

**Return of Organization Exempt From Income Tax**

**2016**

Open to Public Inspection

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.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A For the 2016 calendar year, or tax year beginning** 07/01, 2016, and ending 06/30, 2017

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated/Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> LOS ANGELES LGBT CENTER		<b>D Employer identification number</b> 95-3567895
	Doing business as		<b>E Telephone number</b> (323) 993-7618
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G Gross receipts \$</b> 192,011,016.
	1625 NORTH SCHRADER BLVD. City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90028		
<b>F Name and address of principal officer:</b> LORRI L. JEAN, CEO 1625 N SCHRADER BLVD LOS ANGELES, CA 90028			<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c) Group exemption number</b>	
<b>J Website:</b> <a href="http://WWW.LALGBTCENTER.ORG">HTTP://WWW.LALGBTCENTER.ORG</a>			<b>L Year of formation:</b> 1972 <b>M State of legal domicile:</b> CA
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: BUILDING A WORLD WHERE LGBT PEOPLE THRIVE AS HEALTHY, EQUAL AND COMPLETE MEMBERS OF SOCIETY.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	23	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	23	
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	729	
	<b>6</b> Total number of volunteers (estimate if necessary)	1,900	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0	
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year: 24,202,573. Current Year: 36,066,237.	
	<b>9</b> Program service revenue (Part VIII, line 2g)	57,366,308. 72,805,008.	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-177,985. 1,227,767.	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,094,270. -176,061.	
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	87,485,166. 109,922,951.	
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	37,601. 16,232,873.
		<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
		<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	34,092,883. 39,509,548.
		<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	241,497. 277,710.
		<b>16b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,311,404.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		46,052,935. 52,168,264.	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	80,424,916. 108,188,395.		
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	7,060,250. 1,734,556.		
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: 90,762,390. End of Year: 90,214,052.	
	<b>21</b> Total liabilities (Part X, line 26)	18,207,420. 14,875,038.	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	72,554,970. 75,339,014.	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer: <i>[Signature]</i>	Date: 4/30/18
	Type or print name and title: MICHAEL HOLTMAN CFO	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name: MARC BERGER	Preparer's signature: <i>[Signature]</i>	Date: 4/30/18	Check <input type="checkbox"/> if self-employed	PTIN: P01871563
	Firm's name: BDO USA, LLP			Firm's EIN: 13-5381590	
	Firm's address: 1888 CENTURY PARK EAST, FL4 LOS ANGELES, CA 90067			Phone no.: 310-557-0300	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2016)

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

► **File a separate application for each return.**  
► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for *Charities and Non-Profits*.

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

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

Type or print	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	LOS ANGELES LGBT CENTER	95-3567895
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	1625 NORTH SCHRADER BLVD.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	LOS ANGELES, CA 90028	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . .

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► MIGUEL MEDEL, CONTROLLER

Telephone No. ► 323 993-7618 Fax No. ►

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . .  . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 20\_\_ or  
►  tax year beginning 07/01, 2016, and ending 06/30, 2017.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Part III Statement of Program Service Accomplishments

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

1 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? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 68,906,798. including grants of \$ ) (Revenue \$ 74,598,300. )

SEE SCHEDULE O - "FORM 990 PART III LINES 4A - 4D OTHER PROGRAM SERVICES"

4b (Code: ) (Expenses \$ 9,322,179. including grants of \$ ) (Revenue \$ 70,575. )

SEE SCHEDULE O - "FORM 990 PART III LINES 4A - 4D OTHER PROGRAM SERVICES"

4c (Code: ) (Expenses \$ 2,246,726. including grants of \$ 319,181. ) (Revenue \$ 15,308. )

SEE SCHEDULE O - "FORM 990 PART III LINES 4A - 4D OTHER PROGRAM SERVICES"

4d Other program services (Describe in Schedule O.) ATTACHMENT 1 (Expenses \$ 22,060,771. including grants of \$ 15,913,692. ) (Revenue \$ 172,964. )

4e Total program service expenses 102,536,474.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> . . . . .		
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .	X	
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> . . . . .		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> . . . . .		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> . . . . .		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> . . . . .		X
<b>10</b> 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> . . . . .		X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> . . . . .	X	
<b>b</b> Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> . . . . .		X
<b>c</b> Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> . . . . .		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> . . . . .		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> . . . . .	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> . . . . .	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i> . . . . .	X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> . . . . .		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions). . . . .	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .	X	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> . . . . .	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses (e.g., 201, 0, 729). Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 1041.

