1)				1		
(2)						
(2)				-		
(3)						
(4)				-		
(5)						
(9)				1		
(6)						
For F	Paperwork Reductio	n Act Notic	e, see the Instructions for Form 990 o	r 990-EZ.	Schedule	C (Form 990 or 990-EZ) 2017

Political Campaign and Lobbying Activities

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SCHEDULE C (Form 990 or 990-EZ)

 For Organizations Exempt From Income Tax Under section 501(c) and section		

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

-				
Pa	art II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	i filed Form 5768 (elec	ction under
A		longs to an affiliated group (and list in Part IV e and share of excess lobbying expenditures).	ach affiliated group mem	ber's name,
В	Check ► if the filing organization ch	ecked box A and "limited control" provisions ap	ply.	
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
t c c	 Total lobbying expenditures to influence Total lobbying expenditures (add lines 1 Other exempt purpose expenditures Total exempt purpose expenditures (add 	public opinion (grass roots lobbying) a legislative body (direct lobbying) a and 1b) d lines 1c and 1d) e amount from the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 2	5% of line 1f)		
h	Subtract line 1g from line 1a. If zero or le	ess, enter -0-		
i		ss, enter -0-		
j	If there is an amount other than zero	on either line 1h or line 1i, did the organiza	ation file Form 4720	
	reporting section 4911 tax for this year?			Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total		
2a Lobbying nontaxable amount							
b Lobbying ceiling amount (150% of line 2a, column (e))							
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount (150% of line 2d, column (e))							
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2017

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raue	J

	II-B Complete if the organization is exempt under section 501(c)(3) and has NO ⁻ (election under section 501(h)).	T file	d For	m 5768		
For		(8	a)		(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No	Ar	nount	
	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
	Volunteers?		Х			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.		X			
с	Media advertisements?		Х			
d	Mailings to members, legislators, or the public?		Х			
е	Publications, or published or broadcast statements?		Х			
f	Grants to other organizations for lobbying purposes?		Х			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	L	Х		<u> </u>	1.0
i	Other activities?	X				,12
	Total. Add lines 1c through 1i		x		60	,⊥∠
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ection		
					Yes	No
,	Were substantially all (90% or more) dues received nondeductible by members?			1		No
	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		No
	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures fro	m the	prior	year? 3		No
Part	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures fro III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	m the (c)(5) OR (prior , or s	year? 3 ection rt III-A, lin		
Part	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures fro III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"	<u>m the</u> (c)(5) OR (prior , or s b) Pa	year? 3 section		
art	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures fro Did the organization agree to carry over lobbying and political campaign activity expenditures fro Did the organization agree to carry over lobbying and political campaign activity expenditures fro Did the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts prolitical expenses for which the section 527(f) tax was paid). Current year	<u>m the</u> (c)(5) OR (prior , or s b) Pa	year? 3 eection rt III-A, lin 2a		
Part	 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures fro Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). 	<u>m the</u> (c)(5) OR (prior , or s b) Pa	year? 3 section rt III-A, lin 2a 2b		
art a	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures fro III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid). Current year Carryover from last year.	m the (c)(5) OR (prior , or s b) Pa	year? 3 section rt III-A, lin 2a 2b 2c		
art a	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures fro Did the organization agree to carry over lobbying and political campaign activity expenditures fro Did the organization agree to carry over lobbying and political campaign activity expenditures fro Did the organization agree to carry over lobbying and political campaign activity expenditures fro Did the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amound political expenses for which the section 527(f) tax was paid). Current year Carryover from last year. Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	m the (c)(5) OR (unts	prior , or s b) Pa	year? 3 section rt III-A, lin 2a 2b		
Part a b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures fro Did the organization agree to carry over lobbying and political campaign activity expenditures fro Did the organization agree to carry over lobbying and political campaign activity expenditures fro Did the organization agree to carry over lobbying and political campaign activity expenditures fro Sol1(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year Carryover from last year. Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due f notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	<u>m the</u> (c)(5) OR (unts es.	prior , or s b) Pa of	year? 3 section rt III-A, lin 2a 2b 2c		
Part a b c	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures fro Did the organization agree to carry over lobbying and political campaign activity expenditures fro Sol1(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year Carryover from last year. Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due f notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible lobble	m the (c)(5) OR (unts es o of th obbyin	prior , or s b) Pa of	2 year? 3 section rt III-A, Iii 2a 2b 2c 3		
a d	 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures fro Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts provide a political expenses for which the section 527(f) tax was paid). Current year Carryover from last year. Fotal Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due f notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible lob lob lob lob lob lob lob lob lob lob	m the (c)(5) OR (unts	prior , or s b) Pa of	2 year? 3 section rt III-A, lin 2 a 2 b 2 c 3 4		
a b	 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures fro III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members Dues, assessments and similar amounts from members Dues, assessments and similar amounts from members Current 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year Carryover from last year. Fotal Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due f notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible lob and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) 	m the (c)(5) OR (unts	prior , or s b) Pa of	2 year? 3 section rt III-A, Iii 2a 2b 2c 3		
a o b c	 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures fro III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members Dues, assessments and similar amounts from members Dues, assessments and similar amounts from members Current 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year Carryover from last year. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due f notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible lob and political expenditure next year? 	m the (c)(5) OR (unts	prior , or s b) Pa of	2a 2b 2c 3 4 5	ne 3, is	

THE LOS ANGELES LGBT CENTER PAID \$60,128 TO HOLLAND & KNIGHT LLP TO

PROVIDE FEDERAL ADVOCACY SERVICES.

JSA 7E1266 1.000

Schedule C (Form 990 or 990-EZ) 2017

Page 4

Part IV Supplemental Information (continued)

SCHED	DULE	D
(Form	990)	

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

20

OMB No. 1545-0047

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_		_	_			_	_	_	_	 _	

Department of the Treasury

Inter	nal Revenue Service	Go to www.irs.gov	//Form990 for instructions and the latest info	rmation. Inspection
Nam	e of the organization			Employer identification number
LOS	S ANGELES LGBI	I CENTER		95-3567895
Pa	art I Organiza	tions Maintaining Donor Adv	ised Funds or Other Similar Funds o	or Accounts.
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number at e	nd of year		
2		of contributions to (during year)		
3		of grants from (during year)		
4		at end of year		
5		-	advisors in writing that the assets held	d in donor advised
-	-		e organization's exclusive legal control?	
6	-		and donor advisors in writing that grant	
-	-	-	fit of the donor or donor advisor, or for	
Pa		tion Easements.		
			"Yes" on Form 990, Part IV, line 7.	
1		-	organization (check all that apply).	
		n of land for public use (e.g., rec		n of a historically important land area
		of natural habitat		n of a certified historic structure
		n of open space		
2			eld a qualified conservation contribution i	in the form of a conservation
		last day of the tax year.		Held at the End of the Tax Year
а				2a
b			s	2b
c	-	-	historic structure included in (a)	2c
d			c) acquired after 7/25/06, and not on a	
				2d
3		-	nsferred, released, extinguished, or term	
°.	tax year ►			
4	-	where property subject to conse	ervation easement is located	
5			garding the periodic monitoring, inspec	ction handling of
Ū.	-		sements it holds?	
6			cting, handling of violations, and enforcing co	
Ū			sing, handling of violations, and officiently of	
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
•	►\$			concervation cacemonic adming the year
8		vation easement reported on line	2(d) above satisfy the requirements of sec	tion 170(h)(4)(B)(i)
•			_(a) above called, inc requirements of occ	
9	In Part XIII. descri	ibe how the organization reports	conservation easements in its revenue ar	nd expense statement, and
•		u .	of the footnote to the organization's finan	•
		ounting for conservation easeme		
Pa	art III Organiza	tions Maintaining Collections	s of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization	n elected, as permitted under SI	FAS 116 (ASC 958), not to report in its	revenue statement and balance shee
	works of art, hist	orical treasures, or other simila	FAS 116 (ASC 958), not to report in its ar assets held for public exhibition, ed ootnote to its financial statements that de	ucation, or research in furtherance of
ι.				
b			SFAS 116 (ASC 958), to report in its ar assets held for public exhibition, ed	
		wide the following amounts relat		
				▶\$
	(ii) Assets include	ed in Form 990 Part X		· · · · · · · · · · · · · · · · · · ·
2			rt, historical treasures, or other similar	
-	-		FAS 116 (ASC 958) relating to these iten	
а				
		Form 990 Part X		► \$

