

Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2023****Open to Public  
Inspection**

|                                                                                                                                                                                                                                                                                                            |                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>A</b> For the 2023 calendar year, or tax year beginning , 2023, and ending , 20                                                                                                                                                                                                                         |                                                                             |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> <b>Transgender Law Center</b><br>PO BOX 70976<br>Oakland, CA 94612 |
| <b>D</b> Employer identification number<br>05-0544006                                                                                                                                                                                                                                                      |                                                                             |
| <b>E</b> Telephone number<br>510-587-9696                                                                                                                                                                                                                                                                  |                                                                             |
| <b>G</b> Gross receipts \$ 18,622,818.                                                                                                                                                                                                                                                                     |                                                                             |
| <b>F</b> Name and address of principal officer: <b>Shelby Chestnut</b><br>Same As C Above                                                                                                                                                                                                                  |                                                                             |
| <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "No," attach a list. See instructions.                    |                                                                             |
| <b>I</b> Tax-exempt status: <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>J</b> Website: <b>www.transgenderlawcenter.org</b>                                                                                                                                                                                                                                                      |                                                                             |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other                                                                                                                          |                                                                             |
| <b>L</b> Year of formation: 2005                                                                                                                                                                                                                                                                           |                                                                             |
| <b>M</b> State of legal domicile: CA                                                                                                                                                                                                                                                                       |                                                                             |
| <b>H(c)</b> Group exemption number                                                                                                                                                                                                                                                                         |                                                                             |

|                                    |                 |                                                                                                                                                                                                                                                                                    |                                                                             |
|------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>Part I Summary</b>              |                 |                                                                                                                                                                                                                                                                                    |                                                                             |
| <b>Activities &amp; Governance</b> | <b>1</b>        | Briefly describe the organization's mission or most significant activities: <b>Transgender Law Center TLC changes law, policy and attitudes so that all people can live safely, authentically, and free from discrimination regardless of their gender identity or expression.</b> |                                                                             |
|                                    | <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).....                                                                                                                                                                                                             | <b>3</b> 12                                                                 |
|                                    | <b>4</b>        | Number of independent voting members of the governing body (Part VI, line 1b).....                                                                                                                                                                                                 | <b>4</b> 12                                                                 |
|                                    | <b>5</b>        | Total number of individuals employed in calendar year 2023 (Part V, line 2a).....                                                                                                                                                                                                  | <b>5</b> 64                                                                 |
|                                    | <b>6</b>        | Total number of volunteers (estimate if necessary).....                                                                                                                                                                                                                            | <b>6</b> 20                                                                 |
|                                    | <b>7a</b>       | Total unrelated business revenue from Part VIII, column (C), line 12.....                                                                                                                                                                                                          | <b>7a</b> 0.                                                                |
|                                    | <b>b</b>        | Net unrelated business taxable income from Form 990-T, Part I, line 11.....                                                                                                                                                                                                        | <b>7b</b> 0.                                                                |
| <b>Revenue</b>                     | <b>8</b>        | Contributions and grants (Part VIII, line 1h).....                                                                                                                                                                                                                                 | <b>Prior Year</b> 16,457,177. <b>Current Year</b> 17,293,653.               |
|                                    | <b>9</b>        | Program service revenue (Part VIII, line 2g).....                                                                                                                                                                                                                                  | 65,556. 10,373.                                                             |
|                                    | <b>10</b>       | Investment income (Part VIII, column (A), lines 3, 4, and 7d).....                                                                                                                                                                                                                 | 321,002. 1,246,527.                                                         |
|                                    | <b>11</b>       | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....                                                                                                                                                                                                      | -7,544. -13,350.                                                            |
|                                    | <b>12</b>       | Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12).....                                                                                                                                                                                            | 16,836,191. 18,537,203.                                                     |
|                                    | <b>Expenses</b> | <b>13</b>                                                                                                                                                                                                                                                                          | Grants and similar amounts paid (Part IX, column (A), lines 1-3).....       |
| <b>14</b>                          |                 | Benefits paid to or for members (Part IX, column (A), line 4).....                                                                                                                                                                                                                 |                                                                             |
| <b>15</b>                          |                 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....                                                                                                                                                                                             | 5,939,207. 7,051,613.                                                       |
| <b>16a</b>                         |                 | Professional fundraising fees (Part IX, column (A), line 11e).....                                                                                                                                                                                                                 | 51,540. 27,714.                                                             |
| <b>b</b>                           |                 | Total fundraising expenses (Part IX, column (D), line 25).....                                                                                                                                                                                                                     | 1,758,900.                                                                  |
| <b>17</b>                          |                 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....                                                                                                                                                                                                                  | 3,393,949. 5,430,779.                                                       |
| <b>18</b>                          |                 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....                                                                                                                                                                                                     | 10,180,064. 13,575,797.                                                     |
| <b>19</b>                          |                 | Revenue less expenses. Subtract line 18 from line 12.....                                                                                                                                                                                                                          | 6,656,127. 4,961,406.                                                       |
| <b>Net Assets or Fund Balances</b> | <b>20</b>       | Total assets (Part X, line 16).....                                                                                                                                                                                                                                                | <b>Beginning of Current Year</b> 34,566,798. <b>End of Year</b> 40,240,583. |
|                                    | <b>21</b>       | Total liabilities (Part X, line 26).....                                                                                                                                                                                                                                           | 3,001,935. 3,192,338.                                                       |
|                                    | <b>22</b>       | Net assets or fund balances. Subtract line 21 from line 20.....                                                                                                                                                                                                                    | 31,564,863. 37,048,245.                                                     |

**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<br><b>Shelby Chestnut</b>                               | Date<br>Executive Director                      |                          |
|                               | Type or print name and title                                                 |                                                 |                          |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>Douglas Cook, PhD/MPA/CPA</b>               | Preparer's signature<br><i>Douglas Cook</i>     | Date                     |
|                               | Firm's name<br><b>Cook &amp; Company, A Prof Actcy Corporation</b>           | Check <input type="checkbox"/> if self-employed | PTIN<br><b>P01521705</b> |
|                               | Firm's address<br><b>One Sansome St Ste 3500<br/>San Francisco, CA 94104</b> | Firm's EIN<br><b>47-2626541</b>                 |                          |
|                               |                                                                              | Phone no.<br><b>415-621-1112</b>                |                          |

May the IRS discuss this return with the preparer shown above? See instructions..... ☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

Transgender Law Center TLC changes law, policy and attitudes so that all people can live safely, authentically, and free from discrimination regardless of their gender identity or expression.

**2** Did the organization undertake any significant program services during the year which were not listed on the priorForm 990 or 990-EZ? ☐ Yes ☒ No

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 2,087,257. including grants of \$ ) (Revenue \$ )

BLACK LGBTQIA+ MIGRANT PROJECT: In 2023, BLMP deepened engagement of our 300+ national members via an increasing diversity of virtual programming including political and popular education; wellness & healing justice programming; and an immigration legal education series. These efforts strengthen member analysis, resilience, and capacity to navigate immigration systems that affect their own lives. Held third cohort of "Fierce Freedom School" (with Transgender Law Center) for Black trans women; met with program alums and redesigned the program as "Fierce & Free" for Black trans people of all genders; had overwhelming response to first "Fierce & Free" application process. This program builds leadership and organizing skills. Cont'd at Schedule O

**4b** (Code: ) (Expenses \$ 1,900,143. including grants of \$ 230,800.) (Revenue \$ 10,373.)

POLICY & ORGANIZING: The Trans Agenda for Liberation (TA4L) Coalition helped trans organizers and our allies highlight not only challenges trans people face but the many solutions we envision. In the last 12 months, we have onboarded 14 new members. Founding coalition members were featured in the "As Big as the Sky" short film by TLC which highlights the intergenerational wisdom that TLC is cultivating. We have heard from high-school-age trans youth planning national marches about how the TA4L pillars helped them to center marginalized and criminalized trans people of color in their outreach, strategy, and calls to action. We have heard from trans groups planning townhalls aimed at addressing anti-Black, anti-immigrant, and anti-trans policing practices using the TA4L's messaging. Cont'd at Schedule O

**4c** (Code: ) (Expenses \$ 1,734,593. including grants of \$ ) (Revenue \$ 10,373.)

LEGAL PROGRAM: TLC's legal team continued to litigate a range of cases that are having a real impact. Examples of recent successes and ongoing cases include the following: Criminalization of Self-Defense - Victory!: Black and Brown transgender women are being murdered at an alarming rate, yet when they fight back, they are too often arrested for assault or murder. "B" is a Black trans woman in Tennessee who was charged with second-degree murder. We were consulted by her attorney in 2019 and discovered that she was a survivor of human trafficking by multiple people in her life, and that the person she had killed was trafficking her into sex work. Cont'd at Schedule O

**4d** Other program services (Describe on Schedule O.)

See Schedule O

(Expenses \$ 4,001,832. including grants of \$ 834,891.) (Revenue \$ )

**4e** Total program service expenses 9,723,825.

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                              | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.                                                                                                                                                                         | X   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.                                                                                                                                                                                                           | X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.                                                                                                                      |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.                                                                                                       | X   |    |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.                                                                               |     | X  |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.                                                    |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.                                                                                            |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.                                                                                                                                                         |     | X  |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.            |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V.                                                                                                                               |     | X  |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.                                                                                                                                                          |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.                                                                                                                                                                       | X   |    |
| b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.                                                                                                  |     | X  |
| c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.                                                                                                  |     | X  |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.                                                                                                                     |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.                                                                                                                                                                                     | X   |    |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.                                                            |     | X  |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.                                                                                                                                                        | X   |    |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.                                                                           |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.                                                                                                                                                                                                        |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                              | X   |    |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | X   |    |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.                                                                                                           | X   |    |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.                                                                                                     |     | X  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.                                                                                             | X   |    |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.                                                                                                                           | X   |    |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.                                                                                                                                                     |     | X  |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.                                                                                                                                                                                                             |     | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                               |     |    |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.                                                                                            | X   |    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                    | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>                                                       |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> |     | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).                                                                                                                                                                                      |     |    |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>                                                                                                                                                                                                                              |     | X  |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>                                                                                                                                                                                                                                                                                   |     | X  |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>                                                                                                                                                                                                                                      |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in noncash 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 on Schedule O for Part VI, lines 11b and 19?<br><b>Note:</b> All Form 990 filers are required to complete Schedule O.                                                                                                                                                                                                  | X   |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V. ☐

|                                                                                                                                                                   | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.                                                                           | 161 |    |
| <b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.                                                                         | 0   |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X   |    |