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. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (23), 1b (23), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: Miguel Medel, Controller 1125 N McCadden Pl Ste 202 Los Angeles, CA 90038 323-993-7618

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TESS AYERS BOARD MEMBER	2.00 0.	X					0.	0.	0.	
(2) LUANN BOYLAN BOARD MEMBER	2.00 0.	X					0.	0.	0.	
(3) TAD BROWN BOARD MEMBER	2.00 0.	X					0.	0.	0.	
(4) TYLER CASSITY BOARD MEMBER	2.00 0.	X					0.	0.	0.	
(5) KIN W. CHENG BOARD MEMBER	2.00 0.	X					0.	0.	0.	
(6) CAROLYN A. DYE BOARD MEMBER	2.00 0.	X					0.	0.	0.	
(7) SUSAN FENIGER BOARD MEMBER	2.00 0.	X					0.	0.	0.	
(8) DEAN HANSELL BOARD MEMBER	2.00 0.	X					0.	0.	0.	
(9) MICHAEL LOMBARDO BOARD MEMBER	2.00 0.	X					0.	0.	0.	
(10) MERCEDES MARQUEZ BOARD MEMBER	2.00 0.	X					0.	0.	0.	
(11) MERRYL MCELWAIN BOARD MEMBER	2.00 0.	X					0.	0.	0.	
(12) CARLOS MEDINA BOARD MEMBER	2.00 0.	X					0.	0.	0.	
(13) MIKE MUELLER BOARD MEMBER	2.00 0.	X					0.	0.	0.	
(14) BRAD ONG BOARD MEMBER	2.00 0.	X					0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) PETER PAIGE ----- BOARD MEMBER	2.00 ----- 0.	X						0.	0.	0.
( 16) JAYZEN PATRIA ----- BOARD MEMBER	2.00 ----- 0.	X						0.	0.	0.
( 17) FRANK POND ----- BOARD MEMBER	2.00 ----- 0.	X						0.	0.	0.
( 18) ERIC M. SHORE ----- BOARD MEMBER	2.00 ----- 0.	X						0.	0.	0.
( 19) BRUCE VILANCH ----- BOARD MEMBER	2.00 ----- 0.	X						0.	0.	0.
( 20) LORRI L. JEAN ----- CHIEF EXECUTIVE OFFICER	53.00 ----- 2.00			X				434,516.	0.	495,920.
( 21) DARREL CUMMINGS ----- CHIEF OF STAFF	53.00 ----- 2.00			X				294,986.	0.	0.
( 22) MICHAEL HOLTZMAN ----- CHIEF FINANCIAL OFFICER	25.00 ----- 30.00			X				235,287.	0.	0.
( 23) DAVID J. BAILEY ----- BOARD CO-CHAIR	5.00 ----- 0.			X				0.	0.	0.
( 24) MARKI J. KNOX, M.D. ----- BOARD CO-CHAIR	5.00 ----- 0.			X				0.	0.	0.
( 25) ANNIE GOTO ----- BOARD SECRETARY	3.00 ----- 0.			X				0.	0.	0.
<b>1b Sub-total</b> . . . . .								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								2,070,274.	0.	495,920.
<b>d Total (add lines 1b and 1c)</b> . . . . .								2,070,274.	0.	495,920.

**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 **▶** 51

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 6

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) LOREN S. OSTROW BOARD TREASURER	3.00 0.			X			0.	0.	0.	
( 27) ROBERT BOLAN MEDICAL DIRECTOR	40.00 0.					X	274,273.	0.	0.	
( 28) JASON MICHAEL HALL PHYSICIAN	40.00 0.					X	213,266.	0.	0.	
( 29) WARD CARPENTER PHYSICIAN	40.00 0.					X	219,446.	0.	0.	
( 30) AMIR AHUJA DIRECTOR OF PSYCHIATRY	40.00 0.					X	206,731.	0.	0.	
( 31) ALLEN SPIEGLER CHIEF INFORMATION OFFICER	40.00 0.					X	191,769.	0.	0.	
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 51

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	6,528,781.				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	15,904,305.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	13,633,151.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		175,618.				
	<b>h Total.</b> Add lines 1a-1f . . . . .			36,066,237.			
<b>Program Service Revenue</b>	<b>2a</b> PROGRAM SERVICE FEES			<b>Business Code</b>			
				621300	72,805,008.	72,805,008.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f . . . . .					72,805,008.		
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 3 . . . . .				1,081,880.		1,081,880.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .				0.		
	<b>5</b> Royalties . . . . .				0.		
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal				
		79,113.					
		<b>b</b> Less: rental expenses . . . . .					
		133,850.					
	<b>c</b> Rental income or (loss) . . . . .						
	-54,737.						
	<b>d</b> Net rental income or (loss) . . . . .				-54,737.		-54,737.
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		78,969,670.					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .					
		78,823,783.					
	<b>c</b> Gain or (loss) . . . . .						
145,887.							
<b>d</b> Net gain or (loss) . . . . .				145,887.		145,887.	
<b>8a</b> Gross income from fundraising events (not including \$ 6,528,781. of contributions reported on line 1c). See Part IV, line 18 . . . . .	ATCH 4						
	<b>a</b>				904,894.		
	<b>b</b> Less: direct expenses . . . . .				3,111,128.		
<b>c</b> Net income or (loss) from fundraising events. . . . .	ATCH 5					-2,206,234.	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	ATCH 6						
	<b>a</b>				52,075.		
	<b>b</b> Less: direct expenses . . . . .				19,304.		
<b>c</b> Net income or (loss) from gaming activities. . . . .	ATCH 6					32,771.	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .							
	<b>a</b>				0.		
	<b>b</b> Less: cost of goods sold . . . . .				0.		
<b>c</b> Net income or (loss) from sales of inventory. . . . .						0.	
<b>Miscellaneous Revenue</b>				<b>Business Code</b>			
<b>11a</b> OTHER INCOME				900099	2,052,139.	2,052,139.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .					2,052,139.		
<b>12 Total revenue.</b> See instructions. . . . .					109,922,951.	74,857,147.	-1,000,433.

