Form 990

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047

Open to Public Inspection

For the 2020 calendar year, or tax year beginning , 2020, and ending . 20 Check if applicable: D Employer identification number Address change Transgender Law Center 05-0544006 PO BOX 70976 Telephone number Name change Oakland, CA 94612 510-587-9696 Initial return Final return/terminated Amended return **G** Gross receipts \$ 19,109,280. F Name and address of principal officer: Kris Hayashi H(a) Is this a group return for subordinates? Application pending **H(b)** Are all subordinates included? If "No," attach a list. See instructions Same As C Above Yes No Tax-exempt status: 4947(a)(1) or 527 X 501(c)(3) 501(c) () ◀ (insert no.) Website: ► www.transgenderlawcenter.org H(c) Group exemption number Form of organization: 2005 M State of legal domicile: CA X Corporation Trust L Year of formation: Summary Briefly describe the organization's mission or most significant activities: 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. Check this box • if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... Number of independent voting members of the governing body (Part VI, line 1b)..... 13 41 Total number of volunteers (estimate if necessary)..... 6 20 7a Total unrelated business revenue from Part VIII, column (C), line 12..... 0. **b** Net unrelated business taxable income from Form 990-T, Part I, line 11..... 0. **Prior Year Current Year** 18,998,636. Contributions and grants (Part VIII, line 1h)..... 5,668,444 Program service revenue (Part VIII, line 2g)..... 32,926 41,549. 10 47,718. Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 49,010 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 -2,01613,960. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 12 ,748,364 101,863. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 117,144 121,600. Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,420,578 3,136,484. **16a** Professional fundraising fees (Part IX, column (A), line 11e)..... 59,198. 45,544. **b** Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 2,618,517. 2,273,722. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 5,201,783 5,591,004. Revenue less expenses. Subtract line 18 from line 12..... 546,581. 13,510,859. **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16)..... 19,139,780. 5,060,191. 21 Total liabilities (Part X, line 26)..... 584,608. 1,124,043. Net assets or fund balances. Subtract line 21 from line 20..... 22 4,475,583. 18,015,737. 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. Signature of officer Sign Here Kris Hayashi Executive Director Type or print name and title Print/Type preparer's name Check 11/15/21 **Paid** Douglas E. Cook, CPA/MPA self-employed P01521705 Preparer Cook & Company, A Prof Actncy. Corp Use Only Firm's address 388 Market Street, Suite 1300 Firm's EIN ► 47-2626541 Phone no. 415-621-1112 San Francisco, CA 94111

No

X Yes

| 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 | - | y describe the organization's mission: | |
| | | nsgender Law Center "TLC" changes law, policy and attitudes so that all people | |
| | <u>live</u> | e safely, authentically, and free from discrimination regardless of their gende | rr |
| | ider | ntity or expression. | |
| | | | |
| | | e organization undertake any significant program services during the year which were not listed on the prior See Schedule 0 Very 1 | |
| | | Δ 163 A | No |
| | | s," describe these new services on Schedule O. | |
| | | e organization cease conducting, or make significant changes in how it conducts, any program services? | No |
| | | s," describe these changes on Schedule O. | |
| 4 | Descri | ibe the organization's program service accomplishments for each of its three largest program services, as measured by expension $\frac{1}{2}$ and $\frac{1}{2}$ $$ | ises. |
| | and re | on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expensive evenue, if any, for each program service reported. | 303, |
| | | | |
| 4 a | (Code | e:) (Expenses \$ 1,205,914. including grants of \$) (Revenue \$ 11,9 | 10.) |
| | POL | ICY & ORGANIZING: The past year has been unusual and challenging in many ways, | |
| | | adapted to meet the challenges of COVID-19, the uprisings for Black lives, and | |
| | | sions of a particularly vitriolic election year. We closed our offices and | |
| | | vided supplies and resources for staff to work from home; cancelled in-person | |
| | | herings and staff travel, instituted regular community calls | |
| | | tps://transgenderlawcenter.org/resources/covid19); released a guide on life | |
| | | nning documents for TGNC communities; advocated for trans inclusion in relief a | ind |
| | | ual aid programs; and doubled down on work to support the release of vulnerable | |
| | | ns people from prison and immigration detention. (Cont'd at Schedule O) | |
| | | | |
| | | | |
| | | | |
| 4 b | (Code | :) (Expenses \$ 813,025. including grants of \$) (Revenue \$ |) |
| | BLAC | CK LGBTQIA+ MIGRANT PROJECT: "Free Sza Sza" Campaign - BLMP advocated successfu | <u></u> |
| | | behalf of a 52-year-old Jamaican trans woman in immigration detention. Sza Sza | |
| | | eased from detention in late 2020. We also worked to secure the release of over | |
| | | er detainees, and launched the first cohort of our Malaika Network of community | |
| | | bers with experience in immigration detention who receive training to support | |
| | | ortation defense and assist Black LGBTQ+ migrants post-release from detention. | |
| | | P served as a plaintiff in Immigration Equality et al. v. U.S. Department of | |
| | | eland Security, challenging the Trump administration's policies to essentially | |
| | | minate asylum. (Cont'd at Schedule O) | |
| | | | |
| | | | |
| | | | |
| 4 c | (Code | e:) (Expenses \$ 748,346. including grants of \$) (Revenue \$ 29,6 | 39.) |
| | LEGA | AL PROGRAM: Immigration and Detention: In our impact litigation regarding | |
| | | igration, TLC successfully supported Chin, a trans immigrant and survivor of | |
| | | fficking who had been held in solitary confinement for long stretches of time. | |
| | | n was subject to deportation because of having more than one misdemeanor | |
| | | viction. Although the process was complex, TLC was able to have one of the | |
| | | victions vacated because it was tied to Chin being a survivor of trafficking. A | ıs a |
| | | ult, Chin was no longer deportable, and the immigration case was terminated. Wh | |
| | | initially dragged its feet on releasing him from detention, our advocacy | |
| | | vailed and we were thrilled when Chin was at last released from detention and a | ble |
| | | return to his family. We are also able to build on this success in other | |
| | | igration cases. (Cont'd at Schedule O) | |
| | | | |
| 4 d | Other | program services (Describe on Schedule O.) See Schedule O | |
| | (Expe | | |
| 10 | Total | program service expenses > // 108 308 | |

Form 990 (2020) Transgender Law Center Part IV Checklist of Required Schedules

| | | | Yes | No |
|------|---|------|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors See instructions? | 2 | 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 | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II | 4 | Х | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III | 5 | | Х |
| 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 | 6 | | Х |
| 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 | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. | 8 | | Х |
| 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. | 9 | | Х |
| 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 | 10 | | Х |
| 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 | a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i> | 11 a | Х | |
| t | 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. | 11 b | | Х |
| 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 | 11 c | | Х |
| c | 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. | 11 d | | Х |
| 6 | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | Х | |
| 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 | 11 f | | Х |
| 12 a | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII | 12a | | Х |
| t | Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | Χ |
| 14 a | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Х | |
| ŀ | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV | 14b | Х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV. | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions. | 17 | Х | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. | 18 | 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. | 19 | | Х |
| 20a | Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20a | | Х |
| b | If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II. | 21 | Х | |

Form 990 (2020) Transgender Law Center Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|---|-----|-------|------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i> | 23 | | Х |
| 24 | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a | 24a | | Х |
| | b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| | d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 | a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I | 25a | | Х |
| | 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? If 'Yes,' complete Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i> | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III. | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| | a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV | 28a | | Х |
| | b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV | 28b | | Х |
| | c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes, complete Schedule L, Part IV. | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i> | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1. | 34 | | X |
| 35 | a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i> | 37 | | Х |
| 38 | Note: All Form 990 filers are required to complete Schedule O. | 38 | Х | |
| Pa | rt 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 |
| 1 | a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | 162 | NO |
| | b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | X | |
| BAA | | | 990 (| 2020 |

Form 990 (2020) Transgender Law Center Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | | Yes | No |
|-----|--|------|-----|----|
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 41 | | | |
| Ł | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2 b | Χ | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3 a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3 a | | Х |
| Ł | lf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i> | 3 b | | |
| 4 a | 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)? | 4 a | | Х |
| t | olf 'Yes,' enter the name of the foreign country► | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5 a | | Х |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | | Х |
| | : If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5 c | | |
| | 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? | 6 a | | Х |
| | olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and | 7. | X | |
| L | services provided to the payor? | 7 a | X | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file | / D | Λ | |
| (| Form 8282? | 7 c | | Х |
| c | If 'Yes,' indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 e | | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | Х |
| ç | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 g | | |
| ł | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7 h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring | , | | |
| | organization have excess business holdings at any time during the year? | 8 | | |
| | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9 a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9 b | | |
| | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b | | | |
| | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders | | | |
| | OGross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | of f 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | 12 - | | |
| ā | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| L | , i | | | |
| | Denter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | 14a | | X |
| | b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O | 14a | | Λ |
| | | 140 | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | 15 | | Х |
| 10 | | 16 | | Х |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O. | 16 | | ^ |

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 13 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** Enter the number of voting members included on line 1a, above, who are independent.... 13 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Χ 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? See Sch 0 Χ 4 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... 6 Χ 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... 8 a X X **b** Each committee with authority to act on behalf of the governing body?..... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?.......... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ... See .Schedule .0 Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ **14** Did the organization have a written document retention and destruction policy?..... Χ 14 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? a The organization's CEO, Executive Director, or top management official.. See . Schedule.. 0...... X 15 a 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16 a X **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?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > CA 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 X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

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

| Form 990 (2020) | Transgender | Law | Center |
|-----------------|-------------|-----|--------|
| | | | |

05-0544006

Page 7

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See 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.

| | | | (C) | | | | | | | |
|--|---|--------------------------------|---|---------|--|--|--------------------------------------|-----------------|-----------------|---|
| (A) Name and title | (B) Average hours per | thar | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other | | | |
| | week (list any hours for related organiza- tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) Lynly Egyes | 40 | | | | | | | | | |
| Legal Director | 0 | | | | | Χ | | 105,507. | 0. | 12,698. |
| _(2) Kris Hayashi | 40 | | | | | | | | | |
| Executive Dir. | 0 | | | X | | | | 107,375. | 0. | 10,488. |
| (3) Shelby Chestnut | 0 | | | | | | | 100.061 | • | 0.600 |
| Policy/Org. Dir. | 0 | | | | | Х | | 107,861. | 0. | 8,628. |
| | $-\frac{40}{0}$ | | | Х | | | | 101,960. | 0. | 11,754. |
| (5) Bran Fenner | 0 | | | Λ | | | | 101,900. | 0. | 11,754. |
| People/Org. Dir. | 0 - | | | | | Х | | 106,833. | 0. | 2,828. |
| (6) Min Matson, Board Chair & | 2 | | | | | 21 | | 100,033. | 0. | 2,020. |
| Director | 0 | Х | | Х | | | | 0. | 0. | 0. |
| (7) Evelyn Rios, Board Vice Ch. & Director | 20 | Х | | Х | | | | 0. | 0. | 0. |
| (8) Cori Parrish, Treas. & Director | 2 | Х | | Х | | | | 0. | 0. | 0. |
| (9) Morgan Darby, Secretary & Director | 2 | Х | | Х | | | | 0. | 0. | 0. |
| (10) Mat dos Santos | 2 | Λ | | Λ | | | | 0. | 0. | 0. |
| Director | 0 | Х | | | | | | 0. | 0. | 0. |
| (11) Chinyere Ezie | 2 | | | | | | | | | |
| Director | 0 | Χ | | | | | | 0. | 0. | 0. |
| (12) Theresa Witherspoon | 2 | | | | | | | | | |
| Director | 0 | Χ | | | | | | 0. | 0. | 0. |
| (13) Brielle Darynn | 2 | | | | | | | | | |
| Director | 0 | Χ | | | | | | 0. | 0. | 0. |
| (14) Trystan Reese | 2 | | | | | | | | | |
| Director | 0 | Χ | | | | | | 0. | 0. | 0. |
| PAA | TEEAO | 1071 | 10/0- | 7/00 | | | | | | Form 990 (2020) |

| Part VII Section A. Officers, Directors, Tru | | Key | Em | _ | | es, | and | d Highest Com | pensated Emp | oyees | (contii | nued) |
|--|------------------------|----------------------------------|----------------------|----------------|----------------------|---------------------------------|--------------|-------------------------------------|--|---------|------------------------|-------|
| | (B) | | | (C | • | | | | | | | |
| (A) | Average | (do | not cl | Pos heck | more | than | one | (D) | (E) | | (F) | |
| Name and title | hours per | offic | , unies cer an | ss pe d a d | erson directo | is both or/trus | n an tee) | Reportable compensation from | Reportable compensation from | Estim | ated amo | ount |
| | week (list any | 역 코 | IJ. | Q | ξe | en E | 급 | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compe | nsation t | |
| | hours for | ndividual trustee or director | it | Officer | Key employee | ples Ses | Former | , | , | an | rganizati d related | t |
| | related organiza | Sp Sp | iona | ~ | npla | ree (co | ¥ | | | org | anization | iS |
| | - tions below | trus | <u></u> | |)yee | mpe | | | | | | |
| | dotted line) | 66 | nstitutional trustee | | | Highest compensated employee | | | | | | |
| | | | 1 | | | 8 | | | | | | |
| (15) Louis Porter II | 2 | | | | | | | | | | | |
| Director | 0 | Х | | | | | | 0. | 0. | | | 0. |
| (16) Sunu Chandy | 2 | | | | | | | | | | | |
| Director | 0 | Х | | | | | | 0. | 0. | | | 0. |
| (17) Alan Francisco-Tipgos | 2 | | | | | | | | | | | |
| Director | 0 | Х | | | | | | 0. | 0. | | | 0. |
| (18) Melanie Rowen | 2 | | | | | | | | | | | |
| Director | 0 | Х | | | | | | 0. | 0. | | | 0. |
| (19) | | | | | | | | 0. | | | | |
| | | - | | | | | | | | | | |
| (20) | | | | | | | | | | | | |
| | | • | | | | | | | | | | |
| (21) | | | | | | | | | | | | |
| | | - | | | | | | | | | | |
| (22) | | | | | | | | | | | | |
| | | • | | | | | | | | | | |
| (23) | | | | | | | | | | | | |
| | | • | | | | | | | | | | |
| (24) | | | | | | | | | | | | |
| | | - | | | | | | | | | | |
| (25) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1 b Subtotal | | | | | | | > | 529,536. | 0. | | 46,3 | 396. |
| c Total from continuation sheets to Part VII, Section | on A | | | | | | • | 0. | 0. | | | 0. |
| d Total (add lines 1b and 1c). | | | | | | | • | 529,536. | 0. | | 46,3 | 396. |
| 2 Total number of individuals (including but not limited | to those I | isted | abov | /e) v | vho | recei | ved | more than \$100,00 | 0 of reportable comp | ensatio | n | |
| from the organization > 5 | | | | | | | | | | | | |
| | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, direct | tor, truste | e, ke | ey er | nplo | oyee | e, or | high | nest compensated | employee | | | |
| on line 1a? If 'Yes,' complete Schedule J for suc | h individu | al | | | | | | | | . 3 | | X |
| 4 For any individual listed on line 1a, is the sum of | reportab | le co | mpe | nsa | tion | and | oth | er compensation | from | | | |
| the organization and related organizations greate such individual | | | | | | | | | | 4 | | X |
| | | | | | | | | | | | | |
| 5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes | e compen s.' comple | isatic te So | n tro | om a ule | any <i>J fo</i> . | unre <i>r suc</i> | iate ch p | ed organization or erson | ındıviduai | . 5 | | X |
| Section B. Independent Contractors | , , | | | | | | - | | | | <u> </u> | |
| 1 Complete this table for your five highest compens | sated inde | epen | dent | cor | ntrac | ctors | tha | t received more th | nan \$100,000 of | | | |
| compensation from the organization. Report compen | | the c | alend | dar y | year | endi | ng v | i | | | | |
| (A) Name and business addi | ress | | | | | | | (B) Description of | of services | Compe | C) Insatio | ın |
| Traine and business dadi | | | | | | | | Bescription | 71 Sel Vices | Oompo | insulio | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2. Total number of independent contractors (incl. P. 1) | ا المصاري | ا له ۱۵ | م الم | 00 1 | iot. | امد | \(c\ | who rocainadh | than | | | |
| 2 Total number of independent contractors (including b | | nea to | ว เทิง | se II | istec | abo | ve) | wno received more | uiafi | | | |
| \$100,000 of compensation from the organization | · U | | | | | | | | | | | |