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

|                                                                                                                                                                                                                                                      |              | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----|----|
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.                                                             | <b>2a</b> 64 |     |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                                                                                                              | <b>2b</b>    | X   |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                              | <b>3a</b>    |     | X  |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.                                                                                                                                | <b>3b</b>    |     |    |
| <b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | <b>4a</b>    |     | X  |
| <b>b</b> If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                      |              |     |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                      | <b>5a</b>    |     | X  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                            | <b>5b</b>    |     | X  |
| <b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                          | <b>5c</b>    |     |    |
| <b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    | <b>6a</b>    |     | X  |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                               | <b>6b</b>    |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                               |              |     |    |
| <b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                             | <b>7a</b>    | X   |    |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                             | <b>7b</b>    | X   |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                        | <b>7c</b>    |     | X  |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                          | <b>7d</b>    |     |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                             | <b>7e</b>    |     | X  |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                | <b>7f</b>    |     | X  |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                            | <b>7g</b>    |     |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                          | <b>7h</b>    |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                                     | <b>8</b>     |     |    |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                   |              |     |    |
| <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                          | <b>9a</b>    |     |    |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                           | <b>9b</b>    |     |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                    |              |     |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                   | <b>10a</b>   |     |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                                | <b>10b</b>   |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                   |              |     |    |
| <b>a</b> Gross income from members or shareholders.                                                                                                                                                                                                  | <b>11a</b>   |     |    |
| <b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)                                                                                                               | <b>11b</b>   |     |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                | <b>12a</b>   |     |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                      | <b>12b</b>   |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                           |              |     |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.                                            | <b>13a</b>   |     |    |
| <b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.                                                                                  | <b>13b</b>   |     |    |
| <b>c</b> Enter the amount of reserves on hand.                                                                                                                                                                                                       | <b>13c</b>   |     |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                | <b>14a</b>   |     | X  |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.                                                                                                                                  | <b>14b</b>   |     |    |
| <b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If "Yes," see the instructions and file Form 4720, Schedule N.               | <b>15</b>    |     | X  |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.                                                                               | <b>16</b>    |     | X  |
| <b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?<br>If "Yes," complete Form 6069.    | <b>17</b>    |     |    |

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

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

**Section A. Governing Body and Management**

|                                                                                                                                                                                                                   |                                                                                                                                                                                                                             | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b>                                                                                                                                                                                                         | Enter the number of voting members of the governing body at the end of the tax year. . . . .                                                                                                                                | 12  |    |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |                                                                                                                                                                                                                             |     |    |
| <b>b</b>                                                                                                                                                                                                          | Enter the number of voting members included on line 1a, above, who are independent. . . . .                                                                                                                                 | 12  |    |
| <b>2</b>                                                                                                                                                                                                          | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .                                             | 2   | X  |
| <b>3</b>                                                                                                                                                                                                          | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . . | 3   | X  |
| <b>4</b>                                                                                                                                                                                                          | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .                                                                                                  | 4   | X  |
| <b>5</b>                                                                                                                                                                                                          | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .                                                                                                        | 5   | X  |
| <b>6</b>                                                                                                                                                                                                          | Did the organization have members or stockholders? . . . . .                                                                                                                                                                | 6   | X  |
| <b>7a</b>                                                                                                                                                                                                         | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .                                                                | 7a  | X  |
| <b>b</b>                                                                                                                                                                                                          | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .                                                         | 7b  | X  |
| <b>8</b>                                                                                                                                                                                                          | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                           |     |    |
| <b>a</b>                                                                                                                                                                                                          | The governing body? . . . . .                                                                                                                                                                                               | 8a  | X  |
| <b>b</b>                                                                                                                                                                                                          | Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                             | 8b  | X  |
| <b>9</b>                                                                                                                                                                                                          | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. . . . .       | 9   | X  |

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed CA NY

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.

Billie Chen PO Box 70976 Oakland CA 94612 510-587-9696

**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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                       | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) Kris Hayashi<br>Executive Dir.          | 40<br>0                                                                                    |                                                                                                              |                       | X       |              |                              |        | 182,404.                                                                      | 0.                                                                                 | 13,400.                                                                                       |
| (2) Oluchi Omeoga, BLMP Co-Director         | 40<br>0                                                                                    |                                                                                                              |                       | X       |              |                              |        | 158,431.                                                                      | 0.                                                                                 | 19,815.                                                                                       |
| (3) Nolizwe Nondabula, BLMP Co-Director     | 40<br>0                                                                                    |                                                                                                              |                       | X       |              |                              |        | 163,801.                                                                      | 0.                                                                                 | 11,480.                                                                                       |
| (4) Shelby Chestnut<br>Executive Dir.       | 40<br>0                                                                                    |                                                                                                              |                       | X       |              |                              |        | 153,000.                                                                      | 0.                                                                                 | 13,832.                                                                                       |
| (5) Rose Berry, BLMP Co-Director            | 40<br>0                                                                                    |                                                                                                              |                       | X       |              |                              |        | 161,419.                                                                      | 0.                                                                                 | 4,040.                                                                                        |
| (6) Billie Chen, Finance/Oper. Director     | 40<br>0                                                                                    |                                                                                                              |                       | X       |              |                              |        | 127,523.                                                                      | 0.                                                                                 | 23,973.                                                                                       |
| (7) Bran Fenner<br>Dir. People & OC         | 40<br>0                                                                                    |                                                                                                              |                       |         |              | X                            |        | 125,213.                                                                      | 0.                                                                                 | 21,834.                                                                                       |
| (8) Emem Maurus<br>Project Legal Dir.       | 40<br>0                                                                                    |                                                                                                              |                       |         |              | X                            |        | 120,867.                                                                      | 0.                                                                                 | 22,258.                                                                                       |
| (9) Lynly Egyes<br>Legal Director           | 40<br>0                                                                                    |                                                                                                              |                       |         |              | X                            |        | 125,895.                                                                      | 0.                                                                                 | 16,585.                                                                                       |
| (10) Meera Vaidyanathan<br>Development Dir. | 40<br>0                                                                                    |                                                                                                              |                       |         |              | X                            |        | 121,360.                                                                      | 0.                                                                                 | 14,946.                                                                                       |
| (11) Sue Yacka-Bible<br>Dir Communications  | 40<br>0                                                                                    |                                                                                                              |                       |         |              | X                            |        | 114,130.                                                                      | 0.                                                                                 | 18,284.                                                                                       |
| (12) Imara Jones, Chair & Director          | 2<br>0                                                                                     | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (13) Chinyere Ezie, Vice Ch. & Director     | 2<br>0                                                                                     | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (14) Ana Conner, Secretary & Director       | 2<br>0                                                                                     | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |

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Form 990 (2023)

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

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee |                                                                               |                                                                                    |                                                                                               |
| (15) Cori Parrish, Treas. & Director                           | 2<br>0                                                                                     | X                                                                                                            |                       | X       |              |                              | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (16) Brielle Darynn Director                                   | 1<br>0                                                                                     | X                                                                                                            |                       | X       |              |                              | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (17) Theresa Witherspoon Director                              | 1<br>0                                                                                     | X                                                                                                            |                       |         |              |                              | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (18) Alic Shook Director                                       | 1<br>0                                                                                     | X                                                                                                            |                       |         |              |                              | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (19) Louis Porter II Director                                  | 1<br>0                                                                                     | X                                                                                                            |                       |         |              |                              | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (20) Sunu Chandy Director                                      | 1<br>0                                                                                     | X                                                                                                            |                       |         |              |                              | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (21) Beckham Rivera Director                                   | 1<br>0                                                                                     | X                                                                                                            |                       |         |              |                              | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (22) Ebony Harper Director                                     | 1<br>0                                                                                     | X                                                                                                            |                       |         |              |                              | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (23) Morgan Darby Director                                     | 1<br>0                                                                                     | X                                                                                                            |                       |         |              |                              | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (24) Myles Paisley Director                                    | 1<br>0                                                                                     | X                                                                                                            |                       |         |              |                              | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (25) Mat dos Santos Director                                   | 0<br>0                                                                                     | X                                                                                                            |                       |         |              |                              | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| <b>1b Subtotal</b>                                             |                                                                                            |                                                                                                              |                       |         |              |                              | 1,554,043.                                                                    | 0.                                                                                 | 180,447.                                                                                      |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                              |                       |         |              |                              | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                              |                       |         |              |                              | 1,554,043.                                                                    | 0.                                                                                 | 180,447.                                                                                      |

**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 **30**

**3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.

|          | Yes | No |
|----------|-----|----|
| <b>3</b> |     | X  |
| <b>4</b> | X   |    |
| <b>5</b> |     | 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? If "Yes," complete Schedule J for such individual.