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

JSA

Schedule D (Form 990) 2017

95-3567895	
20 000 000	

Scher	lule D (Form 990) 2017	ANGELES L	ODI CENTER					5501095	Page 2
_	t III Organizations Maintaini	na Collection	s of Art. His	torical T	reasures	or Oth	ner Similar As	sets (con	
3	Using the organization's acquisition	-							,
-	collection items (check all that app			,	, <u> </u>		5	5	
а	Public exhibition	,	d	Loan o	or exchang	e prograi	ms		
b	Scholarly research		e	Other					
с	Preservation for future gene	rations							
4	Provide a description of the orga		tions and exp	lain how t	hey furthe	er the or	ganization's exer	mpt purpose	e in Part
	XIII.								
5	During the year, did the organization	on solicit or rece	eive donations	of art, histo	orical treas	sures, or	other similar		
	assets to be sold to raise funds rate	ner than to be n	naintained as p	art of the c	organizatio	n's colleo	ction?	Yes	No
Par	t IV Escrow and Custodial A								
	Complete if the organiza 990, Part X, line 21.	tion answered	"Yes" on For	m 990, Pa	art IV, line	e 9, or re	ported an amo	ount on For	m
1a	Is the organization an agent, truste	e, custodian o	r other interme	diary for co	ontributior	is or othe	r assets not		
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and	complete the fo	ollowing tab	le:				
							Amoun	t	
С	Beginning balance				10	•			
d	Additions during the year				10	1			
е	Distributions during the year					•			
f	Ending balance				1f				
	Did the organization include an an						-		No
	If "Yes," explain the arrangement	n Part XIII. Che	ck here if the	explanation	has been	provided	on Part XIII		-
Par			"Mar" Г ан	000 D-	at N/ Para	10			
	Complete if the organiza						() -		
		(a) Current yea	ar (D) Pr	or year	(c) Two ye	ears back	(d) Three years bac	ck (e) Four	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage	of the current	/ear end balan	ce (line 1g,	column (a)) held as	:		
	Board designated or quasi-endown Permanent endowment ►	%	%						
b C	Temporarily restricted endowment		%						
U	The percentages on lines 2a, 2b, a								
39	Are there endowment funds not in		-	ation that	are held a	nd admir	nistered for the		
Ju	organization by:	110 000000000						Γ	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations								
b	If "Yes" on line 3a(ii), are the relat								
4	Describe in Part XIII the intended	•						-	I
-	t VI Land, Buildings, and Equ Complete if the organization	ipment.				0 110 5	00 Eorm 000 I	Part X lina	10
	Description of property		Cost or other basis		r other basis		cumulated	(d) Book valu	
		. ,	(investment)	(ot	ther)	depr	eciation		
1a	Land				50,247.		F0 205		0,247.
b	Buildings	•••••			56,600.		79,385.		7,215.
C	Leasehold improvements				14,109.		86,205.		7,904.
d	Equipment			_	06,335.	2,5	07,058.		9,277.
	Other				33,641.	·			3,641.
Iota	I. Add lines 1a through 1e. (Column	i (d) must equa	i ⊢orm 990, Pai	τ X, columr	п (В), line 1	IUC.)		8,68	8,284.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017		Pa
Part VII Investments - Other Securities.		
Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		
Part IX Other Assets.		
·		, Part IV, line 11d. See Form 990, Part X, line 15.
	scription	(b) Book value
<u>(1)</u>		
<u>(2)</u>		
<u>(3)</u>		
<u>(4)</u> (5)		
(5) (6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15.)	•••••
Part X Other Liabilities.		
Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
1. (a) Description of liability	(b) Book valu	e
(1) Federal income taxes	(,,	
(2) ANNUITIES PAYABLE	1,087,6	555.
(3) PAYABLE TO AFFILIATE	808,5	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

1,896,244. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII JSA 7E1270 1.000 Schedule D (Form 990) 2017

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LOS ANGELES LGBT CENTE	LOS	ANGELES	LGBT	CENTER
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Schedu	le D (Form 990) 2017		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	'n.	r ago -
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	-	
1	Total revenue, gains, and other support per audited financial statements	1	123,049,297.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	_	
b	Donated services and use of facilities	<u>.</u>	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	3,752,538.
3	Subtract line 2e from line 1	3	119,296,759.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)		119,296,759.
Part			
i ai c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	112,474,264.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
_	Donated services and use of facilities		
a L	Prior year adjustments	-	
b		-	
C.		-	
d		2e	3,514,726.
е	Add lines 2a through 2d	3	108,959,538.
3	Subtract line 2e from line 1	3	100,000,000.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)	-	
-	Add lines 4a and 4b	4c	100 050 530
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	108,959,538.
	XIII Supplemental Information.		
Provid 2. Par	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor	mation	ine 4; Part X, line
		mation	•
SEF	PAGE 5		

JSA

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2017

SCHEDULE D PART X, LINE 2FIN 48 (ASC 740) FOOTNOTE THE LGBT CENTER IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

THE CENTER HAS EVALUATED ITS TAX POSITIONS AND THE CERTAINTY AS TO WHETHER THOSE POSITIONS WILL BE SUSTAINED IN THE EVENT OF ANY AUDIT BY TAXING AUTHORITIES AT THE FEDERAL AND STATE LEVELS. THE PRIMARY TAX POSITIONS EVALUATED RELATE TO THE CENTER'S CONTINUED QUALIFICATION AS A TAX-EXEMPT ORGANIZATION AND WHETHER THERE ARE UNRELATED BUSINESS INCOME ACTIVITIES THAT WOULD BE TAXABLE. MANAGEMENT HAS DETERMINED THAT ALL INCOME TAX POSITIONS WILL MORE LIKELY THAN NOT BE SUSTAINED UPON POTENTIAL AUDIT OR EXAMINATION; THEREFORE, NO DISCLOSURES OF UNCERTAIN INCOME TAX POSITIONS ARE REQUIRED. FOR THE YEARS ENDED JUNE 30, 2018 AND 2017, THERE WERE NO INTEREST OR PENTALTIES RECORDED OR INCLUDED IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS RELATED TO TAXES.