| | | Check if Schedule O contains a respons | ise or note to any | line in this Part VI | III | | |
|--|---|--|----------------------------------|-----------------------------|--|--|--|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | b c d e f | Noncash contributions included in lines 1a-1f | 125,883. 8,872,753. 6,228. | | | | |
| <u>ਨੂੰ ਵ</u> | h | Total. Add lines 1a-1f | | 18,998,636. | | | |
| nue | 2- | | Business Code | 00.500 | 00.600 | | |
| eve | | | 00099 | 29,639. | 29,639. | | |
| ЭЕН | b | | 00099 | 11,910. | 11,910. | | |
| ervic | d | | | | | | |
| n Se | e | | | | | | |
| Program Service Revenue | f | All other program service revenue | | | | | |
| Pro | g | Total. Add lines 2a-2f | | 41,549. | | | |
| | 3 | Investment income (including dividends, interother similar amounts) | | 47,718. | | | 47,718. |
| | 5 | Royalties | · | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents 6a | | | | | |
| | b | Less: rental expenses 6b | | | | | |
| | | Rental income or (loss) 6c | | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7 a Gross amount from (i) Securities (ii) Other | | | | | | |
| | | sales of assets other than inventory | | | | | |
| | b | Less: cost or other basis and sales expenses 7b | | | | | |
| | c | Gain or (loss) 7c | | | | | |
| | | Net gain or (loss) | | | | | |
| enne | 8 a | Gross income from fundraising events (not including \$ 125,883. | | | | | |
| Other Revenu | | of contributions reported on line 1c). | | | | | |
| ır F | L- | See Part IV, line 18 8a Less: direct expenses 8b | - 415 | | | | |
| ıthe | | Net income or (loss) from fundraising eve | 7,417. | 7 417 | | | 7 417 |
| 0 | | Gross income from gaming activities. See Part IV, line 19 | , ma | -7,417. | | | -7,417. |
| | b | Less: direct expenses 9b | | | | | |
| | С | Net income or (loss) from gaming activities | es | | | | |
| | 10 a | Gross sales of inventory, less returns and allowances | | | | | |
| | | | | | | | |
| | | Less: cost of goods sold 10b | | | | | |
| | С | Net income or (loss) from sales of invento | Business Code | | | | |
| SING : | 11 a | Miscellaneous 90 | 00099 | 21,377. | | | 21,377. |
| scellaneo Revenue | b | minocertaneous | | 41,311. | | | <u> </u> |
| | c | | | | | | |
| Miscellaneous Revenue | - | All other revenue | | | | | |
| Σ | | Total. Add lines 11a-11d | | 21,377. | | | |
| | 12 | Total revenue. See instructions | | 19,101,863. | 41,549. | 0. | 61,678. |

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).

| Do I | not include amounts reported on lines | (A) Total expenses | (B) | (C) | (D) |
|----------|--|----------------------|--------------------------|---------------------------------|----------------------|
| 6b, | 7b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 121,600. | 121,600. | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 231,577. | 99,976. | 108,236. | 23,365. |
| 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 | | 2,425,362. | 1,910,327. | 210,598. | 304,437. |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 52,503. | 37,894. | 8,273. | 6,336. |
| 9 | Other employee benefits | 221,881. | 192,589. | 8,399. | 20,893. |
| 10 | Payroll taxes | 205,161. | 155,841. | 23,963. | 25,357. |
| | Fees for services (nonemployees): | | | | |
| | Management | | | | |
| | Legal | 70,240. | 41,440. | 28,800. | |
| | Accounting | 52,949. | 12,211. | 38,751. | 1,987. |
| | I Lobbying | EO 100 | | | FO 100 |
| | Investment management fees | 59,198. | | | 59,198. |
| | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| _ | (A) amount, list line 11g expenses on Schedule O.) | 547,830. | 483,162. | 53,509. | 11,159. |
| 13 | Advertising and promotion Office expenses | 275,355. | 40,134. | 12 725 | 235,221. |
| 14 | Information technology | 164,200. 187,397. | 133,632. 159,344. | 13,725. 12,556. | 16,843. 15,497. |
| 15 | Royalties. | 107,397. | 139,344. | 12,330. | 13,437. |
| 16 | Occupancy | 398,063. | 304,717. | 45,492. | 47,854. |
| 17 | Travel | 173,557. | 124,286. | 44,915. | 4,356. |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | =:0,001 | | | |
| 19 | Conferences, conventions, and meetings | 25,004. | 22,157. | 1,299. | 1,548. |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 40,754. | 30,957. | 4,760. | 5,037. |
| 23 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.). | 30,354. | 23,057. | 3,545. | 3,752. |
| a | Client costs | 104,396. | 104,396. | | |
| k | Miscellaneous | 75,626. | 69,845. | 3,575. | 2,206. |
| | Bank fees | 56,439. | 4,906. | 1,842. | 49,691. |
| | Other expenses | 39,595. | 12,484. | 87. | 27,024. |
| € | All other expenses | 31,963. | 23,443. | 3,359. | 5,161. |
| 25 | Total functional expenses. Add lines 1 through 24e | 5,591,004. | 4,108,398. | 615,684. | 866,922. |
| 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 ► ☐ if following SOP 98-2 (ASC 958-720) | | | | |

| | | Check if Schedule O contains a response or note to | any line | in this Part X | <u></u> | <u></u> | |
|----------------------------|------|---|--|----------------------------|---------------------------------|----------|---------------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 509,427. | 1 | 2,452,140. |
| | 2 | Savings and temporary cash investments | | _ | | 2 | |
| | 3 | Pledges and grants receivable, net | | | 1,292,690. | 3 | 5,152,681. |
| | 4 | Accounts receivable, net | | | | 4 | 1,871. |
| | 5 | Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe | er officer I contribu | , director, tor, or 35% | | 5 | |
| | _ | Loans and other receivables from other disqualified p | | H- | | J | |
| | 6 | section 4958(f)(1)), and persons described in section | | | 6 | | |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| ţ | 8 | Inventories for sale or use | | | | 8 | |
| Assets | 9 | Prepaid expenses and deferred charges | | | 160,098. | 9 | 171,097. |
| Ą | 10 a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10 a | 169,984. | | | |
| | b | Less: accumulated depreciation | 10 b | 101,245. | 87,000. | 10 c | 68,739. |
| | 11 | Investments — publicly traded securities | | | 3,010,976. | 11 | 11,293,252. |
| | 12 | Investments – other securities. See Part IV, line 11 | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11. | | | 13 | | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line | 33) | | 5,060,191. | 16 | 19,139,780. |
| | 17 | Accounts payable and accrued expenses | | 507,176. | 17 | 621,359. | |
| | 18 | Grants payable | | | , | 18 | • |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| es | 21 | Escrow or custodial account liability. Complete Part | | _ | | 21 | |
| Liabilities | 22 | Loans and other payables to any current or former of key employee, creator or founder, substantial contribution controlled entity or family member of any of these pe | ficer, dire utor, or 35 | ctor, trustee, 5% | | 22 | |
| コ | 23 | Secured mortgages and notes payable to unrelated the | | <u> </u> | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third | | _ | | 24 | 453,465. |
| | 25 | Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com | | | 77 422 | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | L | 77,432. 584,608. | 26 | 49,219. 1,124,043. |
| S | | Organizations that follow FASB ASC 958, check here | | X | 304,000. | | 1,124,045. |
| 8 | | and complete lines 27, 28, 32, and 33. | | 13 | | | |
| ā | 27 | Net assets without donor restrictions | | | 1,605,883. | 27 | 6,984,237. |
| B | 28 | Net assets with donor restrictions | | | 2,869,700. | 28 | 11,031,500. |
| Net Assets or Fund Balance | | Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33. | ck here | . 🗆 📗 | | | |
| ō | 29 | Capital stock or trust principal, or current funds | Capital stock or trust principal, or current funds | | | | |
| sts | 30 | Paid-in or capital surplus, or land, building, or equipm | <u> </u> | | 30 | | |
| SS | 31 | Retained earnings, endowment, accumulated income | | <u> </u> | | 31 | |
| t A | 32 | Total net assets or fund balances | | <u> </u> | 4,475,583. | 32 | 18,015,737. |
| ş | 33 | Total liabilities and net assets/fund balances | | | 5,060,191. | 33 | 19,139,780. |
| BA | A | | TEEA0111L | | ,, | | Form 990 (2020) |

BAA Form **990** (2020)

| Pa | rt XI Reconciliation of Net Assets | | | | | | | |
|--|---|----|----|---------------|----------|--|--|--|
| | Check if Schedule O contains a response or note to any line in this Part XI. | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 19 | ,101 | ,863. | | | |
| 2 | | | | | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 13 | ,510 | ,859. | | | |
| 4 | | | | | | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | ,295. | | | |
| 6 | Donated services and use of facilities | 6 | | | | | | |
| 7 | Investment expenses | 7 | | | | | | |
| 8 | Prior period adjustments | 8 | | | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O). | 9 | | | 0. | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 18 | ,015 | ,737. | | | |
| Part XII Financial Statements and Reporting | | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | 🔲 | | | |
| | | | | Ye | _, | | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | | | |
| If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | | | | | | | |
| 2 a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | | | | | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| 1 | b Were the organization's financial statements audited by an independent accountant? | | | 2 b | X | | | |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis | | | | | | | | |
| • | c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | | 2 c | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | | | | | |
| 3 | a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | | 3 a | Х | | | |
| | b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3 b | | | | |
| BAA | TEEA0112L 10/19/20 | | F | orm 99 | 0 (2020) | | | |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization Employer identification number Transgender Law Center 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. 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. 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. **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.** 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. Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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.)

| Sec | Section A. Public Support | | | | | | | |
|--------------|--|--|---|--|--|------------------------------------|---------------------------|--|
| | ndar year (or fiscal year nning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total | |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') | 2,888,498. | 4,845,084. | 5,030,379. | 5,668,444. | 19058636. | 37,491,041. | |
| 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. | |
| | Total. Add lines 1 through 3 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) | 2,888,498. | 4,845,084. | 5,030,379. | 5,668,444. | 19058636. | 37,491,041. 4,824,909. | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 32,666,132. | |
| Sec | tion B. Total Support | | | | | | | |
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total | |
| 7 | Amounts from line 4 | 2,888,498. | 4,845,084. | 5,030,379. | 5,668,444. | 19058636. | 37,491,041. | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 23,364. | 24,271. | 41,147. | 49,010. | 47,718. | 185,510. | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | 22,221 | =5,0=0 | , | 0. | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI. | 12,171. | 13,474. | 3,093. | 44,342. | 21,377. | 94,457. | |
| | Total support. Add lines 7 through 10 | | | | | | 37,771,008. | |
| 12 | Gross receipts from related activ | vities, etc. (see ins | structions) | | | 12 | 677,179. | |
| 13 | First 5 years. If the Form 990 is organization, check this box and | for the organization stop here | on's first, second, | third, fourth, or f | ifth tax year as a | section 501(c)(3) | ▶ □ | |
| Sec | tion C. Computation of Pu | blic Support P | ercentage | | | | | |
| | Public support percentage for 20 | | | | | | 86.48 % | |
| | Public support percentage from | | | | | | 79.54% | |
| 16a | 33-1/3% support test—2020. If t and stop here. The organization | | | | | | | |
| b | 33-1/3% support test—2019. If the and stop here. The organization | ne organization did n qualifies as a pu | d not check a box blicly supported o | on line 13 or 16a or 16 | a, and line 15 is 3 | 3-1/3% or more, o | check this box | |
| 17a | 10%-facts-and-circumstances te or more, and if the organization the organization meets the facts | meets the facts-a | nd-circumstances | s test, check this | box and stop here | . Éxplain in Part | VI how | |
| | 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an | meets the facts-a d-circumstances | ind-circumstances test. The organiza | s test, check this lation qualifies as | box and stop here a publicly support | e. Explain in Part ed organization | VI how the▶ | |
| 18 | Private foundation. If the organi | zation did not che | eck a box on line | 13, 16a, 16b, 17a | , or 1/b, check th | is box and see ins | structions | |

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

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

| Sec | tion A. Public Support | | piodes samplets | | | | |
|--------|---|------------------|---|---------------------|----------------------|---------------------|------------------|
| Calend | dar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') | ., | ,, | | ., | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513. | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Sec | tion B. Total Support | | 1 | | | , , | |
| | dar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| | First 5 years. If the Form 990 is organization, check this box and | stop here | | | | | ▶ □ |
| | tion C. Computation of Pul | | | 10 | | 1 1 | |
| | Public support percentage for 20 | • | • | | • | | % |
| | Public support percentage from 2 | | | | | 16 | 0/0 |
| | tion D. Computation of Inv | | | | | T T | |
| 17 | Investment income percentage for | • | • • • | - | | | 0,0 |
| 18 | Investment income percentage fi | | | | | LL | % |
| | 33-1/3% support tests—2020. If t is not more than 33-1/3%, check | this box and sto | p here. The organ | ization qualifies a | as a publicly supp | orted organization | ▶ 📗 |
| | 33-1/3% support tests—2019. If t line 18 is not more than 33-1/3% Private foundation. If the organization | , check this box | and stop here. Th | e organization qu | ualifies as a public | cly supported organ | nization ► |