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

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII. ☐

|                                                                    |                                                          |                                                                                                                                      | (A)<br>Total revenue      | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |
|--------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------|-----------------------------------------|------------------------------------------------------------------|
| <b>Contributions, Gifts, Grants,<br/>and Other Similar Amounts</b> | 1a                                                       | Federated campaigns                                                                                                                  | 1a                        |                                                    |                                         |                                                                  |
|                                                                    | b                                                        | Membership dues                                                                                                                      | 1b                        |                                                    |                                         |                                                                  |
|                                                                    | c                                                        | Fundraising events                                                                                                                   | 1c                        | 247,680.                                           |                                         |                                                                  |
|                                                                    | d                                                        | Related organizations                                                                                                                | 1d                        |                                                    |                                         |                                                                  |
|                                                                    | e                                                        | Government grants (contributions)                                                                                                    | 1e                        |                                                    |                                         |                                                                  |
|                                                                    | f                                                        | All other contributions, gifts, grants, and<br>similar amounts not included above                                                    | 1f                        | 17,045,973.                                        |                                         |                                                                  |
|                                                                    | g                                                        | Noncash contributions included in<br>lines 1a-1f                                                                                     | 1g                        | 6,167.                                             |                                         |                                                                  |
|                                                                    | h                                                        | <b>Total.</b> Add lines 1a-1f                                                                                                        |                           | 17,293,653.                                        |                                         |                                                                  |
| <b>Program Service Revenue</b>                                     | 2a                                                       | Honoraria                                                                                                                            | Business Code<br>900099   | 10,373.                                            | 10,373.                                 |                                                                  |
|                                                                    | b                                                        |                                                                                                                                      |                           |                                                    |                                         |                                                                  |
|                                                                    | c                                                        |                                                                                                                                      |                           |                                                    |                                         |                                                                  |
|                                                                    | d                                                        |                                                                                                                                      |                           |                                                    |                                         |                                                                  |
|                                                                    | e                                                        |                                                                                                                                      |                           |                                                    |                                         |                                                                  |
|                                                                    | f                                                        | All other program service revenue                                                                                                    |                           |                                                    |                                         |                                                                  |
|                                                                    | g                                                        | <b>Total.</b> Add lines 2a-2f                                                                                                        |                           | 10,373.                                            |                                         |                                                                  |
| <b>Other Revenue</b>                                               | 3                                                        | Investment income (including dividends, interest, and<br>other similar amounts)                                                      |                           | 1,246,527.                                         |                                         | 1,246,527.                                                       |
|                                                                    | 4                                                        | Income from investment of tax-exempt bond proceeds                                                                                   |                           |                                                    |                                         |                                                                  |
|                                                                    | 5                                                        | Royalties                                                                                                                            |                           |                                                    |                                         |                                                                  |
|                                                                    | 6a                                                       | Gross rents                                                                                                                          | (i) Real (ii) Personal    |                                                    |                                         |                                                                  |
|                                                                    | b                                                        | Less: rental expenses                                                                                                                | 6b                        |                                                    |                                         |                                                                  |
|                                                                    | c                                                        | Rental income or (loss)                                                                                                              | 6c                        |                                                    |                                         |                                                                  |
|                                                                    | d                                                        | Net rental income or (loss)                                                                                                          |                           |                                                    |                                         |                                                                  |
|                                                                    | 7a                                                       | Gross amount from<br>sales of assets<br>other than inventory                                                                         | (i) Securities (ii) Other |                                                    |                                         |                                                                  |
|                                                                    | b                                                        | Less: cost or other basis<br>and sales expenses                                                                                      | 7b                        |                                                    |                                         |                                                                  |
|                                                                    | c                                                        | Gain or (loss)                                                                                                                       | 7c                        |                                                    |                                         |                                                                  |
|                                                                    | d                                                        | Net gain or (loss)                                                                                                                   |                           |                                                    |                                         |                                                                  |
|                                                                    | 8a                                                       | Gross income from fundraising events<br>(not including \$ 247,680.<br>of contributions reported on line 1c).<br>See Part IV, line 18 | 8a                        | 18,840.                                            |                                         |                                                                  |
|                                                                    | b                                                        | Less: direct expenses                                                                                                                | 8b                        | 85,615.                                            |                                         |                                                                  |
|                                                                    | c                                                        | Net income or (loss) from fundraising events                                                                                         |                           | -66,775.                                           |                                         | -66,775.                                                         |
|                                                                    | 9a                                                       | Gross income from gaming activities.<br>See Part IV, line 19                                                                         | 9a                        |                                                    |                                         |                                                                  |
|                                                                    | b                                                        | Less: direct expenses                                                                                                                | 9b                        |                                                    |                                         |                                                                  |
| c                                                                  | Net income or (loss) from gaming activities              |                                                                                                                                      |                           |                                                    |                                         |                                                                  |
| 10a                                                                | Gross sales of inventory, less<br>returns and allowances | 10a                                                                                                                                  |                           |                                                    |                                         |                                                                  |
| b                                                                  | Less: cost of goods sold                                 | 10b                                                                                                                                  |                           |                                                    |                                         |                                                                  |
| c                                                                  | Net income or (loss) from sales of inventory             |                                                                                                                                      |                           |                                                    |                                         |                                                                  |
| <b>Miscellaneous<br/>Revenue</b>                                   |                                                          | Business Code                                                                                                                        |                           |                                                    |                                         |                                                                  |
|                                                                    | 11a                                                      | Miscellaneous                                                                                                                        | 900099                    | 53,425.                                            |                                         | 53,425.                                                          |
|                                                                    | b                                                        |                                                                                                                                      |                           |                                                    |                                         |                                                                  |
|                                                                    | c                                                        |                                                                                                                                      |                           |                                                    |                                         |                                                                  |
|                                                                    | d                                                        | All other revenue                                                                                                                    |                           |                                                    |                                         |                                                                  |
| e                                                                  | <b>Total.</b> Add lines 11a-11d                          |                                                                                                                                      | 53,425.                   |                                                    |                                         |                                                                  |
| 12                                                                 | <b>Total revenue.</b> See instructions                   |                                                                                                                                      | 18,537,203.               | 10,373.                                            | 0.                                      | 1,233,177.                                                       |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                                                                             | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.                                                                                                                                    | 841,885.              | 841,885.                        |                                        |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22.                                                                                                                                                               | 126,812.              | 126,812.                        |                                        |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.                                                                                                        | 96,994.               | 96,994.                         |                                        |                             |
| 4 Benefits paid to or for members.                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| 5 Compensation of current officers, directors, trustees, and key employees.                                                                                                                                                                | 1,023,619.            | 329,684.                        | 552,072.                               | 141,863.                    |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).                                                                                            | 0.                    | 0.                              | 0.                                     | 0.                          |
| 7 Other salaries and wages.                                                                                                                                                                                                                | 4,656,324.            | 3,287,978.                      | 681,661.                               | 686,685.                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).                                                                                                                                      | 82,227.               | 59,340.                         | 9,114.                                 | 13,773.                     |
| 9 Other employee benefits.                                                                                                                                                                                                                 | 857,588.              | 566,336.                        | 167,816.                               | 123,436.                    |
| 10 Payroll taxes.                                                                                                                                                                                                                          | 431,855.              | 275,870.                        | 86,956.                                | 69,029.                     |
| 11 Fees for services (nonemployees):                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| a Management.                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| b Legal.                                                                                                                                                                                                                                   | 212,355.              | 190,192.                        | 19,601.                                | 2,562.                      |
| c Accounting.                                                                                                                                                                                                                              | 45,886.               |                                 | 45,886.                                |                             |
| d Lobbying.                                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| e Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                 | 27,714.               |                                 |                                        | 27,714.                     |
| f Investment management fees.                                                                                                                                                                                                              | 68,332.               |                                 | 68,332.                                |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)                                                                                                                            | 1,898,343.            | 1,653,563.                      | 90,516.                                | 154,264.                    |
| 12 Advertising and promotion.                                                                                                                                                                                                              | 233,069.              | 95,498.                         |                                        | 137,571.                    |
| 13 Office expenses.                                                                                                                                                                                                                        | 289,208.              | 188,933.                        | 56,554.                                | 43,721.                     |
| 14 Information technology.                                                                                                                                                                                                                 | 373,534.              | 240,075.                        | 70,295.                                | 63,164.                     |
| 15 Royalties.                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| 16 Occupancy.                                                                                                                                                                                                                              | 465,117.              | 300,097.                        | 91,992.                                | 73,028.                     |
| 17 Travel.                                                                                                                                                                                                                                 | 1,099,383.            | 954,909.                        | 55,447.                                | 89,027.                     |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                         |                       |                                 |                                        |                             |
| 19 Conferences, conventions, and meetings.                                                                                                                                                                                                 | 248,919.              | 234,187.                        | 7,976.                                 | 6,756.                      |
| 20 Interest.                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| 21 Payments to affiliates.                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization.                                                                                                                                                                                              | 43,919.               | 28,132.                         | 9,232.                                 | 6,555.                      |
| 23 Insurance.                                                                                                                                                                                                                              | 42,838.               | 27,365.                         | 8,626.                                 | 6,847.                      |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)                                     |                       |                                 |                                        |                             |
| a Other expenses.                                                                                                                                                                                                                          | 171,962.              | 127,665.                        | 33,279.                                | 11,018.                     |
| b Staff/Volunteer development.                                                                                                                                                                                                             | 103,308.              | 66,956.                         | 21,178.                                | 15,174.                     |
| c Bank fees.                                                                                                                                                                                                                               | 90,731.               | 1,195.                          | 16,568.                                | 72,968.                     |
| d Dues & subscriptions.                                                                                                                                                                                                                    | 29,581.               | 29,634.                         | -29.                                   | -24.                        |
| e All other expenses.                                                                                                                                                                                                                      | 14,294.               | 525.                            |                                        | 13,769.                     |
| 25 Total functional expenses. Add lines 1 through 24e.                                                                                                                                                                                     | 13,575,797.           | 9,723,825.                      | 2,093,072.                             | 1,758,900.                  |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |                                        |                             |

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

|                                                                                 |                                                                                                                                                                                                                               | (A)<br>Beginning of year |                    | (B)<br>End of year |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------|--------------------|
| <b>Assets</b>                                                                   | <b>1</b> Cash — non-interest-bearing.....                                                                                                                                                                                     | 2,559,721.               | <b>1</b>           | 4,794,373.         |
|                                                                                 | <b>2</b> Savings and temporary cash investments.....                                                                                                                                                                          |                          | <b>2</b>           |                    |
|                                                                                 | <b>3</b> Pledges and grants receivable, net.....                                                                                                                                                                              | 2,474,942.               | <b>3</b>           | 4,396,422.         |
|                                                                                 | <b>4</b> Accounts receivable, net.....                                                                                                                                                                                        | 115,490.                 | <b>4</b>           | 7,528.             |
|                                                                                 | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons..... |                          | <b>5</b>           |                    |
|                                                                                 | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).....                                                               |                          | <b>6</b>           |                    |
|                                                                                 | <b>7</b> Notes and loans receivable, net.....                                                                                                                                                                                 |                          | <b>7</b>           |                    |
|                                                                                 | <b>8</b> Inventories for sale or use.....                                                                                                                                                                                     |                          | <b>8</b>           |                    |
|                                                                                 | <b>9</b> Prepaid expenses and deferred charges.....                                                                                                                                                                           | 141,264.                 | <b>9</b>           | 256,860.           |
|                                                                                 | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....                                                                                                                           | <b>10a</b> 262,987.      |                    |                    |
|                                                                                 | <b>b</b> Less: accumulated depreciation.....                                                                                                                                                                                  | <b>10b</b> 171,905.      | <b>10c</b> 55,222. | 91,082.            |
|                                                                                 | <b>11</b> Investments — publicly traded securities.....                                                                                                                                                                       | 28,055,892.              | <b>11</b>          | 29,762,229.        |
|                                                                                 | <b>12</b> Investments — other securities. See Part IV, line 11.....                                                                                                                                                           |                          | <b>12</b>          |                    |
|                                                                                 | <b>13</b> Investments — program-related. See Part IV, line 11.....                                                                                                                                                            |                          | <b>13</b>          |                    |
|                                                                                 | <b>14</b> Intangible assets.....                                                                                                                                                                                              |                          | <b>14</b>          |                    |
|                                                                                 | <b>15</b> Other assets. See Part IV, line 11.....                                                                                                                                                                             | 1,164,267.               | <b>15</b>          | 932,089.           |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)..... | 34,566,798.                                                                                                                                                                                                                   | <b>16</b>                | 40,240,583.        |                    |
| <b>Liabilities</b>                                                              | <b>17</b> Accounts payable and accrued expenses.....                                                                                                                                                                          | 1,289,313.               | <b>17</b>          | 1,400,042.         |
|                                                                                 | <b>18</b> Grants payable.....                                                                                                                                                                                                 | 413,491.                 | <b>18</b>          | 498,964.           |
|                                                                                 | <b>19</b> Deferred revenue.....                                                                                                                                                                                               |                          | <b>19</b>          |                    |
|                                                                                 | <b>20</b> Tax-exempt bond liabilities.....                                                                                                                                                                                    |                          | <b>20</b>          |                    |
|                                                                                 | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D.....                                                                                                                                          |                          | <b>21</b>          |                    |
|                                                                                 | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.....     |                          | <b>22</b>          |                    |
|                                                                                 | <b>23</b> Secured mortgages and notes payable to unrelated third parties.....                                                                                                                                                 |                          | <b>23</b>          |                    |
|                                                                                 | <b>24</b> Unsecured notes and loans payable to unrelated third parties.....                                                                                                                                                   |                          | <b>24</b>          |                    |
|                                                                                 | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.....                                          | 1,299,131.               | <b>25</b>          | 1,293,332.         |
|                                                                                 | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25.....                                                                                                                                                              | 3,001,935.               | <b>26</b>          | 3,192,338.         |
| <b>Net Assets or Fund Balances</b>                                              | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>                                                                                   |                          |                    |                    |
|                                                                                 | <b>27</b> Net assets without donor restrictions.....                                                                                                                                                                          | 11,247,665.              | <b>27</b>          | 16,257,096.        |
|                                                                                 | <b>28</b> Net assets with donor restrictions.....                                                                                                                                                                             | 20,317,198.              | <b>28</b>          | 20,791,149.        |
|                                                                                 | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>                                                                                            |                          |                    |                    |
|                                                                                 | <b>29</b> Capital stock or trust principal, or current funds.....                                                                                                                                                             |                          | <b>29</b>          |                    |
|                                                                                 | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund.....                                                                                                                                               |                          | <b>30</b>          |                    |
|                                                                                 | <b>31</b> Retained earnings, endowment, accumulated income, or other funds.....                                                                                                                                               |                          | <b>31</b>          |                    |
|                                                                                 | <b>32</b> <b>Total net assets or fund balances.</b> .....                                                                                                                                                                     | 31,564,863.              | <b>32</b>          | 37,048,245.        |
| <b>33</b> <b>Total liabilities and net assets/fund balances.</b> .....          | 34,566,798.                                                                                                                                                                                                                   | <b>33</b>                | 40,240,583.        |                    |