SCHEDULE D, PART XI, LINE 2D AND PART XII, LINE 2DCOST OF DIRECT BENEFITS TO DONORS:(176,376)SPECIAL EVENTS EXPENSES:3,043,270RENTAL EXPENSES:96,247RAFFLE EXPENSES:11,000TOTAL:\$2,974,141

Schedule D (Form 990) 2017

SCHEDULE F		Staten	nent of A	ctivities	Outside the Unit	ted States	OMB No. 1545-0047
(For	m 990)	Complete	e if the organizat		"Yes" on Form 990, Part IV, to Form 990.	line 14b, 15, or 16.	2017
	ment of the Treasury I Revenue Service	► G	io to <i>www.irs.go</i>	Open to Public Inspection			
Name of the organization Employer id							lentification number
_	ANGELES LGBT						567895
Part	General Inf Form 990, Pa			outside the U	nited States. Complete	if the organization a	inswered "Yes" on
	•	0			substantiate the amount of	0	
	-	-			e, and the selection criteri		
1	grants or assistance	?					X Yes No
	For grantmakers. assistance outside t			ganization's p	rocedures for monitoring	the use of its gr	ants and other
3	Activities per Regio	n. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	pace is needed.)	
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in a program service describe specific typ service(s) in the reg	e, expenditures for e of and investments
(1)	EUROPE		0.	2.	GRANTMAKING	LGBT EQUALITY	10,000.
(2)	EAST ASIA AND THE	PACIFIC	0.	0.	GRANTMAKING	LGBT EQUALITY	182,627.
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
<u>(10)</u>							
<u>(11)</u>							
<u>(12)</u>							
<u>(13)</u>							
<u>(14)</u>							
(15)							
(16)							
(17)							
3a	Sub-total			2.			192,627.
b		ontinuation					
C	Totals (add lines			2.			192,627.
For Pa	aperwork Reduction	Act Notice, se	e the Instruction	s for Form 990.		Sc	hedule F (Form 990) 2017

LOS ANGELES LGBT CEN

Page **2**

Schedule F (Form 990) 2017

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other
				LGBT					
1)			EUROPE/ICELAND/GREENLAND	EQUALITY	10,000.	CHECK		N/A	N/A
				LGBT					
2)			EAST ASIA/PACIFIC	EQUALITY	35,081.	WIRE TRSF		N/A	N/A
				LGBT					
3)			EAST ASIA/PACIFIC	EQUALITY	16,430.	WIRE TRSF		N/A	N/A
				LGBT					
4)			EAST ASIA/PACIFIC	EQUALITY	84,850.	WIRE TRSF		N/A	N/A
				LGBT					
5)			EAST ASIA/PACIFIC	EQUALITY	33,829.	WIRE TRSF		N/A	N/A
				LGBT					
6)			EAST ASIA/PACIFIC	EQUALITY	12,437.	WIRE TRSF		N/A	N/A
7)									
•									
8)									
0)									
9)									
10)									
10)									
11)									
,									
12)									
,									
13)									
14)									
15)									
16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ►

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2017

6.

JSA

Schedule F (Form 990) 2017

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
11)							
12)							
13)							
14)							
15)							
16)							
17)							
18)							

Schedule F (Form 990) 2017

JSA

7E1276 1.000

Page 3

LOS ANGELES LGBT CENTER

Sched	ule F (Form 990) 2017			Page 4
Part	IV Foreign Forms			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Ye	es 🗌	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Ye	es X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Ye	es X	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Ye	es X	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Ye	es X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Ye	es X	No

Schedule F (Form 990) 2017

Page 5

Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; Part V amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 2

FUNDS ARE MONITORED BY USING COPIES OF RECEIPTS SUBMITTED TO US FROM THE

ORGANIZATION. THEY ARE REVIEWED TO ENSURE THEY ARE BUDGETED, REASONABLE,

ALLOWABLE AND EXPENSED WITHIN THE BUDGET PERIOD.

JSA

SCHEDULE G	EDULE G Supplemental Information Regarding Fundraising or Gaming Activities OMB No. 1545-								
(Form 990 or 990-EZ)	Complete if t	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.							
Department of the Treasury			to Form 990				Open to Public		
Internal Revenue Service Name of the organization		Go to www.irs.g	gov/Form990	for the late	st instructions.	Employer identification	Inspection		
LOS ANGELES LGB	L CENTEB					95-3567895	on number		
	ing Activities. Com	plete if the orga	nization a	Inswered	I "Yes" on Form 9		17.		
	0-EZ filers are not					. ,			
	the organization rais	sed funds through		-					
a X Mail solicita		е			non-government g				
V D	email solicitations	f			government grants	6			
d X In-person so		g	Spec		ising events				
2a Did the organiza		r oral agreement w	vith anv inc	lividual (ir	ncludina officers. d	irectors, trustees.			
	s listed in Form 990						X Yes No		
	10 highest paid individent individent termination 10 high termination in the formula of the form		(fundraise	rs) pursua	ant to agreements	under which the	fundraiser is to be		
(i) Name and addr or entity (fu		(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	(vi) Amount paid to (or retained by) organization		
			Yes No			col. (i)			
1									
ATTACHMENT 1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
10									
Total					9,633,354.	201,022.	9,432,332.		
3 List all states in	which the organizat								
registration or lic	ensing.								
CA,									
For Paperwork Reduction A	ct Notice, see the Instruct	tions for Form 990 or 9	90-EZ.			Schedule G (Fo	rm 990 or 990-EZ) 2017		

JSA 7E1281 1.000 8300KP 702B 5/7/2019 10:00:59 PM V 17-7.10 990 LAGLC

Schedule G (Form 990 or 990-EZ) 2017

Page 2

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.

		grood receipte groater than weje	00.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			AIDS/LIFECYCLE	ANNIVER. GALA	4.	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	7,030,198.	1,293,317.	569,119.	8,892,634.
œ	2	Less: Contributions	6,816,240.	946,659.	318,661.	8,081,560.
		Gross income (line 1 minus			010,001.	
		line 2)	213,958.	346,658.	250,458.	811,074.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses	2,622,166.	290,310.	130,794.	3,043,270.
		Direct expense summary. Add lines 4				3,043,270.
		Net income summary. Subtract line 1				-2,232,196.
Pa	rt I	Gaming. Complete if the orgative than \$15,000 on Form 990-E		′es" on Form 990, Pa	rt IV, line 19, or repo	orted more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue			41,100.	41,100.
es	2	Cash prizes			11,000.	11,000.
u						

ses	2	Cash prizes							11,000	11,000
Direct Expenses	3	Noncash prizes								
Direct	4	Rent/facility costs								
	5	Other direct expenses								
			Yes	%		Yes	%		Yes%	
	6	Volunteer labor	No			No		X	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) 								 11,000	
									30,100	

9 Enter the state(s) in which the organization conducts gaming activities: CA,

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes X No b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2017

			~
LOS	ANGELES	LGBT	CENTER

Sched	ule G (Form 990 or 990-EZ) 2017	22 220	,0,0	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	X No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			
	formed to administer charitable gaming?		Yes	XNo
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a	100.0	000 %
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:			
	Name MIGUEL MEDEL, CONTROLLER			
	Address 1118 NORTH MCCADDEN PLACE LOS ANGELES, CA 90038			
	Does the organization have a contract with a third party from whom the organization receives grevenue?		Yes	X No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$	and the		
-	amount of gaming revenue retained by the third party ► \$			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ►			
16	Gaming manager information:			
	Name ▶N/A			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming pro			
	retain the state gaming license?		X Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt orga	nizations		
	or spent in the organization's own exempt activities during the tax year \$ 36,990.			
Part	Supplemental Information. Provide the explanation required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition (see instructions).			
SCHI	EDULE G, PART III, LINE 3			
DIRI	ECT EXPENSES REPRESENT THE FAIR MARKET VALUE OF THE DONATED RAFFLE			
ITE	MS.			

Schedule G (Form 990 or 990-EZ) 2017

95-3567895

ATTACHMENT 1

990,	SCHEDULE	G,	PART	I	-	HIGHEST	PAID	FUNDRAISER
------	----------	----	------	---	---	---------	------	------------

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
NETZEL GRIGSBY ASSOCIATES INC. P.O. BOX 5122 CULVER CITY CA 90231	CAPITAL CAMPAIGN	Х	8,515,778.	87,500.	8,428,278.
CROSBY, MOIRA KAVANAGH DBA: MK DIRECT MARKETING & COMMUNICATION 612 EAST JEFFERSON ST CHARLOTTESVILLE VA 22902	DIRECT MAIL IS LLC	Х	930,775.	58,680.	872,095.
MARKETSMART, LLC 9658 BALTIMORE AVE SUITE 360 COLLEGE PARK MD 20740-1333	ESTATE GIVING	Х	186,801.	21,995.	164,806.
CAROL ENTERS LIST CO., IN 9663-C MAIN STREET FAIRFAX VA 22032	DIRECT MAIL	Х		16,888.	-16,888.
DIRECT CONNECTION MAILING 1968 YEAGER AVE LA VERNE CA 91750-5832	DIRECT MAIL	Х		15,959.	-15,959.

