

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form 990-EZ

Department of the Treasury Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2010

Open to Public Inspection

A F	or the	2010 calendar year, or tax year beginning	, 2010,	and ending			, 20
Во	heck if ap	pplicable C Name of organization			D Emplo	yer ide	entification number
	Address o	change Memphis Gay and Lesbian Community Center				62	2-1398741
	Name cha	Number and street (or P.O box, if mail is not delivered to street address	s)	Room/suite	E Telepi	one nu	mber
_	nitial retu	1032 South Cooper St				90	1-278-6422
=	Ferminate Amended	I City or town, state or country, and ZIP + 4		· · · · · · · · · · · · · · · · · · ·	F Grou	o Exer	nption
=		memphis, TN 38104-5603				ber ▶	•
	-	ting Method:		Н	Check ▶	· $\square$ if	the organization is not
	Nebsit		·				nch Schedule B
		mpt status (check only one) —   501(c)(3)   501(c) ( )   (insert no.)   4	947(a)(1) or	<b>□</b> 527	•		-EZ, or 990-PF).
	Check •				normally r	not mo	re than \$50,000. A
		90-EZ or Form 990 return is not required though Form 990-N (e-postcard) ma					
		return, be sure to file a complete return.	•	•	,		J
LA	dd lines	s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,00	00 or more, o	or if total asset	s (Part II,		
line	25, col	lumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ				<b>▶</b> s	88488
Р	art I	Revenue, Expenses, and Changes in Net Assets or Fund	d Balanc	es (see the	instruc	tions	for Part I.)
		Check if the organization used Schedule O to respond to any					
	1	Contributions, gifts, grants, and similar amounts received			[	1	65400
	2	Program service revenue including government fees and contracts			[	2	0
	3	Membership dues and assessments			[	3	0
	4	Investment income			[	4	365
	5a	Gross amount from sale of assets other than inventory	. 5a		ol		<del></del>
	ь	Less: cost or other basis and sales expenses	. 5b		0	1	
	С	Gain or (loss) from sale of assets other than inventory (Subtract line	5b from li	ne 5a)		5c	0
	6	Gaming and fundraising events		•	ľ		
	а	Gross income from gaming (attach Schedule G if greater th	nan				
Revenue		\$15,000)	.   6a		o		
Š	b	Gross income from fundraising events (not including \$	12280 of	contribution	ns	-	
æ		from fundraising events reported on line 1) (attach Schedule G if t					
		sum of such gross income and contributions exceeds \$15,000)	- 6b		21986		
	С	Less: direct expenses from gaming and fundraising events	. 6с		6197		
	d	Net income or (loss) from gaming and fundraising events (add lin	es 6a and	6b and su	btract	]	
		line 6c)			[	6d	15789
	7a	Gross sales of inventory, ress returns and allowandes	. <b>7a</b>		737		
	b	Less: cost or goods sold	. 7b		750	İ	
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from I	ıne 7a) .		[	7c	-13
	8	Other revenue (describe in Schedule V) 2 0 2011 .   0			٠ . [	8	0
	9	Total revenue. Add lines 192 3, 4, 5c, 6d, 7c, and 8	<u> </u>	<u></u>	. ▶	9	81541
	10	Grants and similar amounts paid flist in Schedule 97			[	10	0
	11	Benefits paid to or for members UGUEIN,			[	11	0
es	12	Salaries, other compensation, and employee benefits				12	49017
Expenses	13	Professional fees and other payments to independent contractors .				13	225
ğ	14	Occupancy, rent, utilities, and maintenance				14	16300
Ŵ	15	Printing, publications, postage, and shipping				15	1991
	16	Other expenses (describe in Schedule O)				16	32734
	17	Total expenses. Add lines 10 through 16	<u>.</u>		. ▶	17	100267
ន	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			!	18	-18726
89	19	Net assets or fund balances at beginning of year (from line 27, co					
Net Assets		end-of-year figure reported on prior year's return)				19	100297
ě	20	Other changes in net assets or fund balances (explain in Schedule (	•		[	20	0 (
_	21	Not assets or fund balances at and of year. Combine lines 19 through	ah 20		I	24	01572