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TEEA0111L 08/23/23

Form 990 (2023)

**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>  | 18,537,203. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                       | <b>2</b>  | 13,575,797. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1                                                             | <b>3</b>  | 4,961,406.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 31,564,863. |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                   | <b>5</b>  | 521,976.    |
| <b>6</b>  | Donated services and use of facilities                                                                         | <b>6</b>  |             |
| <b>7</b>  | Investment expenses                                                                                            | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments                                                                                       | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)                                           | <b>9</b>  | 0.          |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 37,048,245. |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. ☐

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

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TEEA0112L 08/23/23

Form 990 (2023)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

Transgender Law Center

Employer identification number

05-0544006

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

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

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

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

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

**Schedule A (Form 990) 2023**

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                           | (a) 2019   | (b) 2020  | (c) 2021  | (d) 2022  | (e) 2023  | (f) Total   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|-----------|-----------|-----------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                                                  | 5,668,444. | 18798629. | 14541468. | 16457176. | 17293653. | 72,759,370. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.                                                                                                    |            |           |           |           |           | 0.          |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |            |           |           |           |           | 0.          |
| 4 <b>Total.</b> Add lines 1 through 3                                                                                                                                                                 | 5,668,444. | 18798629. | 14541468. | 16457176. | 17293653. | 72,759,370. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |            |           |           |           |           | 9,900,741.  |
| 6 <b>Public support.</b> Subtract line 5 from line 4                                                                                                                                                  |            |           |           |           |           | 62,858,629. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                 | (a) 2019   | (b) 2020  | (c) 2021  | (d) 2022  | (e) 2023   | (f) Total                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|-----------|-----------|------------|--------------------------|
| 7 Amounts from line 4                                                                                                                                                                       | 5,668,444. | 18798629. | 14541468. | 16457176. | 17293653.  | 72,759,370.              |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources                                                           | 49,010.    | 47,718.   | 16,704.   | 321,002.  | 1,246,527. | 1,680,961.               |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                                                                                        |            |           |           |           |            | 0.                       |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                                                                          | 44,342.    | 21,384.   | 13,324.   | 1,194.    | 53,380.    | 133,624.                 |
| 11 <b>Total support.</b> Add lines 7 through 10                                                                                                                                             |            |           |           |           |            | 74,573,955.              |
| 12 Gross receipts from related activities, etc. (see instructions)                                                                                                                          |            |           |           |           | 12         | 177,017.                 |
| 13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> |            |           |           |           |            | <input type="checkbox"/> |

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

|                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------|
| 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))                                                                                                                                                                                                                                                                                                              | 14                                  | 84.29% |
| 15 Public support percentage from 2022 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                     | 15                                  | 82.92% |
| 16a <b>33-1/3% support test—2023.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.                                                                                                                                                                       | <input checked="" type="checkbox"/> |        |
| b <b>33-1/3% support test—2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.                                                                                                                                                                    | <input type="checkbox"/>            |        |
| 17a <b>10%-facts-and-circumstances test—2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.    | <input type="checkbox"/>            |        |
| b <b>10%-facts-and-circumstances test—2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. | <input type="checkbox"/>            |        |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.                                                                                                                                                                                                                                                           | <input type="checkbox"/>            |        |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                        | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                        |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5.                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons.                                                                                                |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b.                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)                                                                                                                           |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                 | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6.                                                                                                               |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b.                                                                                                             |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                   |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)                                                                                    |          |          |          |          |          |           |

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

|                                                                                                    |           |   |
|----------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)). | <b>15</b> | % |
| <b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15.                       | <b>16</b> | % |

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

|                                                                                                         |           |   |
|---------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)). | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17.                         | <b>18</b> | % |

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

| Section A – Adjusted Net Income |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1                               | Net short-term capital gain                                                                                                                                                                              | 1              |                             |
| 2                               | Recoveries of prior-year distributions                                                                                                                                                                   | 2              |                             |
| 3                               | Other gross income (see instructions)                                                                                                                                                                    | 3              |                             |
| 4                               | Add lines 1 through 3.                                                                                                                                                                                   | 4              |                             |
| 5                               | Depreciation and depletion                                                                                                                                                                               | 5              |                             |
| 6                               | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                               | Other expenses (see instructions)                                                                                                                                                                        | 7              |                             |
| 8                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)                                                                                                                                      | 8              |                             |

| Section B – Minimum Asset Amount |                                                                                                                                 | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                | Average monthly value of securities                                                                                             | 1a             |                             |
| b                                | Average monthly cash balances                                                                                                   | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets                                                                                | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                         | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets                                                                    | 2              |                             |
| 3                                | Subtract line 2 from line 1d.                                                                                                   | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                | 5              |                             |
| 6                                | Multiply line 5 by 0.035.                                                                                                       | 6              |                             |
| 7                                | Recoveries of prior-year distributions                                                                                          | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                              | 8              |                             |

| Section C – Distributable Amount |                                                                                                                                                                           |   | Current Year |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)                                                                                                     | 1 |              |
| 2                                | Enter 0.85 of line 1.                                                                                                                                                     | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)                                                                                                    | 3 |              |
| 4                                | Enter greater of line 2 or line 3.                                                                                                                                        | 4 |              |
| 5                                | Income tax imposed in prior year                                                                                                                                          | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).                                             | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

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

| Section D – Distributions |                                                                                                                                                    | Current Year |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes                                                                              | 1            |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              | 2            |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations                                                              | 3            |
| 4                         | Amounts paid to acquire exempt-use assets                                                                                                          | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required – provide details in <b>Part VI</b> )                                                     | 5            |
| 6                         | Other distributions (describe in <b>Part VI</b> ). See instructions.                                                                               | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.                                                                                          | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. | 8            |
| 9                         | Distributable amount for 2023 from Section C, line 6                                                                                               | 9            |
| 10                        | Line 8 amount divided by line 9 amount                                                                                                             | 10           |

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

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Schedule A (Form 990) 2023

**Part VI**

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

**Part II, Line 10 - Other Income**

| Nature and Source | 2023              | 2022             | 2021              | 2020              | 2019              |
|-------------------|-------------------|------------------|-------------------|-------------------|-------------------|
| Miscellaneous     | \$ 53,380.        | \$ 1,194.        | \$ 13,324.        | \$ 21,384.        | \$ 44,342.        |
| Total             | <u>\$ 53,380.</u> | <u>\$ 1,194.</u> | <u>\$ 13,324.</u> | <u>\$ 21,384.</u> | <u>\$ 44,342.</u> |

**Additional Explanation of Other Income**

From time to time, miscellaneous funds are received during the course of performing the organization's tax-exempt function.

**SCHEDULE C**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

**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

Transgender Law Center

Employer identification number

05-0544006

**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. \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955. \$ 0.
- 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)      | -----       |         |                                                                       |                                                                                                                                              |

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

**Schedule C (Form 990) 2023**

**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.

| Limits on Lobbying Expenditures<br>(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 (grassroots lobbying) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    |                                                          |                                    |                     |                               |                                          |                                                  |                                            |                                                    |                                             |                                                   |                    |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    |                                                          |                                    |                     |                               |                                          |                                                  |                                            |                                                    |                                             |                                                   |                    |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    | 0.                                                       | 0.                                 |                     |                               |                                          |                                                  |                                            |                                                    |                                             |                                                   |                    |              |  |  |
| <b>d</b> Other exempt purpose expenditures .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    | 13,575,797.                                              |                                    |                     |                               |                                          |                                                  |                                            |                                                    |                                             |                                                   |                    |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    | 13,575,797.                                              | 0.                                 |                     |                               |                                          |                                                  |                                            |                                                    |                                             |                                                   |                    |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    | 828,790.                                                 |                                    |                     |                               |                                          |                                                  |                                            |                                                    |                                             |                                                   |                    |              |  |  |
| <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) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    | 207,198.                                                 | 0.                                 |                     |                               |                                          |                                                  |                                            |                                                    |                                             |                                                   |                    |              |  |  |
| <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.)

| Lobbying Expenditures During 4-Year Averaging Period             |          |          |          |          |            |
|------------------------------------------------------------------|----------|----------|----------|----------|------------|
| Calendar year (or fiscal year beginning in)                      | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) Total  |
| <b>2a</b> Lobbying nontaxable amount                             | 429,550. | 517,623. | 659,003. | 828,790. | 2,434,966. |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))   |          |          |          |          | 3,652,449. |
| <b>c</b> Total lobbying expenditures                             | 7,438.   |          |          |          | 7,438.     |
| <b>d</b> Grassroots nontaxable amount                            | 107,388. | 129,406. | 164,751. | 207,198. | 608,743.   |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          | 913,115.   |
| <b>f</b> Grassroots lobbying expenditures                        | 7,438.   |          |          |          | 7,438.     |