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | | | Yes | No |
|----|---|-----|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | | |
| За | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below. | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination. | 3b | | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use. | 3c | | |
| 4a | Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5с | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i> | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ). | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI . | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI. | 9b | | |
| | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI . | 9с | | |
| 0a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer line 10b below. | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.). | 10b | | |

| Pai | t IV | Supporting Organizations (continued) | | | |
|-----|--|---|----------|---------|----------|
| | | | | Yes | No |
| | | the organization accepted a gift or contribution from any of the following persons? | | | |
| č | the g | son who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, overning body of a supported organization? | 11a | | |
| ŀ | A fan | nily member of a person described in line 11a above? | 11b | | |
| (| A 35% | controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI. | 11c | | |
| Sec | tion I | B. Type I Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | or mo office orgar than were | ne governing body, members of the governing body, officers acting in their official capacity, or membership of one ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported nization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers g the tax year. | 1 | | |
| 2 | that o | the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization. | 2 | | |
| Sec | tion (| 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 ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the | | | |
| | supp | orting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| Sec | tion I | D. All Type III Supporting Organizations | <u> </u> | | <u>I</u> |
| | | | | Yes | No |
| 1 | Did th | ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization'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 | 1 | | |
| | orgar | nization's governing documents in effect on the date of notification, to the extent not previously provided? | | | |
| 2 | Were | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | the o | nization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how</i> rganization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | voice all tin | ason of the relationship described in line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard. | 3 | | |
| Sec | | E. Type III Functionally Integrated Supporting Organizations | | | |
| | | 7 | | | |
| 1 | Check | k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| á | a ∐ ⊤ | the organization satisfied the Activities Test. Complete line 2 below. | | | |
| ŀ | , ∐ ⊤ | he organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| (| : [] T | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see | instru | uctions | s). |
| 2 | Activi | ities Test. Answer lines 2a and 2b below. | | Yes | No |
| á | suppo orgai | ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted | | | |
| | | tantially all of its activities. | 2a | | |
| ł | more reaso | ne activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the organization's position that its supported organization(s) would have engaged in these activities or the organization's involvement. | 2b | | |
| 3 | | nt of Supported Organizations. <i>Answer lines 3a and 3b below.</i> | | | |
| | Did th | ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If 'Yes' or 'No,' provide details in Part VI . | 3a | | |
| ŀ |) Did th | ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard. | 3b | | |

| Pai | 付 V □ Type III Non-Functionally Integrated 509(a)(3) Supporting Orga | ınizat | ions | |
|-----|--|---------|--|------------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization | t on No | ov. 20, 1970 (explain in st complete Sections A | Part VI). See through E. |
| Sec | tion A – Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sec | tion 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 | | |
| k | Average monthly cash balances | 1b | | |
| | Fair market value of other non-exempt-use assets | 1c | | |
| | I Total (add lines 1a, 1b, and 1c) | 1d | | |
| • | Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sec | tion C — Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functionally inte (see instructions). | grated | Type III supporting org | ganization |

Schedule A (Form 990 or 990-EZ) 2020

BAA

Schedule A (Form 990 or 990-EZ) 2020 Transgender Law Center 05-0

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

| Sec | tion 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 Part VI) | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 | |
| 9 | Distributable amount for 2020 from Section C, line 6 | 9 | |
| 10 | Line 8 amount divided by line 9 amount | 10 | |

| Section E – Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | (iii) Distributable Amount for 2020 |
|---|--------------------------------|--|---|
| 1 Distributable amount for 2020 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2020 | | | |
| a From 2015 | | | |
| b From 2016 | | | |
| c From 2017 | | | |
| d From 2018 | | | |
| e From 2019 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2020 distributable amount | | | |
| i Carryover from 2015 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2020 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2020 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2021. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2016 | | | |
| b Excess from 2017 | | | |
| c Excess from 2018 | | | |
| d Excess from 2019 | | | |
| e Excess from 2020 | | | |

BAA

Schedule A (Form 990 or 990-EZ) 2020

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 | 2020 | | 2019 | | 2018 | | 2017 | | 2016 |
|---------------------|--------------------------|----------|--------------------|----------|------------------|----------|--------------------|----------|--------------------|
| Miscellaneous Total | \$ 21,377. 21,377. | \$ \$ | 44,342. 44,342. | \$ \$ | 3,093. 3,093. | \$ \$ | 13,474. 13,474. | \$ \$ | 12,171. 12,171. |

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 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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) o | rganizations: Complete Part III. | | | | |
|------|--|--|---|--|--|----|
| Name | e of organization | | | Employer identifica | ation number | |
| Tra | ansgender Law Cente | r | | 05-054400 | | |
| | - | rganization is exempt under section | | _ | zation. | |
| 1 | | organization's direct and indirect political con of 'political campaign activities') | ampaign activities in | Part IV. | | |
| 2 | Political campaign activity ex | xpenditures (See instructions) | | ▶\$ | | |
| 3 | Volunteer hours for political | campaign activities (See instructions) | | | | |
| Pai | rt I-B Complete if the o | rganization is exempt under section | on 501(c)(3). | | | |
| 1 | Enter the amount of any exc | ise tax incurred by the organization under | section 4955 | ▶ \$ | (| Ο. |
| 2 | Enter the amount of any exc | ise tax incurred by organization managers | under section 4955. | ▶\$ | (| Э. |
| | | a section 4955 tax, did it file Form 4720 for | | | | lо |
| 4 8 | a Was a correction made? | | | | Yes 1 | ol |
| | b If 'Yes,' describe in Part IV. | | | | | |
| Pai | rt I-C Complete if the or | rganization is exempt under section | on 501(c) , except | t section 501(c)(3). | | |
| 1 | Enter the amount directly ex | pended by the filing organization for section | n 527 exempt functio | n activities ▶\$ | | |
| 2 | | g organization's funds contributed to other s | | | | |
| 3 | | ditures. Add lines 1 and 2. Enter here and | | ▶\$ | | |
| 4 | Did the filing organization file | e Form 1120-POL for this year? | | | Yes N | lo |
| 5 | Enter the names, addresses organization made payments amount of political contribution | and employer identification number (EIN) s. For each organization listed, enter the arms received that were promptly and directly del action committee (PAC). If additional span | of all section 527 poli mount paid from the fivered to a separate po | itical organizations to willing organization's fundalitical organization, such | which the filing ds. Also enter the as a separate | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter-0 | (e) Amount of political contributions received an 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 or 990-EZ) 2020

| Part II-A Complete if section 501(| the organization | is exempt under see | ction 501(c)(3) and | filed Form 5768 (el | ection under |
|--|--|---|------------------------------|----------------------------------|------------------------------------|
| | ** | to an affiliated group (and | list in Part IV each affilia | ated group member's name |). |
| | | share of excess lobbying | | atou group member e name | , |
| B Check ► ☐ if the filir | ng organization check | ked box A and 'limited co | ntrol' provisions apply. | | |
| (The term | Limits on Lobbyii 'expenditures' mean | ng Expenditures is amounts paid or incuri | red.) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1 a Total lobbying expenditu | ures to influence pub | lic opinion (grassroots lob | bying) | 7,438. | |
| b Total lobbying expenditu | | , , | <i>3 3 7</i> | | |
| c Total lobbying expenditu | • | · | | 7,438. | 0. |
| d Other exempt purpose of | • | | | 5,583,566. | |
| e Total exempt purpose e | | | | 5,591,004. | 0. |
| f Lobbying nontaxable an both columns | | ount from the following tab | | 429,550. | |
| If the amount on line 1e, col | umn (a) or (b) is: | The lobbying nontaxable | amount is: | 12373301 | |
| Not over \$500,000 | 2 | 0% of the amount on line 1e. | | | |
| Over \$500,000 but not over \$1, | | 100,000 plus 15% of the excess | · | | |
| Over \$1,000,000 but not over \$ | , , | 175,000 plus 10% of the excess | | | |
| Over \$1,500,000 but not over \$ | | 225,000 plus 5% of the excess of | over \$1,500,000. | | |
| over \$17,000,000 • Grassroots nontaxable a | | 1,000,000. | | 107 200 | 0 |
| h Subtract line 1g from lir | • | • | | 107,388. | 0. |
| i Subtract line 1f from lin | | | | 0. | 0. |
| j If there is an amount othe section 4911 tax for this | er than zero on either l | ine 1h or line 1i, did the org | anization file Form 4720 | reporting | |
| | - | -Year Averaging Period L | | | |
| (Som | | made a section 501(h) el ow. See the separate inst | | | |
| | Lobby | ing Expenditures During | 4-Year Averaging Peri | od | |
| Calendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) Total |
| 2a Lobbying nontaxable amount | 345,705 | . 376,203. | 410,089. | 429,550. | 1,561,547. |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | 2,342,321. |
| c Total lobbying expenditures | 12,406 | 16,882. | 21,382. | 7,438. | 58,108. |
| d Grassroots nontaxable amount | 86,426 | . 94,051. | 102,522. | 107,388. | 390,387. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 585,581. |
| f Grassroots lobbying expenditures | 2,006 | 1,452. | 2,552. | 7,438. | 13,448. |
| BAA | | | | Schedule C (Form | 1 990 or 990-EZ) 2020 |

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)).

| | (election under section 501(h)). | | | | | | |
|----------------|---|--------|-----------------|-------|----------------|------|----|
| For oac | h 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description | (a) | | | (b) | | |
| | obbying activity. | Yes | No | | Amo | unt | |
| th | uring the year, did the filing organization attempt to influence foreign, national, state, or local egislation, including any attempt to influence public opinion on a legislative matter or referendum, brough the use of: | | | | | | |
| b P | olunteers?aid staff or management (include compensation in expenses reported on lines 1c through 1i)?ledia advertisements? | | | | | | |
| d M | lailings to members, legislators, or the public? | | | | | | |
| g D | irants to other organizations for lobbying purposes?irect contact with legislators, their staffs, government officials, or a legislative body? | | | | | | |
| i C | allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?ther activities?otal. Add lines 1c through 1i | | | | | | |
| 2 a D | id the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | | | |
| d If | 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 | | | | | | |
| Part | Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). | (c)(5) | , or | | | | |
| | /ere substantially all (90% or more) dues received nondeductible by members? id the organization make only in-house lobbying expenditures of \$2,000 or less? | | | L | 1 2 | Yes | No |
| | id the organization agree to carry over lobbying and political campaign activity expenditures from the | | | L | 3 | | |
| | III-B Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.' | Part l | , or s II-A, | ectic | on 50 3, is | 1(c) | |
| 1 D | ues, assessments and similar amounts from members. | | 1 | | | | |
| е | ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | | | | | |
| | urrent year | | 2a | | | | |
| | arryover from last year. | | 2 b | | | | |
| | otal | | 2 c | | | | |
| 5 A | ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | | | | |
| 4 If de | notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess oes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political xpenditure next year? | | 4 | | | | |
| | axable amount of lobbying and political expenditures (See instructions) | | 5 | - | - | | |

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)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

| Tra | ansgender Law Center | 05-0544006 |
|-----|---|---|
| Par | t Organizations Maintaining Donor Advised Funds or Other Similar Fun | ds or Accounts. |
| 1 | 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 do are the organization's property, subject to the organization's exclusive legal control? | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant fund for charitable purposes and not for the benefit of the donor or donor advisor, or for any other impermissible private benefit? | s can be used only purpose conferring |
| Par | 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). | |
| | Preservation of land for public use (for example, recreation or education) Preservation | on of a historically important land area |
| | Protection of natural habitat Preservation | on of a certified historic structure |
| | Preservation of open space | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form last day of the tax year. | of a conservation easement on the |
| | | Held at the End of the Tax Year |
| - | a Total number of conservation easements | |
| I | Total acreage restricted by conservation easements | 2b |
| • | Number of conservation easements on a certified historic structure included in (a) | 2c |
| (| Number of conservation easements included in (c) acquired after 7/25/06, and not on a histor structure listed in the National Register. | c 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the tax year ► | e organization during the |
| 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, har | |
| 6 | and enforcement of the conservation easements it holds? | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserv ►\$ | ation easements during the year |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of sec and section 170(h)(4)(B)(ii)? | tion 170(h)(4)(B)(i) Yes No |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and include, if applicable, the text of the footnote to the organization's financial statements that deconservation easements. | escribes the organization's accounting for |
| Par | Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered 'Yes' on Form 990, Part IV, line | Other Similar Assets. 8. |
| 1 8 | a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue standard treasures, or other similar assets held for public exhibition, education, or research in Part XIII the text of the footnote to its financial statements that describes these items. | atement and balance sheet works of art, a furtherance of public service, provide in |
| ı | If the organization elected, as permitted under FASB ASC 958, to report in its revenue statem historical treasures, or other similar assets held for public exhibition, education, or research in furthe following amounts relating to these items: | rance of public service, provide the |
| | (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 amounts required to be reported under FASB ASC 958 relating to these items: | |
| | a Revenue included on Form 990, Part VIII, line 1 | |
| ı | Assets included in Form 990, Part X | > \$ |