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	15,961,432.	15,961,432.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	271,441.	271,441.		
<b>4</b> Benefits paid to or for members . . . . .	0.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,623,455.	165,304.	1,071,542.	386,609.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
<b>7</b> Other salaries and wages . . . . .	30,016,508.	24,700,769.	3,539,574.	1,776,165.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0.			
<b>9</b> Other employee benefits . . . . .	5,329,985.	4,550,142.	522,244.	257,599.
<b>10</b> Payroll taxes . . . . .	2,539,600.	2,085,736.	296,832.	157,032.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0.			
<b>b</b> Legal . . . . .	60,562.	27,673.	32,889.	
<b>c</b> Accounting . . . . .	185,861.		185,861.	
<b>d</b> Lobbying . . . . .	59,487.	59,487.		
<b>e</b> Professional fundraising services. See Part IV, line 17.	277,710.			277,710.
<b>f</b> Investment management fees . . . . .	0.			
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	1,646,207.	1,395,613.	15,350.	235,244.
<b>12</b> Advertising and promotion . . . . .	677,156.	463,428.	63,721.	150,007.
<b>13</b> Office expenses . . . . .	1,206,397.	779,315.	398,249.	28,833.
<b>14</b> Information technology . . . . .	1,464,131.	692,807.	706,200.	65,124.
<b>15</b> Royalties . . . . .	0.			
<b>16</b> Occupancy . . . . .	2,967,694.	2,617,127.	258,096.	92,471.
<b>17</b> Travel . . . . .	353,687.	293,462.	39,142.	21,083.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
<b>19</b> Conferences, conventions, and meetings . . . . .	1,339,807.	1,216,050.	28,362.	95,395.
<b>20</b> Interest . . . . .	28,396.		28,396.	
<b>21</b> Payments to affiliates . . . . .	0.			
<b>22</b> Depreciation, depletion, and amortization . . . . .	1,044,761.	946,060.	66,832.	31,869.
<b>23</b> Insurance . . . . .	278,833.	37,174.	239,790.	1,869.
<b>24</b> 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.)				
<b>a</b> PHARMACEUTICALS	37,217,676.	37,217,676.		
<b>b</b> CLIENT SERVICES	1,515,325.	1,514,902.		423.
<b>c</b> MISCELLANEOUS	1,201,443.	504,962.	717,513.	-21,032.
<b>d</b> LAB TESTING	799,588.	799,588.		
<b>e</b> All other expenses	121,253.	6,236,326.	-6,870,076.	755,003.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	108,188,395.	102,536,474.	1,340,517.	4,311,404.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	3,179,927.	675,476.		2,504,451.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	25,066,397.	<b>1</b>	13,650,080.
	<b>2</b> Savings and temporary cash investments . . . . .	0.	<b>2</b>	0.
	<b>3</b> Pledges and grants receivable, net . . . . .	9,057,840.	<b>3</b>	10,286,331.
	<b>4</b> Accounts receivable, net . . . . .	14,947,011.	<b>4</b>	7,003,469.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> 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 organizations (see instructions). Complete Part II of Schedule L . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . . <b>ATCH 7</b>	0.	<b>7</b>	28,910,100.
	<b>8</b> Inventories for sale or use . . . . .	496,959.	<b>8</b>	611,541.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,870,555.	<b>9</b>	2,327,613.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . . <b>10a</b> 22,229,255.			
	<b>b</b> Less: accumulated depreciation . . . . . <b>10b</b> 12,632,830.	9,954,176.	<b>10c</b>	9,596,425.
	<b>11</b> Investments - publicly traded securities . . . . . <b>ATCH 8</b>	27,467,152.	<b>11</b>	15,716,258.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	0.	<b>12</b>	0.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	1,902,300.	<b>15</b>	2,112,235.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	90,762,390.	<b>16</b>	90,214,052.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	7,627,788.	<b>17</b>	8,983,599.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue . . . . .	484,536.	<b>19</b>	452,355.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties <b>ATCH 9</b> . . . . .	9,023,411.	<b>23</b>	423,887.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	1,071,685.	<b>25</b>	5,015,197.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	18,207,420.	<b>26</b>	14,875,038.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	54,446,523.	<b>27</b>	64,052,574.
	<b>28</b> Temporarily restricted net assets . . . . .	13,142,090.	<b>28</b>	6,007,113.
	<b>29</b> Permanently restricted net assets . . . . .	4,966,357.	<b>29</b>	5,279,327.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	72,554,970.	<b>33</b>	75,339,014.
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	90,762,390.	<b>34</b>	90,214,052.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	109,922,951.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	108,188,395.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,734,556.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	72,554,970.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,049,488.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	75,339,014.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2016)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization

LOS ANGELES LGBT CENTER

Employer identification number

95-3567895

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

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

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

g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2016

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

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2016 (94.80%); 15 Public support percentage from 2015 Schedule A, Part II, line 14 (96.23%); 16a 33 1/3% support test - 2016 (checked); 16b 33 1/3% support test - 2015; 17a 10%-facts-and-circumstances test - 2016; 17b 10%-facts-and-circumstances test - 2015; 18 Private foundation.



Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2016, 2015. Row 15: Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2015 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2016, 2015. Row 17: Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2015 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

19b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box 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**

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer (a) and (b) below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Sub-rows a, b.

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013. . . . .			
d From 2014. . . . .			
e From 2015. . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7:                   \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013. . . .			
c Excess from 2014. . . .			
d Excess from 2015. . . .			
e Excess from 2016. . . .			

**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.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
OTHER REVENUE	319,296.	83,225.	15,614.	785,682.	2,052,139.	3,255,956.
<b>TOTALS</b>	<u>319,296.</u>	<u>83,225.</u>	<u>15,614.</u>	<u>785,682.</u>	<u>2,052,139.</u>	<u>3,255,956.</u>

**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.**

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the organization

LOS ANGELES LGBT CENTER

Employer identification number

95-3567895

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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).

Name of organization **LOS ANGELES LGBT CENTER**

Employer identification number  
95-3567895

**Part I** **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 4,779,317.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 3,384,625.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,468,045.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,047,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,030,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization **LOS ANGELES LGBT CENTER**

Employer identification number  
95-3567895

**Part I** **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 860,995.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 816,682.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 775,988.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **LOS ANGELES LGBT CENTER**

Employer identification number

95-3567895

**Part II** **Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(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
_____	_____ _____ _____	\$ _____	_____

Name of organization **LOS ANGELES LGBT CENTER**

Employer identification number  
95-3567895

**Part III** *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization LOS ANGELES LGBT CENTER	Employer identification number 95-3567895
-------------------------------------------------	----------------------------------------------

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) . . . . . \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2016

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		59,487.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .		59,487.													
<b>d</b> Other exempt purpose expenditures . . . . .		111,684,624.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .		111,744,111.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .		0.	0.												
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .		0.	0.												
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .			<input type="checkbox"/> Yes <input type="checkbox"/> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
<b>c</b> Total lobbying expenditures	90,391.	60,000.	60,000.	59,487.	269,878.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d 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(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as requested in the instructions above.

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**Part IV** Supplemental Information *(continued)*

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

LOS ANGELES LGBT CENTER

Employer identification number

95-3567895

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number of easements, acreage, and number of easements on historic structures, and several Yes/No questions.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for reporting works of art, historical treasures, or other similar assets held for public exhibition, education, or research.

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

Schedule D (Form 990) 2016



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
Table with columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, 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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ANNUITIES PAYABLE	1,091,408.	
(3) PAYABLE TO AFFILIATE	3,923,789.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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

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

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

1	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	114,528,155.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments . . . . .	2a	1,049,488.	
b	Donated services and use of facilities . . . . .	2b	553,362.	
c	Recoveries of prior year grants . . . . .	2c		
d	Other (Describe in Part XIII.) . . . . .	2d	3,002,354.	
e	Add lines 2a through 2d . . . . .	2e	4,605,204.	
3	Subtract line 2e from line 1 . . . . .	3	109,922,951.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a		
b	Other (Describe in Part XIII.) . . . . .	4b		
c	Add lines 4a and 4b . . . . .	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .	5	109,922,951.	

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

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

1	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	111,744,111.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities . . . . .	2a	553,362.	
b	Prior year adjustments . . . . .	2b		
c	Other losses . . . . .	2c		
d	Other (Describe in Part XIII.) . . . . .	2d	3,002,354.	
e	Add lines 2a through 2d . . . . .	2e	3,555,716.	
3	Subtract line 2e from line 1 . . . . .	3	108,188,395.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a		
b	Other (Describe in Part XIII.) . . . . .	4b		
c	Add lines 4a and 4b . . . . .	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . .	5	108,188,395.	