BAA

Schedule C (Form 990) 2023

**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)).

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.                                                                                                               | (a) |    | (b)    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|                                                                                                                                                                                                                                         | Yes | No | Amount |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |        |
| <b>a</b> Volunteers?                                                                                                                                                                                                                    |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                   |     |    |        |
| <b>c</b> Media advertisements?                                                                                                                                                                                                          |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public?                                                                                                                                                                               |     |    |        |
| <b>e</b> Publications, or published or broadcast statements?                                                                                                                                                                            |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes?                                                                                                                                                                           |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                    |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                      |     |    |        |
| <b>i</b> Other activities?                                                                                                                                                                                                              |     |    |        |
| <b>j</b> Total. Add lines 1c through 1i.                                                                                                                                                                                                |     |    |        |
| <b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?                                                                                                                                 |     |    |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912.                                                                                                                                                             |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912.                                                                                                                                    |     |    |        |
| <b>d</b> 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).

|                                                                                                                              | Yes      | No |
|------------------------------------------------------------------------------------------------------------------------------|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?                                        | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                                   | <b>2</b> |    |
| <b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | <b>3</b> |    |

**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."

|                                                                                                                                                                                                                                                      |           |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members.                                                                                                                                                                                         | <b>1</b>  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).                                                                                  |           |  |
| <b>a</b> Current year.                                                                                                                                                                                                                               | <b>2a</b> |  |
| <b>b</b> Carryover from last year.                                                                                                                                                                                                                   | <b>2b</b> |  |
| <b>c</b> Total.                                                                                                                                                                                                                                      | <b>2c</b> |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.                                                                                                                                            | <b>3</b>  |  |
| <b>4</b> 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 expenditures next year? | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures. See instructions.                                                                                                                                                                    | <b>5</b>  |  |

**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.

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023****Open to Public  
Inspection**

Name of the organization

Employer identification number

Transgender Law Center

05-0544006

**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.

|                                                                                                                                                                                                                                                                       | (a) Donor advised funds      | (b) Funds and other accounts |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|
| 1 Total number at end of year                                                                                                                                                                                                                                         |                              |                              |
| 2 Aggregate value of contributions to (during year)                                                                                                                                                                                                                   |                              |                              |
| 3 Aggregate value of grants from (during year)                                                                                                                                                                                                                        |                              |                              |
| 4 Aggregate value at end of year                                                                                                                                                                                                                                      |                              |                              |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?                                                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |

**Part II Conservation Easements**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

|                                                                                                     |                                                                             |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                              | <input type="checkbox"/> Preservation of a certified historic structure     |
| <input type="checkbox"/> Preservation of open space                                                 |                                                                             |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|                                                                                                                                                      | Held at the End of the Tax Year |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements                                                                                                             | 2a                              |
| b Total acreage restricted by conservation easements                                                                                                 | 2b                              |
| c Number of conservation easements on a certified historic structure included on line 2a                                                             | 2c                              |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange program

e ☐ Other \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements**

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

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

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

|                                      | Amount |
|--------------------------------------|--------|
| c Beginning balance.....             | 1c     |
| d Additions during the year.....     | 1d     |
| e Distributions during the year..... | 1e     |
| f Ending balance.....                | 1f     |

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

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

**Part V Endowment Funds**

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

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

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

a Board designated or quasi-endowment \_\_\_\_\_ %

b Permanent endowment \_\_\_\_\_ %

c Term endowment \_\_\_\_\_ %

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

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

(i) Unrelated organizations?.....

(ii) Related organizations?.....

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

|        | Yes | No |
|--------|-----|----|
| 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.

| Description of property                                                                                | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land.....                                                                                           |                                      |                                 |                              |                |
| b Buildings.....                                                                                       |                                      |                                 |                              |                |
| c Leasehold improvements.....                                                                          |                                      |                                 |                              |                |
| d Equipment.....                                                                                       |                                      | 262,987.                        | 171,905.                     | 91,082.        |
| e Other.....                                                                                           |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). |                                      |                                 |                              | 91,082.        |

BAA

Schedule D (Form 990) 2023

**Part VII Investments – Other Securities**

N/A

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) -----                                                                   |                |                                                           |
| (I) -----                                                                   |                |                                                           |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, column (B)) |                |                                                           |

**Part VIII Investments – Program Related**

N/A

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)                                                                         |                |                                                           |
| (10)                                                                        |                |                                                           |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, column (B)) |                |                                                           |

**Part IX Other Assets**

N/A

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)                                                                         |                |
| (10)                                                                        |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, column (B)) |                |

**Part X Other Liabilities**

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

| 1. (a) Description of liability                                             | (b) Book value |
|-----------------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                                    |                |
| (2) Lease liabilities                                                       | 1,293,332.     |
| (3)                                                                         |                |
| (4)                                                                         |                |
| (5)                                                                         |                |
| (6)                                                                         |                |
| (7)                                                                         |                |
| (8)                                                                         |                |
| (9)                                                                         |                |
| (10)                                                                        |                |
| (11)                                                                        |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, column (B)) | 1,293,332.     |

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

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

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

|          |                                                                                                     |           |             |
|----------|-----------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements.....                       | <b>1</b>  | 22,158,175. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                 |           |             |
| <b>a</b> | Net unrealized gains (losses) on investments.....                                                   | <b>2a</b> | 521,976.    |
| <b>b</b> | Donated services and use of facilities.....                                                         | <b>2b</b> | 3,167,328.  |
| <b>c</b> | Recoveries of prior year grants.....                                                                | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.) See Part XIII.....                                                   | <b>2d</b> | -68,332.    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> .....                                                         | <b>2e</b> | 3,620,972.  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> .....                                                    | <b>3</b>  | 18,537,203. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b.....                               | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIII.).....                                                                 | <b>4b</b> |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> .....                                                             | <b>4c</b> |             |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)..... | <b>5</b>  | 18,537,203. |

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

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

|          |                                                                                                      |           |             |
|----------|------------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements.....                                      | <b>1</b>  | 16,674,793. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                    |           |             |
| <b>a</b> | Donated services and use of facilities.....                                                          | <b>2a</b> | 3,167,328.  |
| <b>b</b> | Prior year adjustments.....                                                                          | <b>2b</b> |             |
| <b>c</b> | Other losses.....                                                                                    | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.) See Part XIII.....                                                    | <b>2d</b> | -68,332.    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> .....                                                          | <b>2e</b> | 3,098,996.  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> .....                                                     | <b>3</b>  | 13,575,797. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                   |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b.....                                | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIII.).....                                                                  | <b>4b</b> |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> .....                                                              | <b>4c</b> |             |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)..... | <b>5</b>  | 13,575,797. |

**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.

**Schedule D, Part XI, Line 2d  
Other Revenue Included In F/S But Not Included On Form 990**

|                                 |                    |
|---------------------------------|--------------------|
| Investment management fees..... | \$ -68,332.        |
| Total                           | <u>\$ -68,332.</u> |

**Schedule D, Part XII, Line 2d  
Other Expenses And Losses Per Audited F/S**

|                                 |                    |
|---------------------------------|--------------------|
| Investment management fees..... | \$ -68,332.        |
| Total                           | <u>\$ -68,332.</u> |

**SCHEDULE F**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

Transgender Law Center

Employer identification number

05-0544006

**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. **Part V**
- 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) North America                                    |                                     |                                                                            | grants to recipients                                                                                                                               |                                                                                                        | 96,994.                                                  |
| (2)                                                  |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (3)                                                  |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (4)                                                  |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (5)                                                  |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (6)                                                  |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (7)                                                  |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (8)                                                  |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (9)                                                  |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (10)                                                 |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (11)                                                 |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (12)                                                 |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (13)                                                 |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (14)                                                 |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (15)                                                 |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (16)                                                 |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| (17)                                                 |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| 3a Subtotal . . . . .                                |                                     |                                                                            |                                                                                                                                                    |                                                                                                        | 96,994.                                                  |
| b Total from continuation sheets to Part I . . . . . |                                     |                                                                            |                                                                                                                                                    |                                                                                                        |                                                          |
| c Totals (add lines 3a and 3b) . . .                 | 0                                   | 0                                                                          |                                                                                                                                                    |                                                                                                        | 96,994.                                                  |

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

**Schedule F (Form 990) 2023**



**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)                            |            |                          |                          |                                 |                                  |                                       |                                                       |
| BAA                             |            |                          |                          |                                 |                                  |                                       |                                                       |

**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 the 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 the Instructions for Forms 3520 and 3520-A; don't 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 the 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 the 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 the 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 the Instructions for Form 5713; don't 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 - Grantmakers Explanation For Monitoring Use of Funds Outside US**

TLC works closely with our grant partners to review and monitor the use of our grants, through financial reporting of grant expenditures to each other.

**Part I, Line 3f - Method of Accounting**

All amounts are accounted for on the accrual basis of accounting per GAAP>

SCHEDULE G  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization

Transgender Law Center

Employer identification number

05-0544006

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

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

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

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

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

| (i) Name and address of individual or entity (fundraiser)          | (ii) Activity           | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in column (i) | (vi) Amount paid to (or retained by) organization |
|--------------------------------------------------------------------|-------------------------|----------------------------------------------------------------|----|-----------------------------------|---------------------------------------------------------------------|---------------------------------------------------|
|                                                                    |                         | Yes                                                            | No |                                   |                                                                     |                                                   |
| 1 Bing Consulting<br>3361 Mission Street<br>San Francisco CA 94110 | Annual Event Consultant |                                                                | X  | 266,520.                          | 23,334.                                                             | 243,186.                                          |
| 2                                                                  |                         |                                                                |    |                                   |                                                                     |                                                   |
| 3                                                                  |                         |                                                                |    |                                   |                                                                     |                                                   |
| 4                                                                  |                         |                                                                |    |                                   |                                                                     |                                                   |
| 5                                                                  |                         |                                                                |    |                                   |                                                                     |                                                   |
| 6                                                                  |                         |                                                                |    |                                   |                                                                     |                                                   |
| 7                                                                  |                         |                                                                |    |                                   |                                                                     |                                                   |
| 8                                                                  |                         |                                                                |    |                                   |                                                                     |                                                   |
| 9                                                                  |                         |                                                                |    |                                   |                                                                     |                                                   |
| 10                                                                 |                         |                                                                |    |                                   |                                                                     |                                                   |
| Total.....                                                         |                         |                                                                |    | 266,520.                          | 23,334.                                                             | 243,186.                                          |

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

CA

**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<br><u>Annual Gala</u><br>(event type)                 | (b) Event #2<br>_____<br>(event type) | (c) Other events<br><u>None</u><br>(total number) | (d) Total events<br>(add column (a)<br>through column (c)) |
|-----------------|----|--------------------------------------------------------------------|---------------------------------------|---------------------------------------------------|------------------------------------------------------------|
|                 |    |                                                                    |                                       |                                                   |                                                            |
| Revenue         | 1  | Gross receipts .....                                               | 266,520.                              |                                                   | 266,520.                                                   |
|                 | 2  | Less: Contributions .....                                          | 247,680.                              |                                                   | 247,680.                                                   |
|                 | 3  | Gross income (line 1 minus line 2) .....                           | 18,840.                               |                                                   | 18,840.                                                    |
| Direct Expenses | 4  | Cash prizes .....                                                  |                                       |                                                   |                                                            |
|                 | 5  | Noncash prizes .....                                               |                                       |                                                   |                                                            |
|                 | 6  | Rent/facility costs .....                                          | 25,410.                               |                                                   | 25,410.                                                    |
|                 | 7  | Food and beverages .....                                           | 45,458.                               |                                                   | 45,458.                                                    |
|                 | 8  | Entertainment .....                                                |                                       |                                                   |                                                            |
|                 | 9  | Other direct expenses .....                                        | 14,747.                               |                                                   | 14,747.                                                    |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d) .....  |                                       |                                                   | 85,615.                                                    |
|                 | 11 | Net income summary. Subtract line 10 from line 3, column (d) ..... |                                       |                                                   | -66,775.                                                   |