SCHEDULE I (Form 990)		Grants a	-	омв No. 1545-0047						
	(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
	Com		-	tach to Form 990.	0111 990, Fait IV	, iiiie 21 01 22.		Open to Public		
Department of the Treasury Internal Revenue Service		► Go		/Form990 for the I	atest information).		Inspection		
Name of the organization Employer identifica										
LOS ANGELES LGBT CENTER 95-3567895										
Part I General I	nformation on Grants and	d Assistanc	e							
	zation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the gran	ts or assistance, and			
	eria used to award the grant							X Yes No		
	IV the organization's proced									
Part II Grants ar	nd Other Assistance to D	omestic Or	anizations a	nd Domestic Gov	ernments. Com	plete if the organiz	ation answered "	es" on Form		
	IV, line 21, for any recipi		-							
	· · · ·	1	1	1	•					
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) AMR CAMPUS QALICE	3 INC.									
1625 N. SCHRADER	BLVD LOS ANGELES, CA 90028	81-5272537	501(C)(3)		6,416,167.	COST	CIP	CONSTRUCTION		
(2) CENTERLINK INC.		_								
PO BOX 24490 FORT	LAUDERDALE, FL 33307-4490	52-2292725	501(C)(3)	23,288.				PROGRAM SUPPORT		
_(3)		_								
(4)		_								
(5)		_								
(6)		_								
(7)		_								
(8)		_								
(9)		_								
(10)		_								
(11)		_								
(12)		_								
	per of section 501(c)(3) and	•	•					2.		
3 Enter total number of other organizations listed in the line 1 table										

Schedule I (Form 990) (2017)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide	e the information re	equired in Part I,	line 2, Part III, c	olumn (b); and any c	other additional

information.

SCHEDULE I, PART I, LINE 2 - MONITORING GRANTS

ONGOING MONITORING OF SUB-RECIPIENTS BY THE LOS ANGELES LGBT CENTER WILL

VARY FROM SUB-RECIPIENT TO SUB-RECIPIENT, BASED ON THE NATURE OF WORK

ASSIGNED TO EACH SUB-RECIPIENT.

SCHEDULE I, PART II, COLUMN (H) - PURPOSE OF GRANT OR ASSISTANCE

(1)(H) AMR CAMPUS QALICB, INC. WAS FORMED TO DEVELOP, CONSTRUCT,

MAINTAIN, AND OPERATE THE PHYSICAL FACILITIES ASSOCIATED WITH THE ANITA

MAY ROSENSTEIN CAMPUS PROJECT OF THE CENTER. THE MIXED-USE PROJECT WILL

PROVIDE CRITICAL SERVICES AND HOUSING FOR AT-RISK SENIORS AND YOUTH AND

Schedule I (Form 990) (2017)

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

(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
				er additional

information.

WILL ALSO INCLUDE A NEW HEADQUARTERS FOR THE CENTER AS WELL AS RETAIL

SPACE.

(2)(H) CENTERLINK PROMOTES THE DEVELOPMENT, GROWTH AND SUSTAINABILITY OF

LGBT COMMUNITY CENTERS.

Schedule I (Form 990) (2017)

	EDULE J	Comper	sation Information		OMB No.	1545-0	047
(For	m 990)		ectors, Trustees, Key Employees, and Highest		୬ଲ	17	
			mpensated Employees on answered "Yes" on Form 990, Part IV, line :	23.			
	nent of the Treasury Revenue Service		Attach to Form 990. 990 for instructions and the latest information.		Open to	o Puk ectio	
	of the organization			Employer identification			
LOS	ANGELES L	GBT CENTER		95-356789	5		
Part	Question	ns Regarding Compensation					
						Yes	No
1a	•		ovided any of the following to or for a pers provide any relevant information regarding				
	First-cla	ss or charter travel	Housing allowance or residence for	personal use			
	Travel fo	or companions	Payments for business use of perso	nal residence			
	X Tax inde	emnification and gross-up payments	Health or social club dues or initiation	on fees			
	Discretio	onary spending account	Personal services (such as, maid, ch	auffeur, chef)			
b	or reimburse	ement or provision of all of the ex	ne organization follow a written policy represented above? If "No," com	plete Part III to)		
_					1b	X	
2	-		to reimbursing or allowing expenses				
	•		D/Executive Director, regarding the items		2	x	
•					2		
3	organization's	CEO/Executive Director. Check all the	nization used to establish the compensation at apply. Do not check any boxes for methor e CEO/Executive Director, but explain in P	ods used by a			
	X Comper	nsation committee	X Written employment contract				
		dent compensation consultant	X Compensation survey or study				
	X Form 99	90 of other organizations	X Approval by the board or compensation	ation committee			
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect t	o the filing			
а	Receive a sev	verance payment or change-of-control p	ayment?		4a		X
b	Participate in	, or receive payment from, a suppleme	ental nonqualified retirement plan?		4b		Х
С	•		ased compensation arrangement?		4c		Х
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each it	em in Part III.			
	Only section	[0, 1, 2, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,					
5	•		rganizations must complete lines 5-9. , line 1a, did the organization pay or accrue	001/			
3		n contingent on the revenues of:	, line ra, did the organization pay of accide	any			
а	-	-			5a		X
b	-				5b		Х
		e 5a or 5b, describe in Part III.					
6			, line 1a, did the organization pay or accrue	any			
	compensation	n contingent on the net earnings of:					
а	-				6a		X
b	•	-			6b		X
		e 6a or 6b, describe in Part III.					
7			on A, line 1a, did the organization prov				x
8			escribe in Part III paid or accrued pursuant to a contract th		7		~~~
0			Regulations section 53.4958-4(a)(3)?				
		-			8		x
9			low the rebuttable presumption proced				
-					9		

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

Schedule J (Form 990) 2017

Page 2

Schedule J (Form 990) 2017

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

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

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

-		(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
LORRI L. JEAN	(i)	431,390.	73,800.	18,981.	34,917.	0.	559,088.	0.
1CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
DARREL CUMMINGS	(i)	312,000.	20,000.	117,202.	0.	0.	449,202.	0.
2CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL J. HOLTZMAN	(i)	227,281.	17,777.	0.	0.	0.	245,058.	0.
3CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
ROBERT BOLAN	(i)	272,243.	0.	0.	0.	0.	272,243.	0.
4MEDICAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
AMIR AHUJA	(i)	255,307.	0.	0.	0.	0.	255,307.	0.
5DIRECTOR OF PSYCHIATRY	(ii)	0.	0.	0.	0.	0.	0.	0.
WARD CARPENTER	(i)	228,116.	0.	0.	0.	0.	228,116.	0.
6PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
JASON MICHAEL HALL	(i)	219,212.	0.	0.	0.	0.	219,212.	0.
7PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
MATTHEW SEXTER	(i)	206,892.	0.	0.	0.	0.	206,892.	0.
8PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
_16	(ii)							

Schedule J (Form 990) 2017

JSA

Schedule J (Form 990) 2017

Page 3

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

THE CHIEF OF STAFF AND CHIEF EXECUTIVE OFFICER RECEIVED GROSS-UP PAYMENTS

FOR EXCESS LIFE INSURANCE REPORTED AS COMPENSATION LISTED ABOVE.