| Part III Organizations Mainta | ining Colle | ections of A | rt, Historica | ll Treasures, or | Other Similar | Assets (c | ontinu | ed) |
|---|--------------------------|---------------------------------|--------------------------------|-----------------------------|------------------------------|-------------------|------------|--------|
| 3 Using the organization's acquisition items (check all that apply): | n, accession, a | nd other records | s, check any of | the following that ma | ake significant use o | of its collection | n | |
| a Public exhibition | | d | Loan or ex | change program | | | | |
| b Scholarly research | | е | Other | | | | | |
| c Preservation for future gener | rations | · | | | | | | |
| 4 Provide a description of the organize Part XIII. | zation's collect | ions and explair | n how they furth | ner the organization's | exempt purpose in | | | |
| 5 During the year, did the organiza to be sold to raise funds rather t | han to be ma | intained as pai | rt of the organ | ization's collection? | ` | Yes | | No |
| Part IV Escrow and Custodia line 9, or reported an | al Arrangen amount on | nents. Comp Form 990, | olete if the o Part X, line | organization ans 21. | swered 'Yes' or | ı Form 99 | 0, Par | t IV, |
| 1 a Is the organization an agent, true on Form 990, Part X? | stee, custodia | n or other inte | rmediary for c | ontributions or othe | er assets not includ | ded \ \ Yes | Г | No |
| b If 'Yes,' explain the arrangement | | | | | | 🗀 | L | |
| 3 | | · | J | | | Amoun | t | |
| c Beginning balance | | | | | 1c | | | |
| d Additions during the year | | | | | 1 d | | | - |
| e Distributions during the year | | | | | 1e | | | |
| f Ending balance | | | | | 1f | | | |
| 2a Did the organization include an a | amount on Fo | rm 990, Part X | , line 21, for ϵ | scrow or custodial | account liability? | Yes | | No |
| b If 'Yes,' explain the arrangement | t in Part XIII. | Check here if t | he explanation | n has been provided | d on Part XIII | | | 7 |
| | | | | | | | | _ |
| Part V Endowment Funds. C | complete if | the organiza | ation answe | red 'Yes' on Fo | rm 990, Part I\ | /, line 10. | | |
| | (a) Current | year (| b) Prior year | (c) Two years back | (d) Three years | back (e) | Four years | s back |
| 1 a 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 percentag | e of the curre | nt year end ba | lance (line 1g | , column (a)) held a | as: | | | |
| a Board designated or quasi-endown | | | 6 | | | | | |
| b Permanent endowment ► | [%] | | | | | | | |
| c Term endowment ► | <u> </u> | | | | | | | |
| The percentages on lines 2a, 2b, a | nd 2c should e | qual 100%. | | | | | | |
| 3 a Are there endowment funds not in | the possession | of the organiza | ation that are he | eld and administered | for the | | | |
| organization by: | · | - | | | | | Yes | No |
| (i) Unrelated organizations | | | | | | 3a(i) | | |
| (ii) Related organizations | | | | | | 3a(ii) | | |
| b If 'Yes' on line 3a(ii), are the rela | ated organiza | tions listed as | required on So | chedule R? | | 3b | | |
| 4 Describe in Part XIII the intende | d uses of the | organization's | endowment fu | ınds. | | | | |
| Part VI Land, Buildings, and | Equipmen | t. | | | | | | |
| Complete if the organ | ization ans | wered 'Yes' | on Form 99 | 90, Part IV, line | 11a. See Form | า 990, Par | t X, Iir | าе 10. |
| Description of property | | (a) Cost or oth | | Cost or other basis (other) | (c) Accumulated depreciation | (b) | Book va | lue |
| 1 a Land | | | | | | | | |
| b Buildings | | | | | | | | |
| c Leasehold improvements | | | | 18,454. | 15,47 | 5. | 2. | ,979. |
| d Equipment | | | | 151,530. | 85,77 | | | ,760. |
| e Other | | | | | | | | |
| Total. Add lines 1a through 1e. (Colum | | qual Form 990. | Part X, colun | nn (B), line 10c.) | | . • | 68 | ,739. |
| BAA | ., | , | , | . ,, , | | chedule D (F | | |

| Complete if the organization answered 163 of 1 of in 500, 1 are 17, into 1 | 110 01 111. 000 1 01111 000, 1 drt X, 1110 20. | 425 |
|--|--|-------------------------|
| 1. (a) Description of liability | | (b) Book value |
| (1) Federal income taxes | | |
| (2) Deferred Rent | | 23,206. |
| (3) Subtenant Deposit | | 26,013. |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| (11) | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) | | 49,219. |
| 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's f | financial statements that reports the organization's | liability for uncertain |

BAA Schedule D (Form 990) 2020 TEEA3303L 08/18/20

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 Statement | ts With Revenue per Re | eturn. N/A |
|--|------------------------|-------------|
| Complete if the organization answered 'Yes' on Form 990, P | • | |
| 1 Total revenue, gains, and other support per audited financial statements | | 1 |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a Net unrealized gains (losses) on investments | 2 a | |
| b Donated services and use of facilities | 2 b | |
| c Recoveries of prior year grants | 2 c | |
| d Other (Describe in Part XIII.) | 2 d | |
| e Add lines 2a through 2d. | | 2 e |
| 3 Subtract line 2e from line 1 | | 3 |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4 a | |
| b Other (Describe in Part XIII.) | 4 b | |
| c Add lines 4a and 4b | | 4 c |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). | | 5 |
| Part XII Reconciliation of Expenses per Audited Financial Statemer | nts With Expenses per | Return. N/A |
| Complete if the organization answered 'Yes' on Form 990, P | art IV, line 12a. | |
| 1 Total expenses and losses per audited financial statements | | 1 |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a Donated services and use of facilities | 2 a | |
| b Prior year adjustments | | |
| | 2 b | |
| c Other losses. | | |
| · · · · · · · · · · · · · · · · · · · | 2 c | |
| c Other losses. | 2 c 2 d | 2e |
| c Other losses. d Other (Describe in Part XIII.) | 2 c 2 d | 2 e 3 |
| c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 2c 2d | |
| c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. | 2c 2d | |
| c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) | 2 c 2 d 4 a 4 b | 3 |
| c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b. | 2 c 2 d 4 a 4 b | 3 4c |
| c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) | 2 c 2 d 4 a 4 b | 3 |

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 XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2020

SCHEDULE F (Form 990)

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 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

on Form 990, Part IV, line 14b.

Employer identification number

Transgender Law Center 05-0544006

Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' 05-0544006

| 1 | For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No | | | | | | | | | |
|------|--|--|--|---|--|---|--|--|--|--|
| 2 | For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. | | | | | | | | | |
| 3 | Activities per Region. (The | tivities 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\ | | | _ | | legal/humanitari | | | | | |
| (1) | North America | 1 | 2 | program services | an work | 115,252. | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| (5) | | | | | | | | | | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |
| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | |
| (17) | | | | | | | | | | |
| | Subtotal | 1 | 2 | | | 115,252. | | | | |
| ŀ | Total from continuation sheets to Part I | | | | | | | | | |
| (| Totals (add lines 3a and 3b) | 1 | 2 | | | 115,252. | | | | |

05-0544006

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

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|--------------------------|--|------------|-------------------------|--------------------------|---------------------------------|--|---------------------------------------|--|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | _ |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| 2 | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter | • | |
|---|---|----------|--|
| 3 | Enter total number of other organizations or entities | <u> </u> | |

Schedule F (Form 990) 2020

Page 3

Schedule F (Form 990) 2020

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 | • | | | • | • | Schedule F | (Form 990) 2020 |

| Pa | rt IV | Foreign Forms | | |
|----|--------------------------|---|-----|------|
| 1 | organ | the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the nization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign pration (see Instructions for Form 926) | Yes | X No |
| 2 | require of Cer | e organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be ed to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt rtain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. er (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes | X No |
| 3 | organ | e organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the nization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain gn Corporations (see Instructions for Form 5471). | Yes | X No |
| 4 | electir <i>Returi</i> | the organization a direct or indirect shareholder of a passive foreign investment company or a qualified ing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information in by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see lections for Form 8621). | Yes | X No |
| 5 | organ | e organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the nization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign erships (see Instructions for Form 8865) | Yes | X No |
| 6 | If 'Yes | ne organization have any operations in or related to any boycotting countries during the tax year? s,' the organization may be required to separately file Form 5713, International Boycott Report (see actions for Form 5713; don't file with Form 990) | Yes | X No |

 BAA
 TEEA3505L
 09/16/20
 Schedule F (Form 990) 2020

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.

BAA TEEA3504L 09/16/20 Schedule F (Form 990) 2020

SCHEDULE G (Form 990 or 990-EZ)

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 05-0544006 Transgender Law Center **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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events X In-person solicitations 2 a 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? X Yes **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. (v) Amount paid to (vi) Amount paid to (i) Name and address of individual (iii) Did fundraiser (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Leslie Ann Minot Yes No 9724 Peacock Hill Circle Grant Χ 9,374,702. 33,698 Las Vegas NV 89117 9,408,400 Writing Bing Consulting Annual 2 3361 Mission Street Event San Francisco CA 94110 Consultant Χ 125,883 25,500 100,383. 3 4 5 6 7 9 10 Total. 9,534,283. 9,475,085. 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.

Schedule G (Form 990 or 990-EZ) 2020 Transgender Law Center 05-0544006 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. (d) Total events (a) Event #1 **(b)** Event #2 (c) Other events (add column (a) Annual Gala None through column (c) (event type) (event type) (total number) Revenue 125,883 **1** Gross receipts..... 125,883. 2 Less: Contributions..... 125,883 125,883. **3** Gross income (line 1 minus line 2)..... Direct Expenses Rent/facility costs..... 7 Food and beverages 750. 750. **9** Other direct expenses..... 6,667. 6,667. 10 Direct expense summary. Add lines 4 through 9 in column (d)...... 7,417. Net income summary. Subtract line 10 from line 3, column (d)..... -7,417. 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. (b) Pull tabs/instant (d) Total gaming Revenue (add column (a) through column (c)) (a) Bingo bingo/progressive bingo (c) Other gaming Gross revenue..... Direct Expenses **2** Cash prizes...... Rent/facility costs..... **5** Other direct expenses..... Yes Yes Yes No No 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?..... No

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

| Sche | edule G (Form 990 or 990-EZ) 2020 Transgender Law Center | 05-0544006 | Page 3 |
|------|--|---------------------|--------|
| | Does the organization conduct gaming activities with nonmembers? | | No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed administer charitable gaming? | | □ No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| | The organization's facility | 13a | % |
| ŀ | An outside facility | 13b | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and reco | rds: | |
| | Name ► | | |
| | Address ► | | |
| ŀ | a Does the organization have a contract with a third party from whom the organization receives gaming reverse of If 'Yes,' enter the amount of gaming revenue received by the organization \$ and of gaming revenue retained by the third party \$ Elf 'Yes,' enter name and address of the third party: | enue? Yes | No |
| | 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? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent | Yes | No |
| Dai | organization's own exempt activities during the tax year ► \$ TIV Supplemental Information. Provide the explanations required by Part I, line 2b, or a supplemental information. | polymps (iii) and (| ١٨٠ |
| Pai | TIV Supplemental Information. Provide the explanations required by Part I, line 2b, and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide a information. See instructions. | any additional | v), |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

SCHEDULE I (Form 990)

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

Form 990, Part IV, line 21 or 22.

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

Open to Public Inspection

| Name of the organization | | | | | | Employer identific | cation number | | |
|---|-----------------------------------|------------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|--|--|
| Transgender Law Center | Fransgender Law Center 05-0544006 | | | | | | | | |
| Part I General Information on Grants and Assistance | | | | | | | | | |
| Does the organization maintain records the selection criteria used to award t Describe in Part IV the organization's p | the grants or assistan | ce? | | eligibility for the grants | | Part IV | X Yes No | | |
| Part II Grants and Other Assista | nce to Domestic | Organizations | and Domestic Gove | ernments. Comple | ete if the organiza | tion answered 'Y | 'es' on | | |
| Form 990, Part IV, line 21 | | | | | | | | | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance | | |
| (1) Gender & Sexualities Alliance 1714 Franklin Street 100 Oakland, CA 94612 | 20-5367752 | 501 (c) (3) | 119,600. | 0. | N/A | | Support for TRUTH program | | |
| <u>(2)</u> | | | | | | | | | |
| <u>(3)</u> | | | | | | | | | |
| <u>(4)</u> | | | | | | | | | |
| (5) | | | | | | | | | |
| <u>(6)</u> | | | | | | | | | |
| <u>(7)</u> | | | | | | | | | |
| <u>(8)</u> | | | | | | | | | |
| 2 Enter total number of section 501(c)3 Enter total number of other organiza | • • | - | | | | | 1 | | |

| Part III | Grants and Other Assis | stance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, I | Part IV, line 22. Part III |
|----------|-------------------------------|--|----------------------------|
| | can be duplicated if add | litional 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 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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.

BAA Schedule I (Form 990) 2020

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 2020

Open to Public Inspection

Employer identification number

Name of the organization

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information.

05-0544006 Transgender Law Center

Form 990. Part III. Line 2 - New Services

Border Butterflies Project and Disability Justice Project are new programs.

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

BLACK TRANS CIRCLES: In May-June 2020, TLC's Black Trans Circles program and the Black LGBTQIA+ Migrant Project (BLMP) collaborated on a new training format - a virtual "Freedom School" for Black trans women/femmes (U.S.-born and immigrant) that met weekly to build skills and leadership. This happened when communities were heavily impacted by the pandemic (including its significant racial disparities), when Black Lives Matter uprisings were also happening, and when a number of murders of Black trans people took place. In this context, we were able to lift up the voices of Black trans women and Black trans migrants at a moment when our voices and experience were particularly relevant and needed at the national level.

POSITIVELY TRANS: We have continued to engage the T+ National Network of trans people living with HIV through calls, access to resources, opportunities to focus on self-care and engage in safety planning, and continuing support for Steering Committee members. We have also engaged in conference participation and limited advocacy as appropriate opportunities presented themselves. We were able to support 15 T+ members to attend the first virtual AIDS Watch. We worked with AIDS Watch to strengthen the trans-focused policy asks. In the past, asks have tended to be small and general, and too often get diluted in the context of the larger array of policy asks. With support from the Gilead Foundation, in July 2020, T+ provided 25 members with scholarships to attend the 2020 International AIDS Conference, held for the first time virtually. The members had the opportunity to attend, participate and interact with the many national and international sessions and workshops.

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

the HIV Is Not A Crime conference, and since its cancellation, has been adapting it into a webinar series for members. T+ staff presented on the disproportionate impact of HIV criminalization on trans people of color at the Beyond Blame: Challenging Criminalizations for HIV Justice Worldwide pre-conference for the HIV 2020 conference. T+ participated in the first "Aging with HIV/AIDS coalition" convening and elevated the needs, research and policy priorities of aging TGNC BIPOC living with HIV/AIDS. Positively Trans' Cecilia Chung joined the Elizabeth Taylor AIDS Foundation for a virtual discussion around HIV laws and decriminalization.

GENDER JUSTICE LEADERSHIP PROJECT (GJLP): Our collaboration with GSA Network in the trans youth TRUTH project has expanded. The two-year TRUTH leadership development program is now part of the larger Gender Justice Leadership Project (GJLP), which also includes efforts to support GSA Networks national network of youth programs to better engage, support, and develop trans youth leaders. In addition, we have also been laying the groundwork to launch a pilot cohort of Roses, a new leadership initiative for trans girls of color that will include intergenerational organizing with the National TGNC Coalition to ensure that the Trans Agenda for Liberation fully includes the voices, vision, and aspirations of trans girls of color. In response to the COVID-19 pandemic, TRUTH quickly moved our trainings and gatherings online, leveraging the TRUTH program?s strong existing commitment to online community-building. In November 2020, we continued online organizing for the annual GSA Day 4 Gender Justice, focused on abolition issues and on also providing a safe space for youth leaders to decompress in the wake of the 2020 election. In addition, this past year's legislative sessions were rife with state bills targeting trans youth access to healthcare and participation in sports (with more anticipated in 2021). Such bills appear to be the new battleground for challenging the advances of

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

LGBTQ rights. In this context, TRUTH participants are uniquely positioned to make sure that TGNC youth are not just talked about but instead have a meaningful voice in public debates that affect them. TRUTH intentionally creates the resources that help these youth spokespersons to feel safe and supported in this political context, and especially if they choose to take a public speaking role. Beyond our ongoing leadership programming, in response to the stresses TGNC youth were experiencing because of the COVID-19 pandemic, we have also been providing enhanced support to 20 TRUTH Council leaders during the pandemic, including through our collaboration with the National Queer and Trans Therapists of Color Network and care packages we sent to support self-care. We also offered free care packages to more than 65 trans girls of color across the country, using social media and word-of-mouth to reach these youth. This effort helped us to build an outreach list for our new Roses program.