**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<br>bingo/progressive<br>bingo | (c) Other gaming  | (d) Total gaming<br>(add column (a)<br>through column (c)) |
|-----------------|---|--------------------------------------------------------------------------|-----------------------------------------------------|-------------------|------------------------------------------------------------|
|                 |   |                                                                          |                                                     |                   |                                                            |
| Revenue         | 1 | Gross revenue .....                                                      |                                                     |                   |                                                            |
|                 | 2 | Cash prizes .....                                                        |                                                     |                   |                                                            |
| Direct Expenses | 3 | Noncash prizes .....                                                     |                                                     |                   |                                                            |
|                 | 4 | Rent/facility costs .....                                                |                                                     |                   |                                                            |
|                 | 5 | Other direct expenses .....                                              |                                                     |                   |                                                            |
|                 | 6 | Volunteer labor .....                                                    | Yes _____ %<br>No                                   | Yes _____ %<br>No | Yes _____ %<br>No                                          |
|                 | 7 | Direct expense summary. Add lines 2 through 5 in column (d) .....        |                                                     |                   |                                                            |
|                 | 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) ..... |                                                     |                   |                                                            |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10 a 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:

- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

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

Name \_\_\_\_\_

Address \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

- b** If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

**16** Gaming manager information:

Name \_\_\_\_\_

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

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

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions:

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

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

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization

Employer identification number

Transgender Law Center

05-0544006

Part I General Information on Grants and Assistance

- 1 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
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. See Part IV

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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance  |
|----------------------------------------------------------------------------------------------|------------|---------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|-------------------------------------|
| (1) Gender & Sexualities Alliance<br>548 Market Street Ste. 53568<br>San Francisco, CA 94104 | 20-5367752 | 501 (c) (3)                     | 265,385.                 | 0.                               | N/A                                                   |                                       | TRUTH/Gender Justice                |
| (2) Mex. Amer. Leg. Defense Edu. Fund<br>634 S. Spring Street 1100<br>Los Angeles, CA 90014  | 74-1563270 | 501 (c) (3)                     | 77,400.                  | 0.                               | N/A                                                   |                                       | Border Butterflies Proj.            |
| (3) International Comm. Fdn.<br>2505 N. Avenue<br>National City, CA 91950                    | 33-0457858 | 501 (c) (3)                     | 50,000.                  | 0.                               | N/A                                                   |                                       | Border Butterflies Proj.            |
| (4) Refugee Health Alliance<br>8861 Villa La Jolla Dr. 12062<br>La Jolla, CA 92037           | 84-2743072 | 501 (c) (3)                     | 63,000.                  | 0.                               | N/A                                                   |                                       | Border Butterflies Proj.            |
| (5) The Level Up Project<br>7544 FM 1960 Rd E Ste 107<br>Humble, TX 77346                    | 93-2636776 | 501 (c) (3)                     | 110,000.                 | 0.                               | N/A                                                   |                                       | Transgender Education Network of TX |
| (6) Montana Human Rights Network<br>PO BOX 1509<br>Helena, MT 59718                          | 81-0472423 | 501 (c) (3)                     | 30,000.                  | 0.                               | N/A                                                   |                                       | Rapid Response Grant                |
| (7) Intransitive<br>10420 Helm Drive<br>Mabelvale, AR 72103                                  | 86-3252369 | 501 (c) (3)                     | 10,000.                  | 0.                               | N/A                                                   |                                       | Rapid Response Grant                |
| (8) Equality Texas Foundation<br>PO BOX 2340<br>Austin, TX 78768                             | 74-2569542 | 501 (c) (3)                     | 10,000.                  | 0.                               | N/A                                                   |                                       | Rapid Response Grant                |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 10
- 3 Enter total number of other organizations listed in the line 1 table. 0

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

TEEA3901L 06/12/23

Schedule I (Form 990) 2023

**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 noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|
| 1 client travel/humanitarian aide                                                                                                                               | 210                      | 121,512.                 |                                  |                                                       |                                       |
| 2 rapid response grants                                                                                                                                         | 2                        | 5,300.                   |                                  |                                                       |                                       |
| 3                                                                                                                                                               |                          |                          |                                  |                                                       |                                       |
| 4                                                                                                                                                               |                          |                          |                                  |                                                       |                                       |
| 5                                                                                                                                                               |                          |                          |                                  |                                                       |                                       |
| 6                                                                                                                                                               |                          |                          |                                  |                                                       |                                       |
| 7                                                                                                                                                               |                          |                          |                                  |                                                       |                                       |
| <b>Part IV</b> <b>Supplemental Information.</b> Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. |                          |                          |                                  |                                                       |                                       |

**Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.**

TLC works closely with our grant partners to review and monitor the use of our grants, through financial reporting of grant expenditures to each other.

2023

**Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.**

Continuation Page 1 of 1

Name of the organization

Employer identification number

Transgender Law Center

05-0544006

**Part II**  
**Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments.** (Schedule I (Form 990), Part II.)

[illegible]

**SCHEDULE J**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Compensation Information**

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

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

Attach to Form 990.

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

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**2023****Open to Public  
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Name of the organization

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

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |                                                                     |                                                                                     |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee          | <input checked="" type="checkbox"/> Written employment contract                     |
| <input 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:

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

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

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

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

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

Schedule J (Form 990) 2023

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

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

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

| (A) Name and Title                  | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred on prior Form 990 |
|-------------------------------------|--------------------------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|---------------------------------------------------------|
|                                     | (i) Base compensation                                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                         |
| Kris Hayashi                        | (i) 82,404.                                                        | (ii) 0.                             | (iii) 100,000.                      | (C) 1,000.                                     | (D) 12,400.             | (E) 195,804.                    | (F) 0.                                                  |
| 1 Executive Dir.                    | (ii) 0.                                                            | (ii) 0.                             | (iii) 0.                            | (C) 0.                                         | (D) 0.                  | (E) 0.                          | (F) 0.                                                  |
| Billie Chen, Finance/Oper.          | (i) 124,523.                                                       | (ii) 2,500.                         | (iii) 500.                          | (C) 3,592.                                     | (D) 20,381.             | (E) 151,496.                    | (F) 0.                                                  |
| 2 Director                          | (ii) 0.                                                            | (ii) 0.                             | (iii) 0.                            | (C) 0.                                         | (D) 0.                  | (E) 0.                          | (F) 0.                                                  |
| Shelby Chestnut                     | (i) 150,000.                                                       | (ii) 2,500.                         | (iii) 500.                          | (C) 4,500.                                     | (D) 9,332.              | (E) 166,832.                    | (F) 0.                                                  |
| 3 Executive Dir.                    | (ii) 0.                                                            | (ii) 0.                             | (iii) 0.                            | (C) 0.                                         | (D) 0.                  | (E) 0.                          | (F) 0.                                                  |
| Nolizwe Nondabula, BLMP Co-Director | (i) 147,840.                                                       | (ii) 7,063.                         | (iii) 8,898.                        | (C) 4,435.                                     | (D) 7,045.              | (E) 175,281.                    | (F) 0.                                                  |
| 4 Director                          | (ii) 0.                                                            | (ii) 0.                             | (iii) 0.                            | (C) 0.                                         | (D) 0.                  | (E) 0.                          | (F) 0.                                                  |
| Oluchi Omeoga, BLMP Co-Director     | (i) 143,993.                                                       | (ii) 6,910.                         | (iii) 7,528.                        | (C) 4,435.                                     | (D) 15,380.             | (E) 178,246.                    | (F) 0.                                                  |
| 5 Director                          | (ii) 0.                                                            | (ii) 0.                             | (iii) 0.                            | (C) 0.                                         | (D) 0.                  | (E) 0.                          | (F) 0.                                                  |
| Rose Berry, BLMP Co-Director        | (i) 147,427.                                                       | (ii) 6,697.                         | (iii) 7,295.                        | (C) 3,636.                                     | (D) 404.                | (E) 165,459.                    | (F) 0.                                                  |
| 6 Director                          | (ii) 0.                                                            | (ii) 0.                             | (iii) 0.                            | (C) 0.                                         | (D) 0.                  | (E) 0.                          | (F) 0.                                                  |
| 7                                   | (i) -----                                                          | (ii) -----                          | (iii) -----                         | (C) -----                                      | (D) -----               | (E) -----                       | (F) -----                                               |
| 8                                   | (i) -----                                                          | (ii) -----                          | (iii) -----                         | (C) -----                                      | (D) -----               | (E) -----                       | (F) -----                                               |
| 9                                   | (i) -----                                                          | (ii) -----                          | (iii) -----                         | (C) -----                                      | (D) -----               | (E) -----                       | (F) -----                                               |
| 10                                  | (i) -----                                                          | (ii) -----                          | (iii) -----                         | (C) -----                                      | (D) -----               | (E) -----                       | (F) -----                                               |
| 11                                  | (i) -----                                                          | (ii) -----                          | (iii) -----                         | (C) -----                                      | (D) -----               | (E) -----                       | (F) -----                                               |
| 12                                  | (i) -----                                                          | (ii) -----                          | (iii) -----                         | (C) -----                                      | (D) -----               | (E) -----                       | (F) -----                                               |
| 13                                  | (i) -----                                                          | (ii) -----                          | (iii) -----                         | (C) -----                                      | (D) -----               | (E) -----                       | (F) -----                                               |
| 14                                  | (i) -----                                                          | (ii) -----                          | (iii) -----                         | (C) -----                                      | (D) -----               | (E) -----                       | (F) -----                                               |
| 15                                  | (i) -----                                                          | (ii) -----                          | (iii) -----                         | (C) -----                                      | (D) -----               | (E) -----                       | (F) -----                                               |
| 16                                  | (i) -----                                                          | (ii) -----                          | (iii) -----                         | (C) -----                                      | (D) -----               | (E) -----                       | (F) -----                                               |

BAA

TEEA102L 07/03/23

Schedule J (Form 990) 2023

**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 4 - Received Severance, Supplemental NQ Retirement, Equity-Based Compensation**

Kris Hayashi received a \$100,000 severance.