SCHEDULE J, PART II, LINE 1

THE CENTER ENTERED INTO AN EMPLOYMENT AGREEMENT ("AGREEMENT") WITH THE CHIEF EXECUTIVE OFFICER ("CEO") EFFECTIVE JUNE 16, 2012 FOR A TERM OF TEN YEARS. PURSUANT TO THE PROVISIONS OF THE AGREEMENT, SINCE JUNE 2003, THE CEO HAS BEEN EARNING ONE MONTH OF SEVERANCE BENEFITS FOR EACH YEAR EMPLOYED AS CEO OF THE CENTER. THE CENTER HAS NOT PAID ANY AMOUNTS RELATED TO THE SEVERANCE BENEFITS TO THE CEO. BECAUSE THE SEVERANCE BENEFITS ARE NOT SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE WITHIN THE MEANING OF SECTION 457(F)(3), THE CENTER ACCRUED \$34,917 IN FISCAL YEAR 2018 FOR ONE YEAR ASSOCIATED WITH THE SEVERANCE ENTITLEMENT. WHEN THE CEO'S AGREEMENT TERMINATES OR EXPIRES, THE CENTER WILL MAKE PAYMENT OF THE SEVERANCE BENEFITS.

THE CENTER ALSO ENTERED INTO A SEVERANCE AGREEMENT WITH THE CHIEF OF

STAFF (COS) WHICH PROVIDES FOR CERTAIN SEVERANCE PAYMENTS UPON

Schedule J (Form 990) 2017

Page 3

Schedule J (Form 990) 2017

Part III Supplemental Information

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

RESIGNATION OR TERMINATION WITHOUT CAUSE ANY TIME AFTER JULY 1, 2017. IN

FISCAL YEAR 2018, THE CENTER ACCRUED \$96,917 ASSOCIATED WITH THIS

SEVERANCE ENTITLEMENT. WHEN THE COS AGREEMENT TERMINATES OR EXPIRES, THE

CENTER WILL MAKE PAYMENT OF THE SEVERANCE BENEFITS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

►	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 for the latest information.

2017 **Open to Public** Inspection

Name of the organization

Employer identification	number
95-3567895	

LOS ANGELES LGBT CENTER

Par	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	Method of noncash contr			
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							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts Other ►(<u>MISC GEN GIFTS</u>)	X		291,523.	FMV			
25 26				291,525.	1110			
20 27	Other ►() Other ►()							
28	Other ▶()							
29	Number of Forms 8283 received	by the ora	anization during the tax v	ear for contributions for				
23	which the organization completed I		u u		29			
		01111 0200,	r art iv, Bonoo , torrio moug			,	Yes	No
30a	During the year, did the organizat	tion receive	by contribution any prope	rty reported in Part I, line	s 1 through [
	28, that it must hold for at least t				- 1			
	to be used for exempt purposes for	the entire h	olding period?			30a		Х
b	If "Yes," describe the arrangement							
31	Does the organization have a		tance policy that require	es the review of any i	nonstandard			
	contributions?					31		Х
32a	Does the organization hire or use	e third parti	ies or related organization	s to solicit, process, or s	ell noncash			
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	column (c) for a type of pro	perty for which column (a)	is checked,			
	describe in Part II.							
or Pa	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule M	/I (Form	1 990) i	(2017)

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Page 2

95-3567895

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization LOS ANGELES LGBT CENTER

Employer identification number 95-3567895

FORM 990, PART III, LINE 1

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

SINCE ITS INCEPTION, THE LOS ANGELES LGBT CENTER (THE CENTER) HAS BEEN BUILDING THE HEALTH, ENRICHING THE LIVES AND ADVOCATING FOR THE RIGHTS OF LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT) PEOPLE. IT WAS FOUNDED AS AN ALL-VOLUNTEER ORGANIZATION, OFFERING SHELTER/SUPPORT FOR HOMELESS LGBT YOUTH, COUNSELING AND A SAFE SPACE FOR LGBT PEOPLE TO GATHER. TODAY THE CENTER IS APPROXIMATELY A \$119 MILLION ORGANIZATION WITH OVER 600 EMPLOYEES AS OF JUNE 30, 2018 AND APPROXIMATELY 1,990 ACTIVE VOLUNTEERS SERVING THE COMMUNITY AT A RATE OF MORE THAN 42,000 CLIENT VISITS PER MONTH. OUR WIDE ARRAY OF SERVICES INCLUDE: FREE OR LOW COST HIV/AIDS AND PRIMARY HEALTHCARE AND MEDICATIONS FOR THOSE MOST IN NEED; HOUSING, FOOD, CLOTHING AND SUPPORT FOR HOMELESS LGBT YOUTH AND THEIR ALLIES; LOW-COST COUNSELING AND ADDICTION-RECOVERY SERVICES; ESSENTIAL SERVICES FOR LGBT SENIORS AND PARENTS; LEGAL SERVICES; HEALTH EDUCATION AND HIV PREVENTION PROGRAMS; CULTURAL ARTS PROGRAMS; AND MORE.

FORM 990, PART III, LINES 4A-4D

4A) HEALTH SERVICES: THE CENTER IS ONE OF THE NATION'S LARGEST AND MOST EXPERIENCED PROVIDERS OF LGBT HEALTH AND MENTAL HEALTH CARE. WE'RE ALSO ONE OF THE FEW FEDERALLY QUALIFIED HEALTH CENTERS IN THE NATION SPECIFICALLY FOR LGBT PEOPLE. OUR MEDICAL PROVIDERS SPECIALIZE IN CARING FOR LESBIAN AND GAY PEOPLE, BISEXUAL MEN AND WOMEN, AND TRANSGENDER MEN WE ALSO OFFER HIV/AIDS SPECIALTY CARE AND FREE HIV/AIDS AND WOMEN.

Schedule O (Form 990 or 990-EZ) 2017		Page 2
Name of the organization	Employer identification number	
LOS ANGELES LGBT CENTER	95-3567895	

TESTING AND PREVENTION PROGRAMS, COUNSELING SERVICES, DOMESTIC VIOLENCE SERVICES, A CLINICAL RESEARCH PROGRAM AND A FULL-SERVICE PHARMACY. FOR THE UNINSURED, VIRTUALLY ALL OF OUR SERVICES ARE LOW-COST OR FREE. 4B) CHILDREN, YOUTH & FAMILY SERVICES: THE CENTER IS A VITAL SOCIAL SAFETY NET FOR THE LGBT COMMUNITY AND A SAFE, WELCOMING PLACE WHERE INDIVIDUALS CAN FIND HELP, AS WELL AS HOPE, WHEN THEY MOST NEED IT. HOMELESS LGBT YOUTH AND THEIR ALLIES TURN TO US FOR MEALS, CLOTHING, COUNSELING, MEDICAL CARE AND A WIDE RANGE OF SERVICES, INCLUDING A SAFE HOME FOR A NIGHT OR FOR UP TO 18 MONTHS. WE ALSO HELP ALL LGBT YOUTH REACH THEIR FULL POTENTIAL THROUGH ONE-ON-ONE MENTORING, SCHOLARSHIPS, A CHARTER HIGH SCHOOL, THE WORLD'S LARGEST FREE CONFERENCE FOR LGBT YOUTH (MODELS OF PRIDE) AND MUCH MORE. TO HELP BUILD STRONGER FAMILIES, WE PROVIDE SUPPORT SERVICES, ACTIVITIES AND EVENTS FOR LGBT PARENTS AND THEIR CHILDREN AND ADVOCATE FOR THEM IN SCHOOLS.

4C) POLICY & COMMUNITY BUILDING PROGRAMS: WE FIGHT TO ADVANCE CIVIL RIGHTS AND FREEDOMS FOR LGBT PEOPLE DOMESTICALLY AND INTERNATIONALLY THROUGH EDUCATION, ADVOCACY AND COMMUNITY ORGANIZING. WE ALSO ADVOCATE LOCALLY AND NATIONALLY FOR POLICIES AND FUNDING STREAMS THAT ADVANCE THE HEALTH AND WELLNESS OF OUR DIVERSE COMMUNITY. BECAUSE WE HAVE UNIQUE EXPERTISE TO STRENGTHEN THE GLOBAL LGBT MOVEMENT, WE OPERATE A MENTORING PROGRAM THAT'S DEVELOPING A NEW GENERATION OF LEADERS IN STRATEGIC DOMESTIC AND INTERNATIONAL COMMUNITY. WE'RE ALSO LEADING EFFORTS TO HELP END ANTI-LGBT BIGOTRY ON SCHOOL CAMPUSES AND EVEN THE THOUGHT OF SUICIDE AMONG LGBT STUDENTS. AND WE'RE REVOLUTIONIZING THE CARE AND TREATMENT OF LGBT YOUTH IN THE FOSTER SYSTEM TO HELP THEM NOT ONLY FEEL SAFE AND

JSA 7E1228 1.000 LOVED, BUT TO DEVELOP LASTING FAMILY CONNECTIONS.