**Part XIII Supplemental Information.**

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

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

SCHEDULE D PART X, LINE 2- FIN 48 (ASC 740) FOOTNOTE

THE CENTER ADOPTED THE PROVISIONS OF ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ON JULY 1, 2009 AND THE IMPLEMENTATION OF ASC 740-10 HAD NO IMPACT ON THE CENTER'S FINANCIAL STATEMENTS. ASC 740-10 REQUIRES THE RECOGNITION OF A LIABILITY FOR TAX POSITIONS TAKEN THAT DO NOT MEET THE MORE-LIKELY-THAN-NOT STANDARD THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES. THERE IS NO LIABILITY FOR UNCERTAIN TAX POSITIONS RECORDED AT JUNE 30, 2017 AND 2016. THE CENTER RECOGNIZES INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX POSITIONS AS TAX EXPENSE. AS OF JUNE 30, 2017, THE CENTER DID NOT INCUR ANY RELATED INTEREST AND PENALTIES. THE TAX YEARS ENDED JUNE 30, 2014 THROUGH 2016 REMAIN OPEN TO EXAMINATION BY THE TAXING JURISDICTIONS TO WHICH THE CENTER IS SUBJECT, AND THEY HAVE NOT BEEN EXTENDED BEYOND THE APPLICABLE STATUTE OF LIMITATIONS. NO EXAMINATIONS ARE CURRENTLY IN PROCESS.

SCHEDULE D PART XI, LINE 2D AND PART XII, LINE 2D

PART XI, LINE 2D - SPECIAL EVENTS EXPENSES OF \$3,111,128, PLUS RAFFLE EXPENSES OF \$19,304, PLUS RENTAL EXPENSES OF \$133,850, LESS COSTS OF DIRECT BENEFITS TO DONORS OF \$261,928 TOTALING \$3,002,354.

PART XII, LINE 2D - SPECIAL EVENTS EXPENSES OF \$3,111,128, PLUS RAFFLE EXPENSES OF \$19,304, PLUS RENTAL EXPENSES OF \$133,850, LESS COSTS OF DIRECT BENEFITS TO DONORS OF \$261,928, TOTALING \$3,002,354.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

LOS ANGELES LGBT CENTER

Employer identification number

95-3567895

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space 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 (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EAST ASIA AND THE PACIFIC		6.	GRANTMAKING	LGBT EQUALITY	271,441.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .		6.			271,441.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)		6.			271,441.

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

Schedule F (Form 990) 2016

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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)
(1)			EAST ASIA/PACIFIC	LGBT EQUALIT	20,000.	WIRE TRSF		N/A	N/A
(2)			EAST ASIA/PACIFIC	LGBT EQUALIT	68,635.	WIRE TRSF		N/A	N/A
(3)			EAST ASIA/PACIFIC	LGBT EQUALIT	27,838.	WIRE TRSF		N/A	N/A
(4)			EAST ASIA/PACIFIC	LGBT EQUALIT	103,444.	WIRE TRSF		N/A	N/A
(5)			EAST ASIA/PACIFIC	LGBT EQUALIT	34,599.	WIRE TRSF		N/A	N/A
(6)			EAST ASIA/PACIFIC	LGBT EQUALIT	16,925.	WIRE TRSF		N/A	N/A
(7)									
(8)									
(9)									
(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. ▶ \_\_\_\_\_ 6.

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(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)							

**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)* . . . . .  Yes  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; do not file with Form 990)* . . . . .  Yes  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)* . . . . .  Yes  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)* . . . . .  Yes  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)* . . . . .  Yes  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; do not file with Form 990)* . . . . .  Yes  No



**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; 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).

---

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.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		AIDS/LIFECYCLE	ANNIVER. GALA	4.	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts . . . . .	5,950,904.	609,825.	872,946.	7,433,675.
	2	Less: Contributions . . . . .	5,766,510.	334,350.	427,921.	6,528,781.
	3	Gross income (line 1 minus line 2) . . . . .	184,394.	275,475.	445,025.	904,894.
Direct Expenses	4	Cash prizes . . . . .				
	5	Noncash prizes . . . . .				
	6	Rent/facility costs . . . . .				
	7	Food and beverages . . . . .				
	8	Entertainment . . . . .				
	9	Other direct expenses . . . . .	2,345,691.	417,708.	347,729.	3,111,128.
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				3,111,128.
	11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-2,206,234.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue . . . . .			52,075.
Direct Expenses	2	Cash prizes . . . . .			19,304.	19,304.
	3	Noncash prizes . . . . .				
	4	Rent/facility costs . . . . .				
	5	Other direct expenses . . . . .				
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____% <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				19,304.	
8	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				32,771.	

9 Enter the state(s) in which the organization conducts gaming activities: CA,  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

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

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	100.0000 %
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ MIGUEL MEDEL, CONTROLLER

Address ▶ 1625 NORTH SCHRADER BLVD LOS ANGELES, CA 90028

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ N/A

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 46,868.

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

PART III LINE 3

DIRECT EXPENSES REPRESENT THE FAIR MARKET VALUE OF THE DONATED RAFFLE ITEMS.