**SCHEDULE O**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023****Open to Public  
Inspection**

Employer identification number

Transgender Law Center05-0544006**Form 990, Part III, Line 4d - Other Program Services Description**

BORDER BUTTERFLIES PROJECT: Border Butterflies Project provided legal information/services to 493 people in Mexico preparing to enter the U.S. During this time, 268 LGBTQ+ migrants were able to enter the U.S. (now mostly via the CBP One process), and benefited from an individual consultation with an attorney before entry. We assisted 20 program participants who were held in CBP custody or ICE detention. While we do not have capacity to represent every asylum seeker ourselves, we are currently preparing to represent 15 participants with particularly complex cases. We continue to provide assistance as needed to hundreds of program participants in the U.S. who are filing their asylum cases or waiting to have their cases adjudicated. BBP continued to provide shelter in Tijuana to 80+ people at one time, although we are increasingly closer to normal full capacity than to the overflow into other partner shelters that we had in past years, since there are clear mechanisms that allow people to enter the U.S., in contrast to the period in which entry was only by humanitarian parole, if at all. Also many people now wait until they have a CBP One date to travel north to Tijuana. Jardin de las Mariposas served 168 individuals in the grant report. Casa Arcoiris estimates that 15-20 new participants received shelter each month. We also support two other shelters with their LGBTQ+ residents. We also provided food, medical and mental health care, and community. In the U.S., BBP participants have continued to benefit from support in connecting with local social services and communities; as well as ongoing support with legal matters, including change of venue or other paperwork, work permits, assistance with completing asylum applications, and the availability of an attorney by phone on hearing dates. Some participants appreciate regular connection, while others only need occasional legal assistance. We have three tiers of legal support.

The first is a consultation from a US attorney prior to crossing and detention

|                          |                                |
|--------------------------|--------------------------------|
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**Form 990, Part III, Line 4d - Other Program Services Description**

support for those who need it, legal information where participants can call and get a call back within 72 hours, and lastly those for whom we provide direct legal support. One change we are currently in the process of implementing is assisting individuals who cross with a work permit within one month of crossing. A virtual community-building and leadership development group met monthly. In addition, U.S.-based collaborating organizations engaged participants who wished to be advocates in a variety of ways. BBP is also providing community connection and leadership development opportunities to participants who are interested. For example, anchor organization Familia: TQLM has launched a political education and membership campaign, Familia en el Sur traveling to 8 key southern states in the U.S. to organize around anti-trans legislation and has brought on former participants who live in cities such as Atlanta. We are also pleased to share stories of engagement from participant in California: F, a participant in the program, was first assisted in Mexico when she was given information about the shelter Jardin de las Mariposas, where she was given a place to stay. Afterwards, BBP helped her to prepare for applying for asylum in the U.S. After arriving in the U.S., BBP provided necessary information and support such as a cellphone, breakfast, transportation tickets, and a stipend so that she could get to her destination in Los Angeles. Later BBP directed her toward an organization that could help her navigate necessary services and housing, since migrants have to wait a significant time with limited resources while they are filing their cases and while their cases are pending. F has gone on to become a volunteer at this same organization that helped her. Z, a project participant, went to the United States and found herself in an abusive sponsor situation. We assisted her in getting to a friend in Los Angeles. However, once there she was still struggling. We supported her with some food, and connected her to some organizations that provide direct case management. We also are

|                          |                                |
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**Form 990, Part III, Line 4d - Other Program Services Description**

slowly building out a pro bono network willing to take on cases, and were able to successfully refer her to a law firm that took her case. Slowly but surely we were able to support her to connect with legal and social resources. However, Z was still very prone to deep depression due the trauma she endured. Moreover, she had been forced to leave four children behind in Honduras. We have made a referral to a few organizations that may be able to assist with family reunification. In a small, but meaningful, gesture our case manager knew that she was feeling particularly sad around her birthday. We supported another asylum seeker that she had lived at a shelter with in Tijuana, who also lives in LA, to get a BBP birthday cake and dinner to Z. The gesture meant a lot to her, and our staff. In addition, in 2023, Familia: TQLM focused on base building efforts, leadership development, and organized with key local trans Latina community leaders in San Diego, Santa Ana, and San Francisco. One key partner in San Diego, Proyecto Trans Latina, is the first point of contact and services for a number of BBP's participants (LGBTQIA+ asylum seekers) arriving in the U.S. from Tijuana, Mexico. They have access to "a safe space where health resources and referral services are offered to individuals assisting the community the community by facilitating access or reengagement to Healthcare, education, and prevention, advocacy, counseling, social activities, and events"

(<https://www.transjusticefundingproject.org/grantees/proyecto-trans-latina/>).

Partners in Southern California provide mutual aid, organizing support, and a hub connecting folks to their final destination in other U.S. cities. In San Francisco, Familia co-hosted an event with El/La Para Translatinas to highlight resources and provide political education tools to trans and queer Latinx migrants in the Bay Area. Leadership at these organizations regularly advise Familia: TQLM on how to engage local communities. In summer 2023, Familia: TQLM Co-Executive Director Jennicet Gutierrez convened with queer and trans rights groups and organizers in

|                          |                                |
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**Form 990, Part III, Line 4d - Other Program Services Description**

Mexico City and Guadalajara, strategizing, organizing, and building relationships with organizations who are providing humanitarian and other support to trans, queer, and non-binary asylum seekers traveling through Mexico. We believe it is imperative to connect folks with services earlier in their journey to address access to legal and humanitarian aid before they reach BBP offices in Tijuana.

COMMUNICATIONS - We secured a significant grant from the Ford Foundation to launch the Trans Agenda Narrative Lab, a project that will be build messaging and communications capacity of grassroots trans groups and allies in hard-hit states by supporting Communications Fellows within these groups - many of which have limited or no communications staffing - and engaging in intersectional, cross-movement communications work.

DISABILITY JUSTICE PROJECT: The LGBTQIA+ Disability Project launched its unprecedented Disabled & Deaf Trans People's Survey in September. The survey's extensive promotion helped to secure more than 1,000 responses. Promotion included preparatory outreach beginning in mid-February 2023 on social media (continuing 1-3 times per week); 5 eblasts enabling list-building; outreach to 35 listserves and 90 celebrities/influencers/organizations; and creation of 3 toolkits for community promotion. The project benefited from the support of aligned sponsor organizations reaching key communities: the Autistic Women Nonbinary Network, National Queer and Trans Therapists of Color, Sins Invalid, and Trans Justice Funding Project. We also promoted the survey at multiple key events, gatherings, and venues, including Creating Change in San Francisco; the Open Society All Fellows Alumni Gathering in San Antonio; the Black Trans Circles National Gathering in Atlanta; the Trans Agenda for Liberation Gathering in Houston; and Gallaudet University in Washington, DC.

|                          |                                |
|--------------------------|--------------------------------|
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**Form 990, Part III, Line 4d - Other Program Services Description**

During the grant period, we continued to provide resources for a local support project in Chicago providing packages of masks to BIPOC trans/queer disabled and chronically ill people and their careers. The project has distributed more than 20,000 masks to community members who still need to take precautions.

TRUTH/Gender Justice Leadership Project - Gender Justice Leadership Programs provided virtual leadership development for 15 trans youth leaders across the country via TRUTH, our national youth leadership program, and further developed Roses, our leadership initiative for trans girls of color. Our ongoing partnership with the National Queer & Trans Therapist of Color Network enabled us to provide individual coaching, safety planning, and a healing justice curriculum. In August 2023, we hosted our National Gathering in Washington, DC and got to hear from our partners across the country about the effects of anti-LGBTQ legislation and the impacts on organizing youth within GSA Clubs. TRUTH, Roses, National Youth Council, and Two-Spirit Initiative have combined this year in a collective council known as the Trans Queer Two-Spirit (TQ2S+) Youth Council. The council runs from September 2023 to June 2024 and has onboarded 11 youth leaders nationwide. We organized a working group of youth from the council to support GSA Day 4 Gender Justice in November 2023. For GSA Day 4 Gender Justice, our youth leaders brought forward three calls to action. This zine (<https://ourtranstruth.org/gsaday4gj-zine-2023/>) is a resource for GSA clubs and TQ2S+ Youth to engage in education and discussion about decolonization and reparations for all Indigenous and Black peoples. We mailed out stickers and our zines (Trans Joy Zine and Back 2 School Zines) to over 510 GSA Clubs nationwide. This Transgender Day of Remembrance, our GJLP organizers supported in creating a zine (<https://ourtranstruth.org/tdor-2023/>) sharing the history of TDOR, listing out the names of our trans/nonbinary siblings we have lost this year

|                          |                                |
|--------------------------|--------------------------------|
| Name of the organization | Employer identification number |
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**Form 990, Part III, Line 4d - Other Program Services Description**

because of anti-trans violence, how to hold space, discussing questions and hearing from our youth directly. We have resumed our Water the Roses space bringing together trans and nonbinary femmes of color together.

POSITIVELY TRANS: Positively Trans (T+) maintained our national virtual network of about 160 trans people living with HIV. We are thrilled that Tiommi Luckett, who leads this program for TLC, was sworn into the Presidential Advisory Council on HIV/AIDS (PACHA). We successfully recruited more trans men to join the Steering Committee, bringing the total to 6. We are laying the groundwork for a T+ transmasculine needs assessment survey, to better address the experiences and needs of this subset of our community, and sponsored two Black trans men to attend the Black Trans Advocacy Coalition (BTAC) gathering to build networks and connections. T+ served on the Executive Committee for planning HIV Is Not A Crime 5 (HINAC5), had a strong delegation at the June conference, and developed and led the Trans Institute there - bringing diverse community members from around the world together and sharing information on challenges and responses. We are proud that this was the largest gathering of trans and gender diverse community members in attendance ever at HINAC and created a listserve to maintain these connections and share resources. In 2023, T+ completed listening sessions with trans people living with HIV and with providers on the efficacy of telehealth during the age of COVID on HIV- and trans-related healthcare. We are preparing for the release of the resulting report.

BLACK TRANS CIRCLES: Black Trans Circles sustained its active New Orleans and Texas cohorts. In October, BTC organized a national training in Atlanta, with 24 participants from the South and Midwest, including from Alabama, Georgia, Illinois, Louisiana, Michigan, Mississippi, and Texas. The training curriculum addressed

|                          |                                |
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**Form 990, Part III, Line 4d - Other Program Services Description**

political education, media and communication, and professional development, within a healing justice framework. Eight participants filmed short vignettes, building on the storytelling and media training. A new cohort of the Fierce Freedom School for Black Trans women/femmes was also organized in collaboration with the Black LGBTQIA+ Migrant Project (BLMP). In May 2023, we hosted a gathering of seven graduates of the program to evaluate the impact of FFS programs on their external work. Subsequently, the decision was announced to open the program up to Black trans people of all genders going forward. It will now be called the "Fierce & Free Program."