4D-1) PUBLIC AFFAIRS: WE PROMOTE LGBT VISIBILITY AND HIV/AIDS AWARENESS IN THE MEDIA, MANAGE ALL OF THE CENTER'S EXTERNAL COMMUNICATIONS, INCLUDING: E-NEWSLETTERS, WEBSITE, VANGUARD NEWSLETTER, ANNUAL REPORT, SOCIAL MEDIA, ETC. AND CREATE ALL GRAPHICS AND MARKETING/PROMOTIONAL COLLATERAL.

4D-2) CULTURAL ARTS & EDUCATION: IN OUR GALLERIES, AND ON OUR STAGES, WE PRODUCE AWARD-WINNING PERFORMANCES AND HOST EXHIBITIONS THAT REFLECT AND CELEBRATE THE LIVES AND EXPERIENCES OF LGBT PEOPLE. WE'RE JUST AS PROUD TO SHOWCASE THE WORK OF EMERGING ARTISTS AND PERFORMERS AS WE ARE TO ENTERTAIN AUDIENCES WITH SHOWS BY CELEBRITIES LIKE KATHY GRIFFIN, ALEC MAPA, COCO PERU AND OTHERS.

4D-3) LEGAL SERVICES: WE PROVIDE FREE OR LOW-COST LEGAL SERVICES THROUGH AN EVENING LEGAL CLINIC, REFERRALS TO LGBT-SENSITIVE ATTORNEYS AND ASSISTANCE WITH PREPARING LEGAL DOCUMENTS. THIS DEPARTMENT HELPS LOW-INCOME TRANSGENDER PEOPLE DEVELOP THE SKILLS AND RESOURCES TO FIND EMPLOYMENT AND MATCHES THEM WITH TRANS-FRIENDLY EMPLOYERS, MANY OF WHICH HAVE BENEFITED FROM OUR TRANSGENDER SENSITIVITY TRAININGS. STAFF ALSO PROVIDES FREE AND LOW-COST ADVOCACY AND SUPPORT FOR VICTIMS OF DOMESTIC VIOLENCE AND ANTI-LGBT HATE CRIMES.

4D-4) SENIOR SERVICES: OUR FAST-GROWING SENIOR SERVICES DEPARTMENT HELPS MEET MANY OF THE LIFE-SUSTAINING NEEDS OF LGBT PEOPLE OVER THE AGE OF 50, INCLUDING FOOD AND CASE MANAGEMENT, WHILE PROVIDING A WIDE ARRAY OF LIFE-AND HEALTH-ENRICHING PROGRAMS/ACTIVITIES THAT HELP END THE ISOLATION SO MANY EXPERIENCE. WE ALSO OPERATE TRIANGLE SQUARE, THE WORLD'S FIRST-AND

Schedule O (Form 990 or 990-EZ) 2017

JSA 7E1228 1.000 ONE OF THE NATION'S LARGEST-AFFORDABLE HOUSING DEVELOPMENTS FOR LGBT SENIORS.

FORM 990, PART VI, SECT A, LINE 2 GOVERNING BODY AND MANAGEMENT THE FOLLOWING BOARD MEMBERS HAVE A BUSINESS RELATIONSHIP WITH LOREN S. OSTROW, NONE OF WHICH ARE RELATED TO THE CENTER, TAD BROWN, SUSAN FENIGER, ERIC M. SHORE, LORRI L. JEAN, AND MICHAEL LOMBARDO.

FORM 990, PART VI, SECTION B, LINE 11B

POLICIES

THE CHIEF FINANCIAL OFFICER, CONTROLLER AND CHIEF EXECUTIVE OFFICER RESPOND TO QUESTIONS PRESENTED BY THE ACCOUNTANTS. ONCE A DRAFT OF THE FORM 990 IS COMPLETED BY THE ACCOUNTANTS, THIS DRAFT IS REVIEWED BY THE CHIEF FINANCIAL OFFICER, CONTROLLER AND CHIEF EXECUTIVE OFFICER. THE DRAFT IS ALSO PROVIDED TO THE CO-CHAIRS OF THE BOARD OF DIRECTORS AND THE TREASURER OF THE BOARD OF DIRECTORS. THE FINAL FORM 990 IS PROVIDED TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C CONFLICT OF INTEREST POLICY

THE CENTER CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THIS POLICY BY REQUIRING THAT ALL BOARD MEMBERS AND KEY EMPLOYEES REVIEW THE CONFLICT OF INTEREST POLICY AND COMPLETE A DISCLOSURE QUESTIONNAIRE WITHIN 60 DAYS OF ASSUMING THEIR POSITIONS AND ANNUALLY THEREAFTER NO LATER THAN MARCH 1ST. IN ADDITION, BOARD MEMBERS AND KEY EMPLOYEES ARE ADVISED THAT,

Schedule O (Form 990 or 990-EZ) 2017		Page 2
Name of the organization	Employer identification number	
LOS ANGELES LGBT CENTER	95-3567895	

SUBSEQUENT TO THE COMPLETION OF THEIR DISCLOSURE QUESTIONNAIRE, SHOULD THEY OR THEIR AFFILIATED PERSONS DEVELOP RELATIONSHIPS THAT MIGHT PRESENT A CONFLICT OF INTEREST, THEY MUST IMMEDIATELY DISCLOSE SUCH RELATIONSHIPS BY UPDATING THEIR QUESTIONNAIRES. BOARD MEMBERS AND KEY EMPLOYEES ARE REMINDED OF THIS REQUIREMENT IN FEBRUARY OF EACH YEAR. MOREOVER, ADVANCE DISCLOSURE IS REQUIRED OF ANY AND ALL INTERESTS WHICH THE BOARD MEMBER OR KEY EMPLOYEE OR HIS/HER AFFILIATED PERSONS MAY HAVE IN ANY MATTERS PENDING BEFORE THE CENTER AND THE DISCLOSING PARTY SHALL NOT PARTICIPATE IN ANY DECISIONS ON SUCH MATTERS. RECORDS ARE KEPT OF ALL DISCLOSURES AND, AFTER EXERCISING DUE DILIGENCE, EXPRESS DETERMINATIONS ARE MADE AS TO WHETHER ANY ACTUAL CONFLICTS OF INTEREST EXIST. IF IT IS DETERMINED THAT A CONFLICT DOES EXIST, APPROPRIATE ACTION IS TAKEN.