BORDER BUTTERFLIES PROJECT: TLC has been collaborating with other LGBTQ organizations in Border Butterflies, a project focused on supporting LGBTQ asylum seekers in Tijuana and in immigration detention. Specifically,?TLC has hosted an attorney and provided legal and accompaniment support, providing accompaniment to more than 100 individuals, the majority of whom have not yet crossed into the U.S.; of the 27 people released from detention in the U.S., three have won asylum (two with private counsel and one represented by TLC), and 14 continue to receive active legal assistance from the project. A core aspect of the project has been to lessen asylum seekers' time in detention, where they are vulnerable to abuse and neglect, which has become even more urgent in the context of COVID-19.

DISABILITY PROJECT: The COVID-19 pandemic has threatened the lives and wellbeing of people with disabilities and chronic illness in new ways, as debates about who

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

deserves care and vaccines have evidenced a shocking and largely unchecked ableism. LGBTQ+ people with disabilities were already multiply-marginalized, and this project had to swiftly pivot from in-person meetings for networking and power-building to providing critical support as community members navigated grief and elevated practical barriers in pandemic conditions. The Project secured and distributed mutual aid resources via its Community Advisory Board. We also took an increased role in media and communications to lift up the voices of LGBTQ+ disabled people and challenge pervasive ableism?notably, we were able to do an Instagram Live takeover of Amy Poehler's IG account. We also continued to develop modules for our disability justice curriculum that will initially be delivered to Ford Foundation BUILD grantees; strengthened the design and development of a planned needs assessment; laid the groundwork for community-based participatory research focusing on the experience of violence; and contributed to ongoing development of the Defining Ourselves pillar of the Trans Agenda.

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents

TLC revised its By-Laws in 2019 to increase the terms of board members to three years and updated the address.

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

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts (continued)

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 2020.

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 2019.

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 III, Line 4a - Program Service Accomplishments

(cont'd from Page 2) In our programmatic work with activists, we were able to provide stipends and/or other support to vulnerable community leaders who continued to work with us through this difficult time, helping to meet the immediate needs of trans people, especially BIPOC trans women and girls. In response to the uprisings, TLC developed a plan to uplift the voices of Black trans community members, engaged in collaborative education work about defunding the police, and deepened our internal work addressing anti-Black racism. This specifically included making it possible for Black staff to have the capacity to engage in relevant efforts locally where they are based, and having court and arrest support available for staff. We coordinated a "defund the police" support letter and received over 170 signatures and subsequently hosted a two-day LGBTQ+ "Defund Intensive" in collaboration with SONG, Freedom INC., and Movement for Black Lives. Over 80 people who signed the

Employer identification number

05-0544006

"defund the police" letter attended. Similarly, with regard to the election, we made extensive plans to be able to organize community calls both before and after the election, hear and address community concerns and questions, and provide information on voting rights; and to ensure that election day requests to our Helpline could have a same-day response. We hosted the Trans Institute (in English and Spanish) in the context of the annual Creating Change conference in Dallas in January 2020. Over 200 people, majority people of color, attended. We used the framework of the newly created Trans Agenda for Liberation to engage activists from across the U.S. to think about how to bring this work back to their local communities. This event was a "soft launch" of the Trans Agenda, which had a more formal national launch in March 2020. The Trans Agenda was developed over the course of 2019 by a group of Black, Indigenous, and people of color trans, nonbinary, and gender nonconforming leaders and advocates from across the U.S., convened under the aegis of TLC. The Trans Agenda for Liberation provides a framework for transforming national policy conversations and energizing organizing for transgender liberation. It marks the first phase of a deep, long-term, national, community conversation, not its conclusion. It builds on and was conceived by movement building and leadership development that TLC and other trans led organizations have led nationally and regionally for years. The Trans Agenda represents an opportunity to elevate a vision for the kind of world TGNC people need and want that is deeply grounded in work that communities and activists are already doing, with priority placed on centering the leadership and efforts of those who are often most marginalized in current systems of power. The pillars of the Trans Agenda are as follows: Pillar: Black Trans Women and Femmes Living & Leading Fiercely: Black trans women must be trusted to lead. Black trans feminine people hold the expertise and solutions to end violence in our communities. We hold the knowledge to create a world where Black trans feminine people have the freedom to thrive. We envision a world where Black trans folks have

Name of the organization

Transgender Law Center

Employer identification number

05-0544006

equitable access to health care, housing, bodily autonomy, and intergenerational connection. Pillar: Beloved Home: Trans people belong. We demand a movement that honors Native, Indigenous, and Black migrant transgender, gender non-conforming, nonbinary, and two spirit peoples by centering their leadership. Indigenous or migrant, we understand that our relationship to this land that is our home is as important as our relationship to ourselves and each other. We demand a world where Indigenous cultural practices, land and body sovereignty are respected, where trans people are never forced to leave our homes, and where we have the freedom of movement to seek out our own belonging. Pillar: Defining Ourselves: Our bodies are our own. We demand a world where the health care we need is readily available, and where our bodies, HIV statuses, disabilities, and viral loads are no longer policed and criminalized. We envision a world where disabled, Deaf, sick, and Mad people are guaranteed complete self-determination and resources to live their fullest lives. We demand the freedom to define ourselves and our futures, free of nonconsensual procedures and gatekeeping. Pillar: Intergenerational Connection and Lifelong Care: Our communities are only as strong as our relationships and care for trans people of every age. We envision a world where all trans people are affirmed from the moment of their birth and are empowered as their authentic selves at home, at school, and in public life. All trans people deserve a long and fulfilling life. We are building a movement that values the beauty of youth and elder wisdom, and understands that aging is nothing to be feared. Pillar: Freedom To Thrive: Trans people deserve the freedom to thrive. We demand a world without cages. We envision a world where people in sex work economies have rights and protections, and where sex work is no longer used as a justification for violence and harm. We demand not only freedom, but active community support in building lives for ourselves and our families on our own terms. Although we undertook some rollout of the Trans Agenda for Liberation during 2020 - including a more detailed launch of its first two "pillars," as the

Transgender Law Center

Name of the organization

Employer identification number

05-0544006

pandemic's hold deepened and the news cycles became more chaotic, we recognized that it was more strategic to plan for a wider launch in 2021, and shifted gears to prepare for that. Throughout the year, we worked with members of the National TGNC Coalition, who benefited from spokesperson training, to share it widely with trans groups from the grassroots to the national level and with allies. We were thrilled that grassroots trans groups recognized themselves in its vision and took it on as an organizing tool for their work. We also built the demands of our transition memo to the Biden administration around it.

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

(cont'd from Page 2) BLMP organized our 2020 pilot Fierce Freedom School for 12 Black trans women and femmes, in collaboration with Transgender Law Center, bringing together migrant and U.S.-born Black trans women for two months of weekly, virtual leadership development. As this took place during the initial uprisings in response to George Floyd?s murder and in the context of a number of murders of Black trans women, we were able to lift up the voices of participants on social media and in the press at this critical moment. We launched the BLMP Garifuna Committee, engaging members of this Afrolatinx community with its own culture and language, especially in New York, New Orleans, and Houston. This network rapidly grew from fewer than 20 participants to more than 60. We collaborated in successful efforts to create a public fund in Houston for migrants at risk of deportation to get free legal representation. In the context of COVID-19, we distributed more than \$200,000 in mutual aid to vulnerable Black LGBTQIA+ migrant community members. BLMP designed and implemented the first national survey of Black LGBTQIA+ Migrants. Despite the challenges posed by the COVID-19 pandemic, we collected 300+ surveys and are preparing to publicly launch our findings.

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

Employer identification number

05-0544006

(cont'd from Page 2) In April 2020, with co-counsel, we filed a class action suit demanding the release of all transgender detainees because of ICE's failure to keep them safe during the COVID-19 pandemic. The case was ultimately dismissed because all but one of our named defendants were released from detention. (The remaining defendant was deported despite the efforts of her immigration attorneys.) Our advocacy on the case made a real difference in securing the release of our named plaintiffs. In July 2020, TLC submitted an extensive comment opposing the administration's proposed asylum rule which would make it almost impossible for any asylum seeker to be eligible for asylum. We focused on the real-life experiences of project participants from the LGBTQ+ border project in which we collaborate to highlight the horrific impact of this potential rule. TLC is also serving as a plaintiff in Immigration Equality et al. v. U.S. Department of Homeland Security, challenging this rule. With the border project, we drafted a 40-page affidavit on the catastrophic impact this rule will have. In January 2021, the judge issued a preliminary injunction for the entire rule nationwide. We also continued to advance our efforts to hold ICE and its contractors responsible in the death of trans Honduran migrant Roxsana Hernandez while in ICE custody. In order to preserve liability of all possible actors who were responsible for Roxsana?s care, in May 2020 we filed a complaint against all companies who contracted with ICE and had Roxsana in their custody. We brought 21 counts against these companies for violations 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 claims because the FTCA does not apply to contractors. We have continued to add co-counsel, take steps to secure evidence from ICE and various contractors, and identify expert witnesses. Healthcare Access: In July 2020, with the National Women's Law Center, the Transgender Legal Defense & Education Fund, the Center for Health Law and Policy Innovation of Harvard Law

Employer identification number

05-0544006

School, and law firm Hogan Lovells, TLC filed suit in the U.S. District Court for the District of Massachusetts to challenge the Trump administration?s June 2020 rule undermining the Affordable Care Act?s protections which prohibit discrimination in health care on the basis of race, color, national origin, age, disability, and sex?including pregnancy, gender identity, and sex stereotyping. Identity Documents: In May 2020, Indiana Legal Services, Inc., Mexican American Legal Defense and Educational Fund, the Law Office of Barbara J. Baird, and TLC won an important victory on behalf of two transgender immigrant clients who had been seeking legal name changes. A Court of Appeals of Indiana unanimously held that a state name-change law does not require a petitioner to be a U.S. citizen to change their name, making it now legal for all people in Indiana to change their name regardless TLC took the lead in a detailed amicus brief in the of their immigration status. appeal of an Oregon case about nonbinary gender markers on IDs. JH petitioned their local court for an order recognizing their nonbinary gender in April 2019. The judge denied JH?s petition in an order that evinced clear misunderstandings about nonbinary people, trans people, intersex people, and the relevant law. In June, the Oregon Court of Appeals ruled in favor JH?s right to a nonbinary gender marker. To our knowledge, this is the first state appellate court decision to say that lower courts can and should issue nonbinary gender change orders even where the statute doesn?t explicitly mention a nonbinary option. Employment, Housing, and Public Accommodations: TLC was thrilled at the victory against employment discrimination secured in June 2020 at the U.S. Supreme Court in Bostock v. Clayton County. As you may recall, we worked with the Center for Constitutional Rights and Akerman LLP to draft a "transgender voices" amicus brief (signed by 35+ nonprofits across the country) that included stories of TGNC people, prioritizing TGNC people of color, illustrating the formidable challenges that trans people face trying to make a living in America because of rampant discrimination. In September 2020, TLC filed a

Employer identification number

05-0544006

33-page comment opposing the Trump Department of Housing and Urban Development?s attempt to eliminate protections for trans people in federally funded homeless shelters. Our comment tells the stories of several Black and Latina trans women, including three Positively Trans steering committee members who survived homelessness to become fierce advocates, and three young trans women whose experiences with homelessness ultimately led to their deaths. In a public accommodations victory, we secured a settlement with cash damages as well as requirements for training and other corrective measures on behalf of TN, who was denied access to the women?s restroom and denigrated by an employee of the San Francisco Office of Citizen Complaints. Prisons: We sustained litigation in TLC?s first-ever class action Raven, et al. v. Polis, et al., on behalf of all incarcerated trans women in Colorado. Our complaint seeks damages and injunctive relief related to CDOC's exclusion of trans women from Colorado's women's prisons; as well as failure to provide trans-competent medical and mental health providers, adequate medical treatment for gender dysphoria, including surgery; failure to protect trans women from sexual assault and anti-trans violence; refusal to use proper names, pronouns, and honorifics for trans women; and the policy of assigning male staff to conduct pat-downs and strip searches of trans women. We rely only on state law claims because Colorado has a progressive state supreme court, and we wanted to avoid the possibility of this case going before the Tenth Circuit, the conservative federal appellate court that governs Colorado. In a particularly significant ruling, a judge ruled against the government?s motion to dismiss on several grounds, including holding that our case can proceed in seeking injunctive relief under our state constitutional claims, finding that Colorado?s prisons qualify as places of public accommodations, and that our clients may seek monetary relief under Colorado's public accommodations non-discrimination statutes. The holding that prisons qualify as public accommodations has potentially broad

Name of the organization

Transgender Law Center

Employer identification number

05-0544006

implications: many states' non-discrimination laws technically apply to those states' prison and jail systems, yet claims under those statutes are rarely brought, and state non-discrimination agencies rarely assert their jurisdiction over prison and jail systems. State non-discrimination agencies represent a largely untapped and lower-barrier avenue for incarcerated people to assert their rights. We also secured a ruling that we can sue the governor. TLC worked extensively to engage with trans prisoners in California to inform negotiations regarding SB 132, which was signed into law in 2020. It is the strongest policy of its kind allowing for incarcerated trans people to choose to be housed based on gender identity rather than genitals. Now prisons cannot deny a trans person?s transfer request based on any factor that is already present amongst the cisqender population they are requesting to transfer into. This change will have a significant impact on the safety and wellbeing of incarcerated trans people. Working with coalition members, we have developed FAQs for prisoners, looking forward to implementation. We will continue to work with coalition members on regulations and other implementation issues as they arise to ensure that this law protects and promotes the safety and wellbeing of transgender prisoners. In the past year, our Prison Mail Program responded to 485 requests for assistance. Legal Services Project: In the past 12 months, we responded to 999 requests for assistance to our Helpline. In addition, we organized two in-person legal clinics prior to shelter-in-place orders and one virtual one, directly assisting 40 individuals. We have also provided technical assistance to a number of California virtual name and gender change legal clinics.