GENDER JUSTICE LEADERSHIP PROGRAM/TRUTH: With GSA Network, we provided virtual leadership development for 15 trans youth leaders across the country via TRUTH and further developed Roses, our new leadership initiative for trans girls of color, which includes a leadership group of 5 girls as well as monthly virtual social gatherings to engage and build supportive networks for a wider group of trans girls of color. Especially in the current environment, we have continued to work in partnership with the National Queer and Trans Therapists of Color Network to implement a healing justice curriculum and provide support to youth leaders. In 2022, we began a new program TransTrustFunds, a partnership with Brown Boi Project to teach trans youth leaders about financial literacy. We continued to organize regular virtual leadership trainings and gatherings, and in June organized our second No PRIDE Without Trans Youth, so we could hear from our youth leaders about what they learned in the 2022 legislative session. Our November 2022 Day 4 Gender Justice Campaign included creating materials that were shared with 775 youth clubs nationwide.

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**Form 990, Part VI, Line 11b - Form 990 Review Process**

The Board reviews an electronic copy of the 990 after it has been reviewed by the Executive Director and Treasurer with the preparer. Each member of the Board is provided with an electronic copy of the draft 990 document, before it is filed.

**Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts**

Each member of the Board is required to execute a conflict of interest statement upon joining the Board and annually thereafter. Conflicts of interest are reviewed by board members unrelated to the conflict, and members with conflicts of interest are required to recuse themselves from board decisions that involve these conflicts of interest.

**Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management**

The Executive Director's salary review is based on a survey of regional and industry comparable salaries, as benchmarked by nonprofit compensation studies, and approved by a committee of the Board. This process was last conducted in 2023.

**Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees**

Annual salary reviews of other officers and key employees are based on survey of regional and industry comparable salaries, as benchmarked by nonprofit compensation studies. This process was last conducted in 2023.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

The Organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request.

**Form 990, Part IX, Line 11g  
Other Fees For Services**

|                                | (A)<br>Total | (B)<br>Program<br>Services | (C)<br>Management<br>& General | (D)<br>Fund-<br>raising |
|--------------------------------|--------------|----------------------------|--------------------------------|-------------------------|
| BLMP and border consultants    | 381,154.     | 381,154.                   |                                |                         |
| Disability project consultants | 83,899.      | 83,899.                    |                                |                         |
| Event production services      | 107,861.     |                            |                                | 107,861.                |
| Legal program consultants      | 53,067.      | 53,067.                    |                                |                         |
| Organizational consultants     | 272,862.     | 178,160.                   | 54,031.                        | 40,671.                 |

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**Form 990, Part IX, Line 11g (continued)**  
**Other Fees For Services**

|                          | (A)<br>Total         | (B)<br>Program<br>Services | (C)<br>Management<br>& General | (D)<br>Fund-<br>raising |
|--------------------------|----------------------|----------------------------|--------------------------------|-------------------------|
| Other contractors        | 709,844.             | 667,627.                   | 36,485.                        | 5,732.                  |
| Stipends and fellowships | 289,656.             | 289,656.                   |                                |                         |
| <b>Total</b>             | <b>\$ 1,898,343.</b> | <b>\$ 1,653,563.</b>       | <b>\$ 90,516.</b>              | <b>\$ 154,264.</b>      |

**Form 990, Part III, Line 4a - Program Service Accomplishments**

(Black LGBTQIA+ Migrant Project; Cont'd from Page 2) Continued to engage members of the Garifuna AfroLatinx community across the country with virtual and in-person programming, including bi-weekly Trans Talks, growing our Garifuna Committee to 80+ members, including increased engagement in the Pacific Northwest. This program meets critical needs for an underserved and invisibilized part of our community. Graduated second Malaika Network deportation defense training and leadership program cohort and launched third cohort. Malaika Network members build skills and leadership to carry out critical aspects of our deportation defense and post-release support work. Supported deportation defense campaigns supporting migrants in California, Colorado, Florida, Louisiana, Minnesota, Pennsylvania, and South Dakota. We were especially pleased that our efforts helped to secure the release of 12 LGBTQ Jamaican migrants who were detained at the Otay Mesa Detention Center in California. We also provided post-detention support. Became the third anchor organization of the Border Butterfly Project which seeks to support LGBTQIA+ migrants at the US-Mexico border and organize bi-nationally to support asylum seekers. BBP is a unique and unprecedented support resource for LGBTQ+ migrants preparing to enter, entering, and after entering the U.S. to seek asylum, assisting 700+ migrants a year, with significant presence of migrants from Jamaica and Haiti. Began developing a Black migrant ecosystem, rooted in deep relationship building among politically aligned community members, leaders, and organizations in Texas. The initial host-partners with whom we have been meeting this year are ACLU-Texas; Texas Organizing Project; Black Alliance

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for Just Immigration (BAJI); Haitian Bridge Alliance; We Dream in Black (WeDIB); and Justice for All Immigrants. This collaborative ecosystem will be ready to mobilize rapid response organizing, resource sharing, and service delivery which will address the power-building needs of Black migrant communities across Texas.

**Form 990, Part III, Line 4b - Program Service Accomplishments**

(Policy and Organizing; Cont'd from Page 2) And we know of reproductive justice groups in the South that have made the TA4L a part of their organizing curriculum in the post-Roe v Wade world. We know that our work is reaching communities across sectors, giving them the tools and inspiration they need to keep fighting. In response to the continuously escalating backlash targeting trans people, and especially trans youth, TLC has played a critical national support, coordination, and convening role, working with groups on the ground in states where the attacks are centered, especially in the South and the Midwest. Attacks on access to transition-related care place trans people, their families/caregivers, and their medical providers in impossible positions and undermine access to all kinds of care, including preventive healthcare, testing, and treatment for HIV. TLC has sustained the Trans State Leaders Group, which is now meeting monthly to continue to inform TLC on the state and local policy developments and members' active efforts to combat anti-trans legislation. Members of the Trans State Leaders were trained on our Race, Gender, and Class Narrative (RCGN) messaging framework, an evidence-based framework, and had positive feedback about its usefulness in their work. TLC hired an experienced attorney to help organize a loose criminal defense attorney network in Alabama, with the hope that this model can be replicated in other states where criminalization of access to/provision of healthcare is on the table. We partnered with If/When/How's Repro Legal Defense Fund to develop the Trans Health Legal Fund, which can provide economic resources and support for people facing investigation, arrest, or prosecution for seeking gender-affirming healthcare. This fund launched

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publicly in early March 2023.

**Form 990, Part III, Line 4c - Program Service Accomplishments**

(Legal Program; Cont'd from page 2) We also found that the incident had been caught on tape, and that the violence had erupted when her trafficker attacked her for not seeing a client he wanted her to see - and was clearly self-defense. With this new information, B's primary defense attorney secured an adjournment. We took the unusual step of co-counseling this case, leveraging the fact that our legal director is a recognized expert on human trafficking. Originally, the state's best plea offer was for B to plead guilty to a manslaughter charge, go to prison, and immediately begin requesting parole. We helped to prepare the primary defense attorney for a meeting with the Chief Deputy District Attorney in mid-2022, and subsequently, the offer changed to pleading to a manslaughter charge and be sentenced to time-served. In early 2023, TLC's legal director met directly with the District Attorney. At the end of that meeting, he agreed to drop all charges and the arrest was eventually expunged from her record. It is critical to elevate cases like this so that trans survivors of violence are not victimized again if they defend themselves. Prisons: TLC sustained our class action suit on behalf of all incarcerated trans women in Colorado (Raven v. Polis). Having won key preliminary decisions, we engaged in discovery, closely coordinating with co-counsel around the thousands of pages of documentation that have resulted. Via an emergency hearing request, we stopped the Colorado Attorney General's office from seeking to interview trans women in custody (our clients) without us present. We also moved to intervene in Chandler v. CDCR, a case designed to undermine recent prison reforms in California that better protect trans prisoners. The challenge to this law is full of false and harmful tropes framing trans women as a danger to cisgender women. In August 2023, the district court granted our motion to intervene. The court found that the trans intervenors "bring a unique and vital perspective as they alone can attest to the realities of

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being an incarcerated TGI person," and that "the intervenors can provide a necessary element to the litigation that the existing parties cannot." Wrongful Death of Roxsana Hernandez: TLC sustained and advanced litigation (Youngers v. MTC et al.) in our efforts to hold the United States and ICE contractors responsible for the wrongful death of trans Honduran migrant Roxsana Hernandez. This case includes 21 counts for violations of 504 of the Rehabilitation Act, state-based negligence claims, negligence per se claims, negligent hiring, retention, training and supervision claims, and intentional infliction of emotional distress, Unruh and Bane Act claims. Defendants have continued to delay complying with the Court's orders to compel discovery. The Court set new case deadlines, including a date certain by which all outstanding discovery as ordered must be produced. In that order, the judge made clear that she will not allow further delay absent extenuating circumstances. Challenging TX Healthcare Ban - Initial Victory: In July 2023, Lambda Legal, ACLU of Texas, ACLU, and TLC filed suit to block the new Texas ban on healthcare for trans youth, representing five Texas families, three medical professionals, and two organizations representing hundreds of families and health professionals across Texas. The ban threatens the wellbeing of the 29,800 trans youth ages 13-17 in Texas. We won a temporary injunction on August 25, 2023, but the case was appealed to the Texas Supreme Court, which, by an anti-plaintiff quirk in Texas law, meant that the injunction was immediately stayed and the law went into effect. We are awaiting a final ruling from the Texas Supreme Court after presenting arguments in January 2024. HIV Criminalization: TLC and the ACLU Racial Justice Project and LGBTQ & HIV project recently filed a case using the Americans with Disabilities Act to invalidate a Tennessee law that criminalizes HIV. Tennessee's Aggravated Prostitution statute makes it a felony for someone living with HIV to engage in or solicit sex work, which the law defines so broadly that even talking to an undercover officer in certain areas can result in arrest -

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particularly for Black trans women. An Aggravated Prostitution conviction requires registration as a violent sexual offender in Tennessee, which has devastating impacts on people's ability to obtain employment and housing and see family and friends, while the general prostitution statute is a misdemeanor with no registry requirement. This case is challenging the law statewide but will particularly focus on Memphis and the surrounding area, as research has shown that the law is being enforced particularly harshly there, especially against Black trans and cis women.

Legal Services: Our free, national Helpdesk responded to 1,229 requests for assistance in 2023, and our Prison Mail Program has responded to 710 requests in that same period.

Tax Year 2023 E-file Confirmation

Firm Name: Cook & Company, A Prof Actcy Corporation November 15, 2024

Taxpayer Name: Transgender Law Center

Filing: Federal 990/990-PF  
ID Number: 9481662024320001f1x5  
E-file Status: Accepted  
Date: Nov 15 2024 14:51:11 PST

Filing: California 199  
ID Number:  
E-file Status: Not Sent  
Date:

Filing: Federal Extension  
ID Number: 94816620240780a7tzsz  
E-file Status: Accepted  
Date: Mar 18 2024 16:01:20 PDT