FORM 990, PART VI, SECTION B, LINES 15A AND B PROCESS FOR DETERMINING COMPENSATION

THE CHIEF EXECUTIVE OFFICER'S COMPENSATION PACKAGE WAS NEGOTIATED BY AN INDEPENDENT COMPENSATION COMMITTEE AUTHORIZED BY THE BOARD OF DIRECTORS AND COMPRISED OF THE CO-CHAIRS OF THE BOARD. THIS COMMITTEE REVIEWED MISCELLANEOUS DATA REGARDING THE COMPENSATION PACKAGES OF CEO'S AT COMPARABLE ORGANIZATIONS, TO INCLUDE A COMPENSATION SURVEY CONDUCTED EXPRESSLY FOR THIS PURPOSE AS WELL AS PRE-EXISTING COMPENSATION STUDIES AND SURVEYS AND THE FORM 990'S OF OTHER ORGANIZATIONS. AN INDEPENDENT COMPENSATION CONSULTANT ALSO WAS ENGAGED. ULTIMATELY, THE TERMS OF THE COMPENSATION PACKAGE WERE APPROVED BY THE BOARD OF DIRECTORS. AN EMPLOYMENT CONTRACT WAS SIGNED BY THE CO-CHAIRS AND THE CEO. WHEN THE CHIEF FINANCIAL OFFICER POSITION WAS BEING FILLED DURING FY 2014, AN

JSA 7E1228 1.000

Schedule O (Form 990 or 990-EZ) 2017		Page 2
Name of the organization	Employer identification number	
LOS ANGELES LGBT CENTER	95-3567895	

INDEPENDENT COMPENSATION COMMITTEE COMPRISED OF THE CEO, CHIEF OF STAFF AND CHIEF ADMINISTRATIVE OFFICER REVIEWED MISCELLANEOUS DATA REGARDING THE SALARIES OF CFO'S AT COMPARABLE ORGANIZATIONS, TO INCLUDE A COMPENSATION SURVEY CONDUCTED EXPRESSLY FOR THIS PURPOSE AS WELL AS PRE-EXISTING COMPENSATION STUDIES AND SURVEYS AND THE FORM 990'S OF OTHER ORGANIZATIONS. ADVICE WAS SOUGHT FROM INDEPENDENT EXPERTS IN SALARIES PAID TO NONPROFIT CFOS. PROSPECTIVE SALARY RANGES WERE DISCUSSED WITH THE BOARD CO-CHAIRS AND THE FINANCE COMMITTEE AND THE FINAL SALARY WAS DISCLOSED TO THE BOARD OF DIRECTORS IN EXECUTIVE SESSION AND APPROVED. FOR OTHER KEY EMPLOYEES, SIMILAR BUT LESS EXTENSIVE PROCESSES WERE FOLLOWED, OFTEN INVOLVING THE DIRECTOR OF HUMAN RESOURCES.

FORM 990, PART VI, SECTION C, LINE 19 DISCLOSURE

THE CENTER'S FINANCIAL STATEMENTS ARE AVAILABLE ON THE CENTER'S WEBSITE AT WWW.LALGBTCENTER.ORG. OTHER PUBLIC DOCUMENTS AND POLICIES ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990 PART X, LINE 7

ON JUNE 23, 2017, THE CENTER ENTERED INTO A NEW MARKETS TAX CREDIT (NMTC) TRANSACTION TO HELP FINANCE THE CONSTRUCTION OF THE ANITA MAY ROSENSTEIN CAMPUS. THE NMTC PROGRAM WAS DESIGNED TO STIMULATE INVESTMENT AND ECONOMIC GROWTH IN LOW-INCOME COMMUNITIES BY OFFERING A SEVEN-YEAR, FEDERAL TAX CREDIT FOR QUALIFIED EQUITY INVESTMENTS MADE THROUGH INVESTMENT VEHICLES KNOWN AS COMMUNITY DEVELOPMENT ENTITIES (CDES). CDES USE CAPITAL DERIVED FROM TAX CREDITS TO MAKE LOANS TO OR INVESTMENTS IN

Schedule O (Form 990 or 990-EZ) 2017	Page 2
Name of the organization	Employer identification number
LOS ANGELES LGBT CENTER	95-3567895

BUSINESSES AND PROJECTS IN LOW-INCOME AREAS UNDER FAVORABLE ECONOMIC

TERMS, TYPICAL OF THIS TYPE OF TAX CREDITS-BASED DEALS. AS PART OF THIS

TRANSACTION, THE CENTER COMMITTED TO LEND \$28,910,000 TO AMR CAMPUS

INVESTMENT FUND, LLC. THE LOAN BEARS AN INTEREST RATE OF 1.0% AND MATURES

ON JUNE 23, 2041.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES		ATTACHMENT 1	
DESCRIPTION	GRANTS	EXPENSES	REVENUE
PUBLIC AFFAIRS		1,987,263.	54.
CULTURAL ARTS & EDUCATION		1,692,951.	128,949.
LEGAL SERVICES		1,268,126.	22,861.
SENIOR SERVICES		1,392,342.	-6,369.
TOTALS		6,340,682.	145,495.

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
1220 HIGHLAND, LLC 6372 SANTA MONICA BLVD LOS ANGELES, CA 90038-1620	RENT	894,508.
BEVERLY HILTON HOTEL 9876 WILSHIRE BLVD BEVERLY HILLS, CA 90210	EVENT SPACE RENTAL	212,783.
ELSHIR ENTERPRISES LP 319 S ROBERTSON BLVD BEVERLY HILLS, CA 90211-3602	RENT	193,975.
BDO USA, LLP 515 S FLOWER ST 47TH FLOOR LOS ANGELES, CA 90071	AUDIT & TAX SERVICES	183,719.
SYNOPTEK LLC 412 E. PARKCENTER BLVD, SUITE 300 BOISE, ID 83706	IT SERVICES	175,363.

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JSA 7E1228 1.000 Schedule O (Form 990 or 990-EZ) 2017

Schedule O (Form 990 or 990-EZ) 2017				Page 2
Name of the organization			Employer identification	number
LOS ANGELES LGBT CENTER			95-3567895	
			ATTACHMENT 3	
FORM 990, PART VIII - INVESTMENT INCOME				
	(A)	(B)	(C)	(D)
	TOTAL	RELATED OR	UNRELATED	EXCLUDED
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE
DIVIDENDS AND INTEREST	610,20	7.		610,207.
		_		
LEVERAGE LOAN INTEREST INCOME	295,52	5.		295,525.
TOTALS	0.05 72	2		905,732.
IUTALS =	905,73	<u>∠.</u>		905,132.

FORM 990, PART VIII - EXCLUDED CONTR	IBUTIONS
DESCRIPTION	AMOUNT
AIDS/LIFECYCLE	6,816,240.
ANNIVERSARY GALA	946,659.
OTHER EVENTS	318,661.
TOTAL	8,081,560.

FORM 990, PART VIII - FUNDRAISING EVENTS

ATTACHMENT 5

ATTACHMENT 4

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
AIDS/LIFECYCLE	213,958.	2,622,166.	-2,408,208.
ANNIVERSARY GALA	346,658.	290,310.	56,348.
OTHER EVENTS	250,458.	130,794.	119,664.
TOTALS	811,074.	3,043,270.	-2,232,196.

990 LAGLC

Schedule O (Form 990 or 990-EZ) 2017			Page 2
Name of the organization		Employer identificat	tion number
LOS ANGELES LGBT CENTER		95-35678	95
		ATTACHMENT 6	
FORM 990, PART VIII - GAMING ACTIVITIES			
	GROSS	DIRECT	NET

DESCRIPTION	INCOME	EXPENSES	INCOME
RAFFLES	41,100.	11,000.	30,100.
TOTALS	41,100.	11,000.	30,100.

		ATTACHMENT 7
FORM 990, PART X - NOTES	AND LOANS RECEIVABLE	
BORROWER:	AMR CAMPUS INVESTMENT FUND, LLC	
ORIGINAL AMOUNT:	28,910,100.	
INTEREST RATE:	1.0000 %	
DATE OF NOTE:	06/23/2017	
MATURITY DATE:	06/23/2041	
REPAYMENT TERMS:	QTRLY INT PMTS 7 YRS, THEN PRIN & I	NT TO MATURITY
PURPOSE OF LOAN:	LEVERAGE LOAN	
		28,910,100.
ENDING BALANCE DUE		28,910,100.
		00.010.100
TOTAL BEGINNING NOTES AND	LOANS RECEIVABLE	28,910,100.
MOMAL ENDING NOMES AND LO		
TOTAL ENDING NOTES AND LO.	ANS RECEIVABLES	28,910,100.