2020 California Exempt Organization Annual Information Return

FORM

199

| Calendar Ye | ear 2020 or fiscal year beginning (mm/dd/yyyy) , and e | ending (mm/dd/yyyy) | |
|---|---|--|--|
| Corporation/Or | ganization name | | California corporation number |
| TRANSGE | ENDER LAW CENTER | | 2627930 |
| Additional infor | rmation. See instructions. | | FEIN OF 4400C |
| Street address | (suite or room) | | 05-0544006 PMB no. |
| PO BOX | | | |
| OAKLANI | | State CA | Zip code 94612 |
| Foreign country | | Foreign province/state/county | Foreign postal code |
| | | | |
| B Amended C IRC Section D Final info Enter date C Check acc 1 □ C F Federal re 4 ☒ Oth G Is this a c | rn | e organization have any changes to its goorted to the FTB? See instructions | |
| If "Yes," v | vhat is the parent's name? O Is feder Date fil | I in a prior year? | |
| Part I | Complete Part I unless not required to file this form. See General Info. 1 Gross sales or receipts from other sources. From Side 2, Part II, | | 1 103,227. |
| Receipts and Revenues | 2 Gross dues and assessments from members and affiliates 3 Gross contributions, gifts, grants, and similar amounts received 4 Total gross receipts for filing requirement test. Add line 1 through This line must be completed. If the result is less than \$50,000, so 5 Cost of goods sold | SEE SCH B in line 3. ee General Information B 5 6 | 2 3 18,998,636. 4 19,101,863. 7 8 19,101,863. |
| _ | 9 Total expenses and disbursements. From Side 2, Part II, line 18. | | 9 5,596,342. |
| Expenses | 10 Excess of receipts over expenses and disbursements. Subtract lin | la de la companya de | 10 13,505,521. |
| | 11 Total payments | • | 11 |
| | 12 Use tax. See General Information K | | 12 13 |
| | 13 Payments balance. If line 11 is more than line 12, subtract line 12 | • | 14 |
| Filing Fee | 14 Use tax balance. If line 12 is more than line 11, subtract line 11 fi | _ | 15 |
| 1 66 | 15 Penalties and Interest. See General Information J | | |
| | 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result | . | 16 0. |
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying scorrect, and complete. Declaration of preparer (other than taxpayer) is based on all information. Signature of officer Title EXECUTIVE D | n of which preparer has any knowledge. Date IRECTOR Check if | t of my knowledge and belief, it is true, Telephone 510-587-9696 PTIN |
| Paid | signature DOUGEAS E. COOK, CPA/MPA | (1)15 21 employed | P01521705 ● Firm's FEIN |
| Preparer's Use Only | Firm's name (or yours, if self-employed) and address COOK & COMPANY, A PROF. ACTNCY. Company A PROF. ACTNCY. Company | CORP. | 47-2626541 Telephone |
| | | | 415-621-1112 |
| | May the FTB discuss this return with the preparer shown above? See | instructions | • X Yes No |

TRANSGENDER LAW CENTER

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.

| | | 1 | Gross sales or receipts from all b | ousiness activities. See | instructions | | 1 | |
|------------------|----------|---------|--|--------------------------------|--------------------------------|--------------------------|---------|-------------|
| | | 2 | Interest | | | | 2 | |
| | | 3 | Dividends | | | | 3 | |
| Recei from | ipts | 4 | Gross rents | | | | 4 | |
| Other | • | 5 | Gross royalties | | | | 5 | |
| Sourc | ces | 6 | Gross amount received from sale | | | | 6 | |
| | | 7 | Other income. Attach schedule | | | | 7 | 103,227. |
| | | 8 | Total gross sales or receipts from other so | | | | 8 | 103,227. |
| | | 9 | Contributions, gifts, grants, and similar an | | | | 9 | 121,600. |
| | | 10 | Disbursements to or for members | | | | 10 | 121,000. |
| | | 11 | Compensation of officers, directo | irs and trustees Attach | schedule S | EE STMT 3 | 11 | 021 577 |
| | | 12 | Other salaries and wages | | | | 12 | 231,577. |
| Expe | nses | | Interest | | | | - | 2,425,362. |
| anḋ Disbu | | 13 | | | | | 13 | |
| บเริ่มเ ments | | 14 | Taxes | | | | 14 | 205,161. |
| | | 15 | Rents | | | | 15 | 398,063. |
| | | 16 | Depreciation and depletion (See | | | | 16 | 40,754. |
| | | 17 | Other expenses and disbursemen | | | | 17 | 2,173,825. |
| | | 18 | Total expenses and disbursements. Add li | ne 9 through line 17. Enter he | re and on Page 1, Part I, line | 9 | 18 | 5,596,342. |
| Sche | edule | e L | Balance Sheet | Beginning of | taxable year | End | of taxa | ble year |
| Asset | ts | | | (a) | (b) | (c) | | (d) |
| 1 | Cash | | | | 509,427. | | • | 2,452,140. |
| 2 | Net acc | ounts | receivable | | 1,292,690. | | • | 5,154,552. |
| 3 | Net not | es rece | eivable | | | | • | |
| | | | | | | | • | |
| 5 | Federal | and s | tate government obligations | | | | • | |
| 6 | Investn | nents i | n other bonds | | | | • | |
| 7 | Investn | nents i | n stock | | | | • | |
| 8 | Mortga | ge loar | ns | | | | • | |
| 9 | Other in | nvestm | nents. Attach schedule | | 3,010,976. | | • | 11,293,252. |
| 10 a | Depreci | iable a | issets | 147,490. | | 169,98 | 84. | |
| b | Less ac | cumul | ated depreciation | 60,490. | 87,000. | 101,2 | | 68,739. |
| 11 | Land | | | , | · | · | • | • |
| 12 | Other a | ssets. | Attach schedule | | 160,098. | | • | 171,097. |
| | | | | | 5,060,191. | | | 19,139,780. |
| | | | et worth | | 0,000,131. | | | 13/103/1001 |
| | | | able | | 507,176. | | • | 621,359. |
| | | . , | , gifts, or grants payable | | 3017170. | | • | 021/333. |
| | | | otes payableST6 | | | | • | 453,465. |
| | | | | | | | • | 433,403. |
| | | | yable | | 77 420 | | | 40 210 |
| | | | | | 77,432. | | • | 49,219. |
| | • | | or principal fund | | 4,475,583. | | - | 18,015,737. |
| | | | pital surplus. Attach reconciliation | | | | • | |
| | | | ings or income fund | | 5,060,191. | | | 10 120 700 |
| | | | | la a la calda la casa a sa | | | | 19,139,780. |
| Scne | edule | e IVI- | 1 Reconciliation of income per Do not complete this schedule if | | | s less than \$50,000 | | |
| 1 | Net inc | ome ne | er books | 13,505,521 | | books this year not incl | uded | |
| | | | ne tax | ., , | | h schedule | | |
| | | | ital losses over capital gains | | 8 Deductions in this r | | | |
| | | | ecorded on books this year. | | against book incom | e this year. | | |
| | | | ıle | | Attach schedule | | 🗖 | |
| | | | orded on books this year not deducted | | 9 Total. Add line 7 ar | nd line 8 | 🗀 | |
| | | | . Attach schedule | | 10 Net income per | return. | | |
| 6 | Total. A | Add lin | e 1 through line 5 | 13,505,521 | Subtract line 9 | from line 6 | | 13,505,521. |
| | | | | | | | | |

3652204 Page 2 Form 199 2020 059 CACA1112L 12/22/20 TAXABLE YEAR
2020

Political or Legislative Activities by Section 23701d Organizations

CALIFORNIA FORM

3509

| | calendar year 2020 or fiscal year beginning (mm/dd/yyyy), and ach to Form 199. FTB 199N filers see instructions. | l end | ling (mm/dd/yyyy) | - | | | |
|----------|---|-------|------------------------------|------------|--------|--------------|-----|
| | poration/Organization name | | | California | a corp | oration numb | er |
| Stre | eet address (suite, room, or PMB no.) | | | FEIN | | | |
| City | y State | _ | ZIP code | | | | |
| City | Siate | e | ZIP code | | | | |
| Pa | rt I – Political Activities | | | | | | |
| Coı | mplete if the organization supported or opposed a candidate for public office. See ins | struc | ctions. | | | | |
| 1 | Has the organization participated or intervened in any political campaign on behalf If "Yes," describe the activities. Provide a summary of any published material relati | | • | date? | . 1 | Yes | No |
| 2 | Has the organization contributed funds to support or oppose any individual public of to support or oppose a public office candidate? | | | | . 2 | Yes | □No |
| _ | rt II – Legislative Activities mplete if the organization attempted to influence legislation. | | | | | | |
| 3 | Has the organization attempted to influence any national, state or local legislation, or federal Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) O Influence Legislation? | rgan | ization To Make Expenditures | | . 3 | Yes | □No |
| 4a | Has the organization, during the 2020 taxable year, filed a federal Form 5768? If "Yes," attach a copy of federal Form 5768 filed with the Internal Revenue Service organization's need to file an election for state purposes. If "No", go to question 4b and see instructions. | | | | 4a | Yes | □No |
| 4b | Has the organization filed a federal Form 5768 in a prior year that has not been revolve: The organization cannot make this election if it is a church, an integrated aux an affiliated organization. | | | | 4b | Yes | No |
| — Fur | nish the following financial information for the taxable year: | | | | | | |
| 5 | Exempt Purpose Expenditures The total amount paid or incurred to accomplish the charitable, educational, religio | us, e | etc. purpose | | . 5 | | 00 |
| 6 | Lobbying Expenditures The total amount expended for the purpose of influencing legislation through common a legislative body or any government official or employee who may participate in | | - | | . 6 | | 00 |
| 7 | Grass Roots Expenditures The amount expended to influence any legislation through attempts to affect the opsegment of it | | | | . 7 | | 00 |

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

California Copy Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. 2020

OMB No. 1545-0047

Name of the organization

Transgender Law Center

Organization type (check one):

| Organization type (check one): | | | | |
|--------------------------------|--|---|--|--|
| Filers of | f: | Section: | | |
| Form 99 | 0 or 990-EZ | X 501(c)(3) (enter number) organization | | |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | |
| | | 527 political organization | | |
| Form 99 | 0-PF | 501(c)(3) exempt private foundation | | |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | |
| | | 501(c)(3) taxable private foundation | | |
| | , | red by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | |
| General | Rule | | | |
| X | | ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | |
| Special | Rules | | | |
| | under sections 509(a)(received from any on | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that le contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) ine 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. | | |
| | during the year, total | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the daddress), II, and III. | | |
| | during the year, control \$1,000. If this box is charitable, etc., purpo | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, ributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, ose. Don't complete any of the parts unless the General Rule applies to this organization because | | |

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

1 1 Employer identification number

Transgender Law Center

| Part I | Contributors (see instructions). | Use duplicate copies of Part | I if additional space is needed. |
|--------|----------------------------------|------------------------------|----------------------------------|
|--------|----------------------------------|------------------------------|----------------------------------|

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|-------------------------------|---|
| 1 | Evelyn & Walter Haas, Jr. Fund | | Person X |
| | 114 Sansome Street, Suite 600 | \$110,000. | Payroll Noncash |
| | San Francisco, CA 94104 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | The San Francisco Foundation | | Person X Payroll |
| | One Embarcadero Center Suite 1 | \$ <u>86,</u> 500. | - - |
| | San Francisco, CA 94111 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | Tides Foundation | | Person X Payroll |
| | PO Box 29198 | \$246,018. | |
| | San Francisco, CA 94129-0903 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | Wellspring Philanthropic Fund | | Person X Payroll |
| | 1441 Broadway, Suite 1600 | \$620,000. | |
| | New York, NY 10018-1905 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | Open Society Foundations | | Person X Payroll |
| | 224 W. 57th Street | \$ <u>12,500.</u> | Noncash |
| | New York, NY 10019 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>6</u> | Levi Strauss Foundation | | Person X |
| | 1155 Battery Street | \$130,000. | Payroll Noncash |
| | San Francisco, CA 94111 | | (Complete Part II for noncash contributions.) |

2

| Scriedule | D (1 (| 31111 990 | , 990-LZ | ., 01 | 330-F | ' ' | (2020) |
|-------------|---------|-----------|----------|-------|-------|-----|--------|
| Nama of ava | anizati | on | | | | | |

Transgender Law Center

Employer identification number

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional s | pace is needed. | |
|------------|--|--|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | NEO Philanthropy, Inc. | _ | Person X Payroll |
| | 45 W. 36th Street, 6th Fl. | \$256,616. | Noncash |
| | New York, NY 10018 | - | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | The California Endowment | _ | Person X |
| | 1000 N. Alameda Street | \$300,000. | Payroll |
| | Los Angeles, CA 90012 | - | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | Borealis Philanthropy | _ | Person X |
| | 126 N. 3rd St., Ste. 500 | \$223,400. | Payroll Noncash |
| | Minneapolis, MN 55401 | - | (Complete Part II for noncash contributions.) |
| | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| (a) No. | (b) Name, address, and ZIP + 4 NoVo Foundation | Total | Type of contribution Person X |
| | Name, address, and ZIP + 4 | Total | Type of contribution |
| | Name, address, and ZIP + 4 NoVo Foundation | Total contributions | Person X Payroll |
| | Name, address, and ZIP + 4 NoVo Foundation 535 Fifth Ave., 33rd Fl. | Total contributions | Person X Payroll Noncash (Complete Part II for |
| | Name, address, and ZIP + 4 NoVo Foundation 535 Fifth Ave., 33rd Fl. New York, NY 10017 (b) | Total contributions \$ 178,945. (c) Total | Type of contribution Person X Payroll |
| 10 | Name, address, and ZIP + 4 NoVo Foundation 535 Fifth Ave., 33rd Fl. New York, NY 10017 (b) Name, address, and ZIP + 4 | Total contributions \$ 178,945. (c) Total | Type of contribution Person X Payroll |
| 10 | Name, address, and ZIP + 4 NoVo Foundation 535 Fifth Ave., 33rd Fl. New York, NY 10017 Name, address, and ZIP + 4 Arcus Foundation | \$ 178,945. | Type of contribution Person X Payroll |
| 10 | Name, address, and ZIP + 4 NoVo Foundation 535 Fifth Ave., 33rd Fl. New York, NY 10017 Name, address, and ZIP + 4 Arcus Foundation 44 West 28th Street, 17th Fl. | \$ 178,945. | Type of contribution Person X Payroll |
| (a) No. | Name, address, and ZIP + 4 NoVo Foundation 535 Fifth Ave., 33rd Fl. New York, NY 10017 Name, address, and ZIP + 4 Arcus Foundation 44 West 28th Street, 17th Fl. New York, NY 10001 (b) | \$178_945. \$178_945. (c) Total contributions \$25_000. | Type of contribution Person X Payroll |
| 10 | Name, address, and ZIP + 4 NoVo Foundation 535 Fifth Ave., 33rd Fl. New York, NY 10017 Name, address, and ZIP + 4 Arcus Foundation 44 West 28th Street, 17th Fl. New York, NY 10001 Name, address, and ZIP + 4 | \$178_945. \$178_945. (c) Total contributions \$25_000. | Type of contribution Person X Payroll |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization

Transgender Law Center

Employer identification number

| Part I | Contributors (see instructions). | Use duplicate copies of Part | I if additional space is needed. |
|--------|----------------------------------|------------------------------|----------------------------------|
|--------|----------------------------------|------------------------------|----------------------------------|