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
MK DIRECT MKT COMM LLC  612 EAST JEFFERSON ST CHARLOTTESVILLE VA 22902	DIRECT MAIL		X	927,768.	126,240.	
NETZEL GRIGSBY ASSOCIATES  6167 BRISTOL PARKWAY, SUITE 125 CULVER CITY CA 90230	CAPITAL CAMPAIGN		X	8,181,173.	87,524.	
DIRECT CONNECTION MAILING  1968 YEAGER AVE LA VERNE CA 91750-5832	PRINTS AND MAIL		X		20,868.	
CAROL ENTERS LIST CO. INC  9663-C MAIN STREET FAIRFAX VA 22032	DIRECT MAIL		X		18,824.	
MARKETSMART, LLC  9658 BALTIMORE AVE, SUITE 360 COLLEGE PARK MD 20740-1333	PLANNED GIVING		X	1,654,072.	7,200.	

DONOR SERVICES GROUP LLC 6715 W SUNSET BLVD LOS ANGELES CA 90028-7107	DIRECT MARKETING	X	6,849.
AMERICAN EXPRESS 1801 NW 66TH AVE STE 103A PLANTATION FL 33313-4571	DIRECT MAIL	X	6,006.

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

LOS ANGELES LGBT CENTER

Employer identification number

95-3567895

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or 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) CENTERLINK INC PO BOX 24490 FORT LAUDERDALE, FL 33307-4490	52-2292725	501(C)(3)	20,000.				PROGRAM SUPPORT
(2) EAST WEST PLAYERS 120 JUDGE JOHN AISO ST LA, CA 90012	95-6151775	501(C)(3)	10,000.				PROGRAM SUPPORT
(3) AMR CAMPUS QALICB, INC. 1625 N. SCHRADER BLVD LOS ANGELES, CA 90028	81-5272537	501(C)(3)		15,913,692.	COST	LAND & COSTS	PROGRAM SUPPORT
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 3.

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2016)

**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 the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I PART 1 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 LINE 1 - PURPOSE OF GRANT OR ASSISTANCE

CENTERLINK - SUPPORTS THE WORK OF CENTERLINK TO PROMOTE THE DEVELOPMENT, GROWTH AND SUSTAINABILITY OF LGBT COMMUNITY CENTERS.

EAST WEST PLAYERS - SUPPORTS THE WORK OF THE EAST WEST PLAYERS TO PROMOTE EQUITY, DIVERSITY AND INCLUSION IN THE THEATRE AND THE ARTS.



**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 the information required in Part I, line 2, Part III, column (b); and any other additional information.

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

LOS ANGELES LGBT CENTER

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number

95-3567895

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LORRI L. JEAN CHIEF EXECUTIVE OFFICER	(i)	355,128.	66,200.	13,188.	495,920.	0.	930,436.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 DARREL CUMMINGS CHIEF OF STAFF	(i)	254,654.	20,000.	20,332.	0.	0.	294,986.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 MICHAEL HOLTZMAN CHIEF FINANCIAL OFFICER	(i)	217,450.	17,837.	0.	0.	0.	235,287.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 ROBERT BOLAN MEDICAL DIRECTOR	(i)	274,273.	0.	0.	0.	0.	274,273.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 JASON MICHAEL HALL PHYSICIAN	(i)	213,266.	0.	0.	0.	0.	213,266.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 WARD CARPENTER PHYSICIAN	(i)	219,446.	0.	0.	0.	0.	219,446.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 AMIR AHUJA DIRECTOR OF PSYCHIATRY	(i)	206,731.	0.	0.	0.	0.	206,731.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 ALLEN SPIEGLER CHIEF INFORMATION OFFICER	(i)	191,769.	0.	0.	0.	0.	191,769.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**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.

## 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.

## 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 2004, 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 \$495,920 IN FISCAL YEAR 2017 FOR 14 YEARS ASSOCIATED WITH THE SEVERANCE ENTITLEMENT. WHEN THE CEO'S AGREEMENT TERMINATES OR EXPIRES, THE CENTER WILL MAKE PAYMENT OF THE SEVERANCE BENEFITS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

**Open To Public  
Inspection**

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.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

LOS ANGELES LGBT CENTER

Employer identification number

95-3567895

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .				
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( ATCH 1 ) . . . . .			175,618.	
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2016)

JSA

6E1298 1.000

**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.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
MISC GENERAL GIFTS	X		175,618.	FMV
TOTALS			<u>175,618.</u>	

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

LOS ANGELES LGBT CENTER

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number

95-3567895

FORM 990 PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

LINE 1

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 \$110 MILLION ORGANIZATION WITH OVER 600 EMPLOYEES AND APPROXIMATELY 1,900 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; 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 OTHER PROGRAM SERVICES

4A) HEALTH AND MENTAL 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 AND WOMEN. WE ALSO OFFER HIV/AIDS SPECIALTY CARE AND

Name of the organization LOS ANGELES LGBT CENTER	Employer identification number 95-3567895
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FREE HIV/AIDS 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 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. AND WE 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



Name of the organization LOS ANGELES LGBT CENTER	Employer identification number 95-3567895
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LGBT YOUTH IN THE FOSTER SYSTEM TO HELP THEM NOT ONLY FEEL SAFE AND 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, MONTHLY 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

Name of the organization LOS ANGELES LGBT CENTER	Employer identification number 95-3567895
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MANY EXPERIENCE. WE ALSO OPERATE TRIANGLE SQUARE, THE WORLD'S FIRST-AND THE NATION'S LARGEST-AFFORDABLE HOUSING DEVELOPMENT FOR LGBT SENIORS.