ATTACHMENT 8

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION		ENDING BOOK VALUE	COST OR FMV
INVESTMENTS		16,485,029.	FMV
	TOTALS	16,485,029.	

Schedule O (Form 990 or 990-EZ) 2017

Schedule O (Form 990 or 990-EZ) 2017	Page 2
Name of the organization	Employer identification number
LOS ANGELES LGBT CENTER	95-3567895
<u>I</u>	ATTACHMENT 9
FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE	
LENDER: WELLS FARGO BANK	
INTEREST RATE: 6.4300 %	
MATURITY DATE: 10/01/2017	
REPAYMENT TERMS: INTEREST IS PAYABLE MONTHLY, BALANCE A	AT MATURITY
PURPOSE OF LOAN: NOTE PAYABLE	
BEGINNING BALANCE DUE	107,208.
ENDING BALANCE DUE	

LENDER: CAPITAL LEASE OBLIG	GATIONS	
MATURITY DATE: 10/08	/2019	
REPAYMENT TERMS:	PAYABLE IN VARIABLE MONTHLY PRINCIPAL .	AND INTEREST
SECURITY PROVIDED:	PAYMENTS OF \$7,704	
BEGINNING BALANCE DUE		316,679.
ENDING BALANCE DUE		180,300.
	—	
TOTAL BEGINNING MORTGAGES AND	OTHER NOTES PAYABLE	423,887.
	—	
TOTAL ENDING MORTGAGES AND OT	HER NOTES PAYABLE	180,300.

Schedule O (Form 990 or 990-EZ) 2017

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.



95-3567895

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

LOS ANGELES LGBT CENTER

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

Name, address, and EIN (if a	a) applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MCCADDEN CAMPUS LLC	47-1608033					
1625 NORTH SCHRADER BLVD	LOS ANGELES, CA 90028	REAL ESTATE	CA	0.	343,518.	LA LGBT CTR
(2)						
(3)						
(4)						
(5)						
(6)						

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti	g) 512(b)(13) rolled ity?
						Yes	No
(1) AMR CAMPUS QALICB, INC. 81-5272537							
1625 NORTH SCHRADER BLVD LOS ANGELES, CA 90028	DEVELOPMENT	CA	501(C)3	LINE 12A	N/A	Х	ĺ
(2)							
							ĺ
(3)							
							ĺ
(4)							
							ĺ
(5)							
							ĺ
(6)							
· · ·	1						
(7)							
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

JSA

Schedule R (Form 990) 2017

Page **2**

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

	incre related org			a a loron p during an						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportion allocations?		(j) General managir partner	g ownership
		, , , , , , , , , , , , , , , , , , , ,		,			Yes N	o	Yes N	o
(1)	_									
(2)	_									
(3)										
	-									
(4)	-									
(5)	_									
(6)	_									
(7)	_									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Secti 512(b) contro entit
(1)							Yes I
(2)							\vdash
(3)							\square
							$\left \right $
(4)							\square
(5)							
(6)							
(7)							

JSA 7E1308 1.000 Schedule R (Form 990) 2017

Part	V Transactions With Related Organizations. Complete if the organization answered "Y	′es" on Form 990, Par	t IV, line 34, 35b, or 36.			
Note	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Ye	s No
1	During the tax year, did the organization engage in any of the following transactions with one or more	e related organizations lis	ted in Parts II-IV?			
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity					X
b	Gift, grant, or capital contribution to related organization(s)			1	b 2	x
С	Gift, grant, or capital contribution from related organization(s)			1	_	X
d	Loans or loan guarantees to or for related organization(s)			1		X
е	Loans or loan guarantees by related organization(s)			1	e	X
f	Dividends from related organization(s)			1	_	X
	Sale of assets to related organization(s)					X
	Purchase of assets from related organization(s)					X
	Exchange of assets with related organization(s).			· · · · · ⊢	i	X
j	Lease of facilities, equipment, or other assets to related organization(s).				j	X
k	Lease of facilities, equipment, or other assets from related organization(s)			1	k	X
	Performance of services or membership or fundraising solicitations for related organization(s)				1	X
	Performance of services or membership or fundraising solicitations by related organization(s)				m	X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1	n	X
	Sharing of paid employees with related organization(s).				o	X
р	Reimbursement paid to related organization(s) for expenses.			1	р	X
q	Reimbursement paid by related organization(s) for expenses			1	q	X
r	Other transfer of cash or property to related organization(s)			1	r	X
s	Other transfer of cash or property from related organization(s).			· · · · · ⊢	_	X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cove	red relationships and transa	action thresh		
	(a)	(b)	(c)	(c		
	Name of related organization	Transaction type (a-s)	Amount involved	Method of o amount		
(1)	AMR CAMPUS QALICB, INC.	в	6,416,167.	COST		
(.)						
(2)						
(3)						
(4)						
(5)						
(6)						
JSA 7E1309	2.000		Sch	edule R (For	m 990	ŋ 2017
	8300KP 702B 5/7/2019 10:00:59 PM V 17-7.10 990 LAGLC			PAGE	66	

Page 3

Page 4

Schedule R (Form 990) 2017

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(state or foreign income (related, section country) unrelated, excluded 501(c) from tax under organizat		e) partners tion c)(3) ations?	rs (f) (g) Share of Share of end-of-year assets		(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			sections 512-514)	Yes	No			Yes	No		Yes	No	
1)													
2)													
3)													
4)													
(5)													
76)													
7)													
(8)													
(9)													
0)													
1)													
2)													
13)													
4)													
5)													
6)													
SA										Sch	edule	R (Fori	 m 990) 20

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Schedule R (Form 990) 2017

Page 5

 Part VII
 Supplemental Information

 Provide additional information for responses to questions on Schedule R. See instructions.

RENT AND ROYALTY INCOME

Identifying Number 95-3567895

Taxpayer's Name LOS ANGELES LGBT CENTER

1125 N MCCADDEN	DIACE LOS	ANGET.E	יק ר	<u>م</u>	0038				
	ctively participate in th								
TYPE OF PROPERTY:		e operation (annig the tax year:				
REAL RENTAL INCO	OME								
OTHER INCOME:			_ • •						
OTHER INCOME						5	2,11	6.	
TOTAL GROSS INCOME									52,116.
OTHER EXPENSES:									
SEE ATTACHMENT						7	3,42	5.	
DEPRECIATION (SHOWN BELOW)					22,	822.			
LESS: Beneficiary's Portion									
AMORTIZATION									
LESS: Beneficiary's Portion									
DEPLETION									
LESS: Beneficiary's Portion									
TOTAL EXPENSES									96,247.
TOTAL RENT OR ROYALTY INCOME	E (LOSS)				<u></u>	<u></u>			-44,131.
Less Amount to									
Rent or Royalty									
Depreciation									
Depletion									
Investment Interest Expense									
Other Expenses									
Net Income (Loss) to Others .								•	
Net Rent or Royalty Income (Loss)								•	44,131.
Deductible Rental Loss (if Applicable								•	
SCHEDULE FOR DEPRECIAT			1			1			
			(d)	(e)		(g) Depreciation		(i) Life	
(a) Description of property	(b) Cost or	(c) Date	ACRS	Bus.	(f) Basis for	in	(h)	or	(j) Depreciation
	unadjusted basis	acquired	des.	%	depreciation	prior years	Method	rate	for this year
SEE ATTACHMENT									
	1	1	1	1	1		1		

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

OTHER INCOME	<u>52,116.</u> <u>52,116.</u>
OTHER DEDUCTIONS	
INTEREST EXPENSE	184.
FACILITIES EXPENSE	73,241.
	73,425.

RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET <u>INCOME</u>
1125 N MCCADDEN PLAC	52,116.	22,822.	73,425.	-44,131.
TOTALS	52,116.	22,822.	73,425.	-44,131.