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|-------------|-----------------------------------|-------------------------------|---|
| <u>13</u> _ | Gilead Sciences | | Person X |
| | 333 Lakeside Drive | \$ <u>1,411,050.</u> | Payroll Noncash |
| | Foster City, CA 94404 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 14_ | Wallace Alexander Gerbode Fdtn. | | Person X Payroll |
| | 1791 Solano Ave. F15 | \$75,000. | Noncash |
| | Berkeley, CA 94707 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>15</u> _ | Overbrook Foundation | | Person X Payroll |
| | 60 East 42nd St., Ste. 565 | \$ <u>100,000.</u> | Noncash |
| | New York, NY 10165 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>16</u> _ | AIDS United | | Person X Payroll |
| | 1101 14th St. NW, Ste. 300 | \$429,000. | Noncash |
| | Washington, DC 20005 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>17</u> _ | Horizons Foundation | | Person X Payroll |
| | 550 Montgomery St., Ste. 700 | \$ <u>50,000.</u> | Noncash |
| | San Francisco, CA 94111 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 18_ | Durch and Francis | | Person X |
| | Proteus Fund | | |
| | 15 Research Dr., Ste. B | \$ <u>15,000.</u> | Payroll |

Name of organization

Employer identification number

Transgender Law Center

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | |
|-------------|--|---------------------------------------|---|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| <u>19</u> _ | Unitarian Universalist Veatch Prgrm | _ | Person X | |
| | 48 Shelter Rock Rd. | \$40,000. | Payroll Noncash | |
| | Manhasset, NY 11030 | - | (Complete Part II for noncash contributions.) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| 20_ | The Oscar & Elsa Mayer Family Fdtn. | _ | Person X | |
| | 1288 Summit Ave., Ste. 107-134 | \$47,000. | Payroll | |
| | Oconomowoc, WI 53066-4466 | - | (Complete Part II for noncash contributions.) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| <u>21</u> _ | Silicon Valley Community Fdtn. | | Person X | |
| | 2440 W. El Camino Real, 300 | \$50,000. | Payroll Noncash | |
| | Mountain View, CA 94040 | _ | (Complete Part II for noncash contributions.) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| <u>22</u> _ | Van Loben Sels/Remberock Fdtn. | | Person X | |
| | | | | |
| | 131 Steuart St., Ste. 301 | \$25,000. | Payroll Noncash | |
| | 131 Steuart St., Ste. 301 San Francisco, CA 94105 | \$25,000. - | | |
| (a) No. | | \$ 25,000. (c) Total contributions | Noncash (Complete Part II for | |
| (a) No. | San Francisco, CA 94105 (b) | (c) | Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X | |
| No. | San Francisco, CA 94105 (b) Name, address, and ZIP + 4 | (c) | Noncash (Complete Part II for noncash contributions.) (d) Type of contribution | |
| No. | San Francisco, CA 94105 (b) Name, address, and ZIP + 4 Astraea Lesbian Foundation | (c) Total contributions | Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll | |
| No. | San Francisco, CA 94105 Name, address, and ZIP + 4 Astraea Lesbian Foundation 116 E. 16th Street, Fl. 7 | (c) Total contributions | Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for | |
| | San Francisco, CA 94105 Name, address, and ZIP + 4 Astraea Lesbian Foundation 116 E. 16th Street, Fl. 7 New York, NY 10003 (b) | (c) Total contributions \$ 35,000. | Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Rayroll Noncash (Complete Part II for noncash contributions.) (d) Type of contributions.) | |
| 23 | San Francisco, CA 94105 Name, address, and ZIP + 4 Astraea Lesbian Foundation 116 E. 16th Street, Fl. 7 New York, NY 10003 Name, address, and ZIP + 4 | (c) Total contributions \$ 35,000. | Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization

Transgender Law Center

5 1 Employer identification number

| Part I | Contributors (see instructions). | Use duplicate copies of Part | I if additional space is needed. |
|--------|----------------------------------|------------------------------|----------------------------------|
|--------|----------------------------------|------------------------------|----------------------------------|

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|--------------|-----------------------------------|-------------------------------|---|
| <u>25</u> _ | The Calamus Foundation | | Person X |
| | PO Box 2396 | \$50,000. | Payroll Noncash |
| | New York, NY 10021 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>26</u> _ | North Star Fund | | Person X |
| | 520 8th Ave., Ste. 1800 | \$ <u>50,000</u> . | Payroll Noncash |
| | New York, NY 10018-6656 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>27</u> _ | The Minneapolis Foundation | | Person X Payroll |
| | 80 S. 8th Street | \$ <u>12,000</u> . | |
| | Minneapolis, MN 55416 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 28_ | Ford Foundation | | Person X Payroll |
| | 320 E. 43rd Street | \$588,000. | |
| | New York, NY 10017 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u> 29</u> _ | Amalgamated Charitable Fdtn. | | Person X Payroll |
| | 4420 NW 45th Terrace | \$2 <u>,740,000</u> . | Noncash |
| | Coconut Creek, FL 33073 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>30</u> _ | East Bay Community Foundation | | Person X |
| | 200 Frank H. Ogawa Plaza | \$15,000. | Payroll Noncash |
| | Oakland, CA 94612 | | (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

Transgender Law Center 05-0544006

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional s | space is needed. | |
|----------------|--|--------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>31</u> _ | Harvard University | _ | Person X Payroll |
| | 1563 Massachusetts Ave. | \$5,000. | Noncash |
| | Cambridge, MA 02138 | _ | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>32</u> _ | Heising-Simons Foundation | _ | Person X |
| | 400 Main Street, Suite 200 | \$525,000. | Payroll |
| | Los Altos, CA 94022 | - | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>33</u> _ | SF LGBT Community Center | _ | Person X |
| | 1800 Market Street | \$29,639. | Payroll Noncash |
| | San Francisco, CA 94102 | - | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>34</u> _ | Vanguard Charitable | | Person X |
| | PO Box 9509 | \$375,000. | Payroll Noncash |
| | Warwick, RI 02889 | - | (Complete Part II for noncash contributions.) |
| | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| (a) No. | (b) Name, address, and ZIP + 4 ViiV Healthcare | (c) Total contributions | Type of contribution Person X |
| No. | Name, address, and ZIP + 4 | (c) Total contributions | Type of contribution |
| No. | Name, address, and ZIP + 4 ViiV Healthcare | - | Person X Payroll |
| No. | Name, address, and ZIP + 4 ViiV Healthcare 66 Quincy Street | - | Person X Payroll Noncash (Complete Part II for |
| 3 <u>5</u> | Name, address, and ZIP + 4 ViiV Healthcare 66 Quincy Street Medford, MA 02155 | \$45,000. - (c) Total | Type of contribution Person X Payroll |
| 35_ (a) | Name, address, and ZIP + 4 ViiV Healthcare 66 Quincy Street Medford, MA 02155 Name, address, and ZIP + 4 | \$45,000. - (c) Total | Type of contribution Person X Payroll |

Transgender Law Center

7 1 Employer identification number

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional s | pace is needed. | |
|-------------|---|-------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>37</u> _ | Schmidt Family Foundation 555 Bryant Street, Ste. 370 Palo Alto, CA 94301 | \$300,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>38</u> _ | Crankstart Foundation 1660 Bush Street, Ste. 300 San Francisco, CA 94109 | \$ <u>150,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>39</u> _ | Loud Hound Foundation 1660 Bush Street, Ste. 300 San Francisco, CA 94109 | \$75,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 40_ | Kelson Foundation 1660 Bush Street, Ste. 300 San Francisco, CA 94109 | \$75,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 41_ | National Philanthropic Trust 165 Township Line Rd. #1200 Jenkintown, PA 19046 | \$3,000,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>42</u> _ | Coinbase 1 Front Street San Francisco, CA 94111 | \$50,550. | Person X Payroll |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization

Transgender Law Center

Employer identification number

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional s | pace is needed. | |
|-------------|---|-------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>43</u> _ | BLM Global Network Fdtn. 248 3rd Street #305 | \$200,000. | Person X Payroll Noncash (Complete Part II for |
| (a) No. | Oakland, CA 94607 (b) Name, address, and ZIP + 4 | (c) Total contributions | noncash contributions.) (d) Type of contribution |
| 44_ | Chevron 6001 Bollinger Canyon Road San Ramon, CA 94583 | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>45</u> _ | Rockefeller Foundation 420 5th Avenue New York, NY 10018 | \$ <u>50,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>46</u> _ | Lynn Coyle, PLLC. 2515 N. Stanton El Paso, TX 79902 | \$ <u>5,000.</u> | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>47</u> _ | Facebook 1 Facebook Way Menlo Park, CA 94025 | \$25,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>48</u> _ | The Libra Foundation 1 Letterman Dr. Ste. C4-420 San Francisco, CA 94129 | \$100,000. | Person X Payroll |

Transgender Law Center

9

Name of organization

Employer identification number 05-0544006

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|-------------|------------------------------------|-------------------------------|---|
| <u>49</u> _ | New York Women's Foundation | | Person X |
| | 39 Broadway, 23rd Floor | \$50,000. | Payroll Noncash |
| | New York, NY 10006 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>50</u> _ | The Simmons Foundation | | Person X Payroll |
| | 109 N. Post Oak Ln. Ste. 220 | \$70,000. | Noncash |
| | Houston, TX 77024 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>51</u> _ | Fairfield County's Community Fdtn. | | Person X Payroll |
| | 40 Richards Ave. | \$125,000. | Noncash |
| | Norwalk, CT 06854 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>52</u> _ | Abelard Foundation | | Person X |
| | PO_Box_148 | \$ <u>10,000</u> . | Payroll Noncash |
| | Lincoln, MA 01773 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>53</u> _ | Kristina Schaffer | | Person X Payroll |
| | 340 S. Lemon Ave. #2452 | \$100,000. | Noncash |
| | Walnut, CA 91789 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>54</u> _ | Ryan Reynolds Trust | | Person X Payroll |
| | 888 Seventh Ave. 4th Floor | \$100,000. | Noncash |
| | New York, NY 10106 | | (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

Transgender Law Center

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | |
|-------------|---|-------------------------------------|---|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| <u>55</u> _ | Anonymous | _ | Person X | |
| | PO Box 70976 | \$6,000. | Payroll Noncash | |
| | Oakland, CA 94612 | - | (Complete Part II for noncash contributions.) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| <u>56</u> _ | Fine and Greenwald Foundation | _ | Person X | |
| | 19501 Biscayne Blvd. Ste. 400 | \$ <u>10,000.</u> | Payroll | |
| | Aventura, FL 33180 | - | (Complete Part II for noncash contributions.) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| <u>57</u> _ | Andrus Family Fund | | Person X | |
| | 200 Madison Ave., 25th Floor | \$225,000. | Payroll Noncash | |
| | New York, NY 10016 | - | (Complete Part II for noncash contributions.) | |
| | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| (a) No. | (b) Name, address, and ZIP + 4 Brooklyn Community Bail Fund | Total | Type of contribution Person X | |
| | Name, address, and ZIP + 4 | Total | Type of contribution | |
| | Name, address, and ZIP + 4 Brooklyn Community Bail Fund | Total contributions | Person X Payroll | |
| | Name, address, and ZIP + 4 Brooklyn Community Bail Fund 195 Montague St. Floor 14 | Total contributions | Person X Payroll Noncash (Complete Part II for | |
| | Name, address, and ZIP + 4 Brooklyn Community Bail Fund 195 Montague St. Floor 14 Brooklyn, NY 11201 (b) | \$ 25 , 000 . | Type of contribution Person X Payroll | |
| | Name, address, and ZIP + 4 Brooklyn Community Bail Fund 195 Montague St. Floor 14 Brooklyn, NY 11201 (b) Name, address, and ZIP + 4 | \$ 25 , 000 . | Type of contribution Person X Payroll | |
| | Name, address, and ZIP + 4 Brooklyn Community Bail Fund 195 Montague St. Floor 14 Brooklyn, NY 11201 Name, address, and ZIP + 4 Estee Lauder | \$ 25,000. | Type of contribution Person X Payroll | |
| | Name, address, and ZIP + 4 Brooklyn Community Bail Fund 195 Montague St. Floor 14 Brooklyn, NY 11201 (b) Name, address, and ZIP + 4 Estee Lauder 767 Fifth Ave. | \$ 25,000. | Type of contribution Person X Payroll | |
| (a) No. | Name, address, and ZIP + 4 Brooklyn Community Bail Fund 195 Montague St. Floor 14 Brooklyn, NY 11201 Name, address, and ZIP + 4 Estee Lauder 767 Fifth Ave. New York, NY 10153 (b) | \$25,000. \$25,000. (c) Total | Type of contribution Person X Payroll | |
| (a) No. | Name, address, and ZIP + 4 Brooklyn Community Bail Fund 195 Montague St. Floor 14 Brooklyn, NY 11201 Name, address, and ZIP + 4 Estee Lauder 767 Fifth Ave. New York, NY 10153 Name, address, and ZIP + 4 | \$25,000. \$25,000. (c) Total | Type of contribution Person X Payroll | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization Transgender Law Center

Employer identification number

| Part I Contributors (see instructions). Use dupl | licate copies of Part I if additional space is needed. |
|--|--|
|--|--|

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|-------------|-----------------------------------|-------------------------------|---|
| <u>61</u> _ | TakeAction Minnesota | | Person X |
| | 705 Raymond Ave. #100 | \$25,000. | Payroll Noncash |
| | St. Paul, MN 55114 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>62</u> _ | Houston Endowment | | Person X Payroll |
| | 600 Travis, Suite 6400 | \$150,000. | Noncash |
| | Houston, TX 77002 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>63</u> _ | The JPB Foundation | | Person X Payroll |
| | 875 3rd Ave., 29th Floor | \$ <u>500,000</u> . | Noncash |
| | New York, NY 10022 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>64</u> _ | Rockefeller Philanthropy Advisors | | Person X Payroll |
| | 6 W. 48th Street, Fl. 10 | \$375,000. | Noncash |
| | New York, NY 10036 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>65</u> _ | Women Donors Network | | Person X Payroll |
| | PO_Box_2930 | \$ <u>50,000</u> . | Noncash |
| | San Francisco, CA 94126 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>66</u> _ | Impact Fund | | Person X Payroll |
| | 2080 Addison Street, Ste. 5 | \$50,000. | Noncash |
| | Berkeley, CA 94704 | | (Complete Part II for noncash contributions.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization

Transgender Law Center

Employer identification number

| Part I | Contributors | (see instructions). | Use duplicate copi | es of Part I if additional | space is needed. |
|--------|--------------|---------------------|--------------------|----------------------------|------------------|
|--------|--------------|---------------------|--------------------|----------------------------|------------------|