FORM 990 PART VI SECTION A GOVERNING BODY AND MANAGEMENT LINE 2

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 SHORE, LORRI L. JEAN AND MICHAEL LOMBARDO AND A KEY EMPLOYEE.

FORM 990 PART VI SECTION B POLICIES LINE 11B

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 POLICIES 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, SUBSEQUENT TO THE COMPLETION OF THEIR DISCLOSURE QUESTIONNAIRE, SHOULD

Name of the organization LOS ANGELES LGBT CENTER	Employer identification number 95-3567895
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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 POLICIES 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 2015, AN INDEPENDENT COMPENSATION COMMITTEE COMPRISED OF THE CEO, CHIEF OF STAFF

Name of the organization LOS ANGELES LGBT CENTER	Employer identification number 95-3567895
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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 DISCLOSURE LINE 19  
PUBLIC DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS 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 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

Name of the organization LOS ANGELES LGBT CENTER	Employer identification number 95-3567895
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INVESTMENT FUND, LLC. THE LOAN BEARS AN INTEREST RATE OF 1.0% AND  
MATURES ON JUNE 23, 2041.

ATTACHMENT 1

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
CULTURAL ARTS & EDUCATION		2,028,401.	113,599.
PUBLIC AFFAIRS		1,683,253.	38,883.
LEGAL SERVICES		1,285,941.	20,482.
SENIOR SERVICES		1,149,484.	
AMR CAMPUS QALICB	15,913,692.	15,913,692.	
TOTALS	<u>15,913,692.</u>	<u>22,060,771.</u>	<u>172,964.</u>

ATTACHMENT 2

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
BDO USA, LLP 770 KENMOUR SE GRAND RAPIDS, MI 49546	AUDIT & TAX SERVICES	230,101.
CHG COMPANIES INC P.O. BOX 972651 DALLAS, TX 75397-2651	MEDICAL SERVICES	228,192.
SHEPPARD MULLIN RICHTER & HAMPTON LLP 333 S. HOPE ST FL 43 LOS ANGELES, CA 90071-1422	LEGAL SERVICES	222,301.
ELSHIR ENTERPRISES LP 319 S ROBERTSON BLVD BEVERLY HILLS, CA 90211-3602	RENT	188,325.
MK DIRECT MARKETING & COMM, LLC 1140 WILCOX PLACE, #9 LOS ANGELES, CA 90038	FUNDRAISING	139,322.

Name of the organization LOS ANGELES LGBT CENTER	Employer identification number 95-3567895
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ATTACHMENT 3

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
DIVIDENDS AND INTEREST	1,081,880.			1,081,880.
TOTALS	<u>1,081,880.</u>			<u>1,081,880.</u>

ATTACHMENT 4

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
AIDS/LIFECYCLE	5,766,510.
ANNIVERSARY GALA	334,350.
OTHER EVENTS	427,921.
TOTAL	<u>6,528,781.</u>

ATTACHMENT 5

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
AIDS/LIFECYCLE	184,394.	2,345,691.	-2,161,297.
ANNIVERSARY GALA	275,475.	417,708.	-142,233.
OTHER EVENTS	445,025.	347,729.	97,296.
TOTALS	<u>904,894.</u>	<u>3,111,128.</u>	<u>-2,206,234.</u>

Name of the organization LOS ANGELES LGBT CENTER	Employer identification number 95-3567895
-----------------------------------------------------	----------------------------------------------

ATTACHMENT 6

FORM 990, PART VIII - GAMING ACTIVITIES

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
RAFFLES	52,075.	19,304.	32,771.
TOTALS	52,075.	19,304.	32,771.

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 & INT TO MATURITY  
PURPOSE OF LOAN: LEVERAGE LOAN

BEGINNING BALANCE DUE .....	
ENDING BALANCE DUE .....	28,910,100.
TOTAL BEGINNING NOTES AND LOANS RECEIVABLE	
TOTAL ENDING NOTES AND LOANS RECEIVABLES	28,910,100.

ATTACHMENT 8

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
INVESTMENTS	15,716,258.	FMV
TOTALS	15,716,258.	

