## PUBLIC DISCLOSURE COPY

Form 990

## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047 2022

Open to Public Do not enter social security numbers on this form as it may be made public. Go to www.lrs.gov/Form990 for instructions and the latest information. Department of the Treasury Internal Revenue Service Inspection For the 2022 calendar year, or tax year beginning , 2022, and ending , 20 D Employer Identification number Check if applicable: OAKLAND LGBTO COMMUNITY CENTER INC. 82-2258008 Address change 490 LAKEPARK AVE. #10530 Telephone number Name change OAKLAND, CA 94610-8019 (510) 882-2286 Initial return Final return/terminated G Gross receipts \$ 3.953.549. Amended return H(a) Is this a group return for subordinates? F Name and address of principal officer: JOE HAWKINS Application pending Yes H(b) Are all subordinates included?
If "No," attach a list. See instructions. SAME AS C ABOVE 4947(a)(1) or 527 Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) Website: WWW.OAKLANDLGBTOCENTER.ORG H(c) Group exemption number L Year of formation: 2017 M State of legal domicile: CA X Corporation Trust Association Form of organization: Summary Part I Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance 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)..... 10 Number of independent voting members of the governing body (Part VI, line 1b)..... 4 <u> 10</u> Total number of individuals employed in calendar year 2022 (Part V, line 2a) ...... 5 31 Total number of volunteers (estimate if necessary)...... 6 300 Total unrelated business revenue from Part VIII, column (C), line 12 ...... b Net unrelated business taxable income from Form 990-T, Part I, line 11...... 0. **Current Year Prior Year** 3,629,373. Contributions and grants (Part VIII, line 1h)..... 2,446,494 323,953. Program service revenue (Part VIII, line 2g) ..... 447,333 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 223. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 650 11 2,894,481. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 3,953,549. 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 153,930. 62,353. Benefits paid to or for members (Part IX, column (A), line 4)..... 1,672,970. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . 1,260,004 15 16a Professional fundraising fees (Part IX, column (A), line 11e)..... Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 1,479,787 1,880,086. 17 3,615,409 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25)..... 2.893.721. Revenue less expenses, Subtract line 18 from line 12..... 760. 338,140. 19 Beginning of Current Year End of Year 20 Total assets (Part X, line 16)..... 1,829,096. 5,037,621. 21 Total liabilities (Part X, line 26) ...... 701,812 3,572,197. Net assets or fund balances. Subtract line 21 from line 20..... 1,465,424. 1,127,284 22 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. Date Signature of officer 1-15-24 Sign Here TREASURER SAGE WILLIAMS Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Check P00842984 IRYNA ORESHKOVA, CPA 10/26/23 self-employed IRYNA ORESHKOVA, CPA Paid Preparer Firm's name IRYNA AC Use Only Firm's EIN 20-4994635 Firm's address 1000 BROADWAY STE 200-C

(510) 467-9506

OAKLAND, CA 94607