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|-------------|------------------------------------|-------------------------------|---|
| <u>67</u> _ | Roy & Patricia Disney Family Fdtn. | | Person X |
| | 3500 W. Olive Ave., Ste. 700 | \$ <u>50,000.</u> | Payroll Noncash |
| | Burbank, CA 91505 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>68</u> _ | Hispanics in Philanthropy | | Person X Payroll |
| | 414 13th Street, Ste. 200 | \$ <u>50,000</u> . | - - |
| | Oakland, CA 94612 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>69</u> _ | Urgent Action Fund | | Person X Payroll |
| | 660 13th Street, Ste. 200 | \$30,000. | · · · |
| | Oakland, CA 94612 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>70</u> _ | GrantmakersConcerned/Immig./Refug. | | Person X Payroll |
| | 7151 Wilton Ave. | \$28,017. | |
| | Sebastopol, CA 95472 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>71</u> _ | Elizabeth Taylor AIDS Fdtn. | | Person X Payroll |
| | 9701 Wilshire Blvd. Ste. 600 | \$25,000. | Noncash |
| | Beverly Hills, CA 90212 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>72</u> _ | The Rocking Moon Fdtn. | | Person X Payroll |
| | 5630 Wisconsin Ave. #1201 | \$25,000. | Noncash |
| | Chevy Chase, MD 20815 | | (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

Transgender Law Center 05-0544006

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | | |
|-------------|--|-----|--|---|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution | | |
| <u>73</u> _ | Southerners on New Ground | | | Person X | | |
| | 561 W. Whithall Street | \$_ | 20,000. | Payroll Noncash | | |
| | Atlanta, GA 30310 | - | | (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution | | |
| <u>74</u> | Headwaters Foundation for Justice | | | Person X | | |
| | 2801 21st Ave. S., Ste. 132B | \$_ | <u> 10,000.</u> | Payroll | | |
| | Minneapolis, MN 55407 | - | | (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution | | |
| <u>75</u> _ | Black Youth Project 100 | | | Person X | | |
| | PO Box 15254 | \$_ | 10,000. | Payroll Noncash | | |
| | Chicago, IL 60615 | | | (Complete Part II for noncash contributions.) | | |
| | | | | • | | |
| (a) No. | (b) Name, address, and ZIP + 4 | | (c) Total contributions | (d) Type of contribution | | |
| (a) No. | (b) Name, address, and ZIP + 4 Eaze | | Total | Person X | | |
| | Name, address, and ZIP + 4 | \$_ | Total | <u></u> | | |
| | Name, address, and ZIP + 4 Eaze | \$_ | Total contributions | Person X Payroll | | |
| | Name, address, and ZIP + 4 Eaze PO Box 26416 | \$_ | Total contributions | Person X Payroll Noncash (Complete Part II for | | |
| 76_ (a) | Name, address, and ZIP + 4 Eaze PO Box 26416 San Francisco, CA 94126 (b) | \$_ | Total contributions 10,000. | Person X Payroll | | |
| 76 | Name, address, and ZIP + 4 Eaze PO_Box_26416 San_Francisco, CA_94126 Name, address, and ZIP + 4 | \$_ | Total contributions 10,000. | Person X Payroll | | |
| 76 | Name, address, and ZIP + 4 Eaze PO Box 26416 San Francisco, CA 94126 Name, address, and ZIP + 4 David Rockefeller Fund | - | Total contributions 10,000. (c) Total contributions | Person X Payroll | | |
| 76 | Name, address, and ZIP + 4 Eaze PO Box 26416 San Francisco, CA 94126 Name, address, and ZIP + 4 David Rockefeller Fund 475 Riverside Drive, Ste. 900 | - | Total contributions 10,000. (c) Total contributions | Person X Payroll | | |
| (a) No. | Name, address, and ZIP + 4 Eaze PO Box 26416 San Francisco, CA 94126 Name, address, and ZIP + 4 David Rockefeller Fund 475 Riverside Drive, Ste. 900 New York, NY 10115 (b) | - | Total contributions 10,000. (c) Total contributions 10,000. | Person X Payroll | | |
| (a) No. | Name, address, and ZIP + 4 Eaze PO Box 26416 San Francisco, CA 94126 Name, address, and ZIP + 4 David Rockefeller Fund 475 Riverside Drive, Ste. 900 New York, NY 10115 Name, address, and ZIP + 4 | - | Total contributions 10,000. (c) Total contributions 10,000. | Person X Payroll | | |

1

Employer identification number

Transgender Law Center

Name of organization

| (a) No. from | /h) | | |
|---------------------------|--|---|----------------------|
| Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| Ŋ | N/A | | |
| | | | |
| - | | ^{\$} | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| - | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | s | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| _ | | | |
| | · | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| - | | | |
| | | s | |
| BAA | | | |

Page 4

Name of organization Employer identification number Transgender Law Center 05-0544006 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.).........▶\$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

| 20 California Statements | | | | |
|---|---|----------------------------|----------------------------------|--|
| | Transgender Law Cent | er | | 05-054400 |
| Statement 1 Form 199, Part II, Line 7 Other Income Income from Special Events Miscellaneous Other Investment Income Program Service Revenue | | | | -7,417. 21,377. 47,718. 41,549. 103,227. |
| Statement 2 Form 199, Part II, Line 9 Contributions, Gifts, Grants, and Simila | ar Amounts Paid | | | |
| Donee's Name: Donee's Street Address: Donee's City, State, ZIP: Amount Given: | Gender & Sexualiti 1714 Franklin Stre Oakland, CA 94612 | | | 119,600. |
| | | | | |
| Donee's Name: Amount Given: | Operation Restorat | ion | | 2,000. |
| | Operation Restorat | ion | Total <u>\$</u> | 2,000. |
| | | Total Compen- | Contri- bution to | 121,600. Expense Account/ |
| Amount Given: Statement 3 Form 199, Part II, Line 11 Compensation of Officers, Directors, Tru Current Officers: | Istees and Key Employees Title and Average Hours | Total Compen- | Contri- bution to EBP & DC | Expense Account/Other |
| Amount Given: Statement 3 Form 199, Part II, Line 11 Compensation of Officers, Directors, Tru Current Officers: Name and Address Min Matson, Board Chair & PO BOX 70976 | Title and Average Hours Per Week Devoted Director | Total Compen- sation | Contri- bution to EBP & DC | Expense Account/ Other |
| Statement 3 Form 199, Part II, Line 11 Compensation of Officers, Directors, Tru Current Officers: Name and Address Min Matson, Board Chair & PO BOX 70976 Oakland, CA 94612 Evelyn Rios, Board Vice Ch. & PO BOX 70976 | Title and Average Hours Per Week Devoted Director 2.00 Director | Total Compensation \$ 0. | Contribution to EBP & DC | Expense Account/Other |
| Statement 3 Form 199, Part II, Line 11 Compensation of Officers, Directors, Tru Current Officers: Name and Address Min Matson, Board Chair & PO BOX 70976 Oakland, CA 94612 Evelyn Rios, Board Vice Ch. & PO BOX 70976 Oakland, CA 94612 Cori Parrish, Treas. & PO BOX 70976 | Title and Average Hours Per Week Devoted Director 2.00 Director 2.00 Director | Total Compensation \$ 0. | Contribution to EBP & DC \$ 0. | Expense Account/Other |

05-0544006

Statement 3 (continued)
Form 199, Part II, Line 11
Compensation of Officers, Directors, Trustees and Key Employees

Current Officers:

| Current Officers: Name and Address | Title and Average Hours Per Week Devoted | Total Compen- sation | Contri- bution to EBP & DC | Expense Account/ Other |
|--|--|----------------------------|----------------------------------|------------------------------|
| Chinyere Ezie PO BOX 70976 Oakland, CA 94612 | Director 2.00 | \$ 0. | \$ 0. | \$ 0. |
| Theresa Witherspoon PO BOX 70976 Oakland, CA 94612 | Director 2.00 | 0. | 0. | 0. |
| Brielle Darynn PO BOX 70976 Oakland, CA 94612 | Director 2.00 | 0. | 0. | 0. |
| Trystan Reese PO BOX 70976 Oakland, CA 94612 | Director 2.00 | 0. | 0. | 0. |
| Louis Porter II PO BOX 70976 Oakland, CA 94612 | Director 2.00 | 0. | 0. | 0. |
| Sunu Chandy PO BOX 70976 Oakland, CA 94612 | Director 2.00 | 0. | 0. | 0. |
| Kris Hayashi PO BOX 70976 Oakland, CA 94612 | Executive Dir. 40.00 | 117,863. | 2,400. | 8,088. |
| Billy Chen, Finance/Oper. PO BOX 70976 Oakland, CA 94612 | Director 40.00 | 113,714. | 2,938. | 8,816. |
| Alan Francisco-Tipgos PO BOX 70976 Oakland, CA 94612 | Director 2.00 | 0. | 0. | 0. |
| Melanie Rowen PO BOX 70976 Oakland, CA 94612 | Director 2.00 | 0. | 0. | 0. |
| | Total | \$ 231,577. | \$ 5,338. | \$ 16,904. |

2020

California Statements

Page 3

Transgender Law Center

05-0544006

| Statement 4 | |
|---------------------------|----|
| Form 199, Part II, Line 1 | 17 |
| Other Expenses | |

| Accounting Fees Advertising & Promotion Bank fees | \$ | 52,949. 275,355. 56,439. |
|---|------|--------------------------------|
| Client Costs | | 104,396. |
| Conferences, Conventions & Meetings | | 25,004. |
| Information Technology | | 187,397. |
| Insurance | | 30,354. |
| Legal Fees | | 70,240. |
| Miscellaneous | | 75,626. |
| Office Expenses | | 164,200. |
| Other Employee Benefits | | 279,722. |
| Other expenses | | 39,595. |
| Other fees | | 547,830. |
| Professional Fundraising Fees | | 59,198. |
| Staff/Volunteer Development | | 31,963. |
| Travel | 4 0 | 173,557. |
| Total | \$ 2 | .,173,825. |

Statement 5 Form 199, Schedule L, Line 12 Other Assets

Statement 6 Form 199, Schedule L, Line 16 Bonds and Notes Payable

Total Notes and Bonds Payable $\frac{$453,465}{}$.

Statement 7 Form 199, Schedule L, Line 18 Other Liabilities

Deferred Rent 23,206. Subtenant Deposit 26,013. Total $\frac{26,013}{\$}$

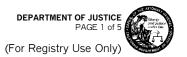
STATE OF CALIFORNIA

RRF-1 (Rev. 09/2017) IN

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916) 210-6400

WEBSITE ADDRESS: www.ag.ca.gov/charities/



ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filling penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

| | | | Check if: | | | | |
|--|----------------------------------|--|--|---|----------|-----|--|
| TRANSGENDER LAW CENTER | | | Change of address | | | | |
| Name of Organization | | | Amended report | | | | |
| List all DBAs and names the organization use | s or has used | | ┦—— | · | | | |
| PO BOX 70976 | | | State Charity | Registration Number 129957 | | | |
| Address (Number and Street) | | | | | | | |
| OAKLAND, CA 94612 City or Town, State and ZIP Code | | | Corporation or | Organization No. 2627930 | | | |
| 510-587-9696 | | N@TRANSGENDERLAWCENT | <u> </u> | ID N OF . OF 4400C | | | |
| Telephone Number | E-mail Ad | | · | oyer ID No. <u>05-0544006</u> | | | |
| ANNUAL REC | GISTRATION I | RENEWAL FEE SCHEDULE (11 C Make Check Payable to Depa | | | | | |
| Gross Annual Revenue | Fee | Gross Annual Revenue | <u>Fee</u> | Gross Annual Revenue | F | ee | |
| Less than \$25,000 | 0 | Between \$100,001 and \$250,0 | 000 \$50 | Between \$1,000,001 and \$10 million | \$ | 150 | |
| Between \$25,000 and \$100,000 | \$25 | Between \$250,001 and \$1 mil | lion \$75 | Between \$10,000,001 and \$50 millio | | 225 | |
| | | | | Greater than \$50 million | <u> </u> | 300 | |
| PART A – ACTIVITIES | | | | 10/01/02 | | | |
| For your most recent full acc | counting peri | iod (beginning 1/01/2 | ending | 12/31/20) list: | | | |
| Gross Annual Revenue \$ 19 | 9,101,863 | Noncash Contributions | \$ 6,2 | 228. Total Assets \$ 19,13 | 9,78 | 30. | |
| Program Fxne | enses Š | 4,108,398. | Total Expenses | s \$ 5,596,342. | | | |
| | | 1/100/030: | | 3/330/312: | | | |
| PART B – STATEMENTS R | EGARDIN | G ORGANIZATION DURI | NG THE PERIO | OD OF THIS REPORT | | | |
| Note: All questions must be answ | vered. If you | answer "yes" to any of the que | stions below, yo | u must attach a separate page | | | |
| | | | | tructions for information required. | Yes | No | |
| 1 During this reporting period, we officer, director or trustee thereof, eit | re there any o her directly o | contracts, loans, leases or other finand r with an entity in which any su | ial transactions betw uch officer, director o | veen the organization and any r trustee had any financial interest? | | X | |
| 2 During this reporting period, wa | s there any th | heft, embezzlement, diversion | or misuse of the | organization's charitable property or funds? | | X | |
| 3 During this reporting period, we | re any organi | ization funds used to pay any p | enalty, fine or jud | dgment? | | X | |
| 4 During this reporting period, we | re the service | es of a commercial fundraiser, fundr | aising counsel fo | | Х | П | |
| coventurer used? | | | | SEE STATEMENT 1 | | | |
| 5 During this reporting period, did | the organiza | ation receive any governmental | funding? | SEE STATEMENT 2 | Χ | | |
| 6 During this reporting period, did | the organiza | ation hold a raffle for charitable | purposes? | | | X | |
| 7 Does the organization conduct a | yehicle don: | ation program? | | | П | X | |
| - | | | | | | | |
| 8 Did the organization conduct an generally accepted accounting p | independent principles for | t audit and prepare audited fina this reporting period? | ncial statements | in accordance with | | X | |
| 9 At the end of this reporting period | od, did the or | rganization hold restricted net asse | ts, while reporting | g negative unrestricted net assets? | | Χ | |
| I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign. | | | | | | | |
| and some some is true, con | | | 9 | | | | |
| Cignoture of Authorized Accest | | S HAYASHI | EXECUTIVE | | | | |
| Signature of Authorized Agent | Printed | i ivallie | Title | Date | | | |

2020

California Statements

Page 1

Transgender Law Center

05-0544006

Statement 1 Form RRF-1, Part B, Line 4 Fundraisers Used

Bing Consulting Services: 3361 Mission Street, San Francisco, CA 94110 (415) 800-8127; Leslie Ann Minot: 9724 Peacock Hill Circle, Las Vegas, NV 89117 (702) 360-7875

Statement 2
Form RRF-1, Part B, Line 5
Government Agency That Provided Funding

City and County of San Francisco Human Services Agency: P.O. Box 7988 San Francisco, CA 94120-7988, (415) 557-5000, Adriana Duran, adriana.duran@sfgov.org.