Name of the organization LOS ANGELES LGBT CENTER	Employer identification number 95-3567895
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ATTACHMENT 9

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: COMMUNITY REDEVELOPMENT AGENCY  
INTEREST RATE: %  
MATURITY DATE: 10/01/2016  
REPAYMENT TERMS: REPAYED FROM RESIDUAL RECEIPTS OF OPERATIONS  
PURPOSE OF LOAN: MORTGAGE NOTE PAYABLE

BEGINNING BALANCE DUE ..... 1,339,744.  
ENDING BALANCE DUE .....

LENDER: WELLS FARGO BANK  
INTEREST RATE: 6.4300 %  
MATURITY DATE: 10/01/2017  
REPAYMENT TERMS: INTEREST IS PAYABLE MONTHLY, BALANCE AT MATURITY  
PURPOSE OF LOAN: NOTE PAYABLE

BEGINNING BALANCE DUE ..... 421,544.  
ENDING BALANCE DUE ..... 107,208.

LENDER: WELLS FARGO BANK  
MATURITY DATE: 07/30/2017  
REPAYMENT TERMS: INTEREST IS PAYABLE MONTHLY AT DAILY ONE MONTH  
SECURITY PROVIDED: LIBOR PLUS 1.25%  
DESCRIPTION AND FMV COLLATERALIZED BY INVESTMENTS  
OF CONSIDERATION:

BEGINNING BALANCE DUE ..... 7,000,000.  
ENDING BALANCE DUE .....



Name of the organization LOS ANGELES LGBT CENTER	Employer identification number 95-3567895
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ATTACHMENT 9 (CONT'D)

LENDER: CAPITAL LEASE OBLIGATIONS  
Maturity date: 10/08/2019  
REPAYMENT TERMS: PAYABLE IN VARIABLE MONTHLY PRINCIPAL AND INTEREST  
SECURITY PROVIDED: PAYMENTS OF \$7,704

BEGINNING BALANCE DUE .....	262,123.
ENDING BALANCE DUE .....	<u>316,679.</u>
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	<u>9,023,411.</u>
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	<u>423,887.</u>

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

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

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization

LOS ANGELES LGBT CENTER

Employer identification number

95-3567895

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

(a) Name, address, and EIN (if 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.	781,612.	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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) AMR CAMPUS QALICB, INC. 81-5272537 1625 NORTH SCHRADER BOULEVARD LOS ANGELES, CA 90028	DEVELOPMENT	CA	501(C)3	LINE 12A	N/A	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2016

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

(a) 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) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(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)	(d) Direct controlling entity	(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) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		X
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		X
<b>s</b> 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 covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMR CAMPUS QALICB, INC.	B	15,913,692.	COST
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) 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
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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**Part VII** **Supplemental Information**

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

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# RENT AND ROYALTY INCOME

<b>Taxpayer's Name</b> LOS ANGELES LGBT CENTER	<b>Identifying Number</b> 95-3567895
---------------------------------------------------	-----------------------------------------

**DESCRIPTION OF PROPERTY**  
1125 N MCCADDEN PLACE, LOS ANGELES, CA 90038

	Yes	No	Did you actively participate in the operation of the activity during the tax year?
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**TYPE OF PROPERTY:**  
REAL RENTAL INCOME

<b>OTHER INCOME:</b> OTHER INCOME		79,113.
<b>TOTAL GROSS INCOME</b>		79,113.

**OTHER EXPENSES:**  
SEE ATTACHMENT


<b>DEPRECIATION (SHOWN BELOW)</b>		21,731.	
LESS: Beneficiary's Portion			
<b>AMORTIZATION</b>			
LESS: Beneficiary's Portion			
<b>DEPLETION</b>			
LESS: Beneficiary's Portion			
<b>TOTAL EXPENSES</b>			133,850.
<b>TOTAL RENT OR ROYALTY INCOME (LOSS)</b>			-54,737.

**Less Amount to**

Rent or Royalty		
Depreciation		
Depletion		
Investment Interest Expense		
Other Expenses		
<b>Net Income (Loss) to Others</b>		
<b>Net Rent or Royalty Income (Loss)</b>		-54,737.

**Deductible Rental Loss (if Applicable)**

**SCHEDULE FOR DEPRECIATION CLAIMED**

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
SEE ATTACHMENT									
<b>Totals</b>									

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

## OTHER INCOME

OTHER INCOME	<u>79,113.</u>
	<u>79,113.</u>

## OTHER DEDUCTIONS

INTEREST EXPENSE	2,283.
FACILITIES EXPENSE	<u>109,836.</u>
	<u>112,119.</u>



RENT AND ROYALTY SUMMARY

<u>PROPERTY</u>	<u>TOTAL INCOME</u>	<u>DEPLETION/ DEPRECIATION</u>	<u>OTHER EXPENSES</u>	<u>ALLOWABLE NET INCOME</u>
1125 N MCCADDEN PLAC	79,113.	21,731.	112,119.	-54,737.
TOTALS	<u>79,113.</u>	<u>21,731.</u>	<u>112,119.</u>	<u>-54,737.</u>