Pai	Balance Sheets. (see the instructions Check if the organization used Schedule	O to respond to any ques	tion in this Dar	ш		
	Check if the organization used Schedule	O to respond to any ques		eginning of year	• •	(B) End of year
22	Cash, savings, and investments			83772	<del></del>	64268
23	Land and buildings			90000	+	90000
24	Other assets (describe in Schedule O)		· · ·	2015	┷	3124
25	Total assets		· · ·	175787	+=-+	157392
26			· · · ⊢	75490	+	75819
27	Net assets or fund balances (line 27 of column		v <del> </del>	100297		81573
Par					21	
r ai	Check if the organization used Schedule				(Regard	Expenses uired for section
\A/L =		<u> </u>				c)(3) and 501(c)(4)
Docc	is the organization's primary exempt purpose? ribe what was achieved in carrying out the organization'	s exempt purposes. In a clea	r and concise ma	nor describe		nzations and section
	ervices provided, the number of persons benefited, and of					(a)(1) trusts; optional hers)
					101 01	JIETS )
28	Youth support services; safer sex education; emerge	ency food pantry, clothes clo	set and misc sup	plies for		
	displaced and homeless youth				1	
		includes foreign grants, che			28a	19258
29	Counseling referral service - MGLCC provides referra	al to LGBT friendly therapist	s, sliding scale fe	e	1	
	arrangements and payment assistance - 57 clients					
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	▶ 🗆	29a	6705
30	OutFlix Film Festival - Providing films of educational	, historical and entertainmen	t value to the			
	LGBT community and the Memphis area at large - 17	00 attendees				
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	▶ □	30a	13319
31	Other program services (describe in Schedule O)					
		includes foreign grants, ch	eck here	▶ □	31a	1058
32	Total program service expenses (add lines 28a t	brough 31a)			32	40340
20212	<b>MNA</b> List of Officers Directors Trustees and Key	<b>Frankovees</b> list each one ev	ven if not compen	sated (see the	inetnic	tions for Part IV )
Par					instruc	ctions for Part IV.)
Par	Check if the organization used Schedule			(d) Contributio	ns to	(e) Expense
Par		O to respond to any ques  (b) Title and average hours per week	stion in this Part (c) Compensation (If not paid,	(d) Contribution	ns to	(e) Expense account and
	Check if the organization used Schedule (a) Name and address	O to respond to any ques  (b) Title and average	stion in this Part	(d) Contributio	ns to	(e) Expense
Willi	Check if the organization used Schedule  (a) Name and address  am Batts	O to respond to any ques  (b) Title and average hours per week	c) Compensation (c) Compensation (ff not paid, enter -0)	(d) Contribution employee benefit deferred competitions	ns to plans & nsation	(e) Expense account and other allowances
Willi 1223	Check if the organization used Schedule  (a) Name and address  am Batts  Beaver Trail Dr., Cordova, TN 38016	O to respond to any ques  (b) Title and average hours per week devoted to position	stion in this Part (c) Compensation (If not paid,	(d) Contribution employee benefit deferred competitions	ns to	(e) Expense account and other allowances
Willi 1223 Chris	Check if the organization used Schedule  (a) Name and address  am Batts  Beaver Trail Dr, Cordova, TN 38016  sty Tweddle	O to respond to any ques  (b) Title and average hours per week devoted to position	c) Compensation (c) Compensation (ff not paid, enter -0)	(d) Contribution employee benefit deferred competitions	ons to plans & nsation	(e) Expense account and other allowances
Willi 1223 Chri: 1585	Check if the organization used Schedule  (a) Name and address  am Batts  Beaver Trail Dr, Cordova, TN 38016  sty Tweddle  York Ave, Memphis, TN 38104	O to respond to any ques  (b) Title and average hours per week devoted to position  Executive Director/65	c) Compensation (c) Compensation (ff not paid, enter -0)	(d) Contribution employee benefit deferred competitions	ns to plans & nsation	(e) Expense account and other allowances
Willi 1223 Chri: 1585 Brya	Check if the organization used Schedule  (a) Name and address  am Batts  Beaver Trail Dr, Cordova, TN 38016  sty Tweddle  York Ave, Memphis, TN 38104  n Moody	O to respond to any ques  (b) Title and average hours per week devoted to position  Executive Director/65	c) Compensation (c) Compensation (ff not paid, enter -0)	(d) Contribution employee benefit deferred competed to the com	ons to plans & nsation	(e) Expense account and other allowances
Willi 1223 Chris 1585 Brya 1796	Check if the organization used Schedule  (a) Name and address  am Batts  Beaver Trail Dr, Cordova, TN 38016  sty Tweddle  York Ave, Memphis, TN 38104  n Moody  Randolph Place, # 8, Memphis, TN 38120	O to respond to any ques  (b) Title and average hours per week devoted to position  Executive Director/65  Board Chair/10	c) Compensation (c) Compensation (ff not paid, enter -0)	(d) Contribution employee benefit deferred competitions	ons to plans & nsation	(e) Expense account and other allowances
Willi 1223 Chris 1585 Brya 1796 Erin	Check if the organization used Schedule  (a) Name and address  am Batts  Beaver Trail Dr, Cordova, TN 38016 sty Tweddle  York Ave, Memphis, TN 38104 n Moody  Randolph Place, # 8, Memphis, TN 38120  Hughes	O to respond to any ques  (b) Title and average hours per week devoted to position  Executive Director/65  Board Chair/10  Vice Chair/10	c) Compensation (c) Compensation (ff not paid, enter -0)	(d) Contribution employee benefit deferred competed to the com	ons to plans & nsation	(e) Expense account and other allowances
Willi. 1223 Chri: 1585 Brya 1796 Erin 3377	Check if the organization used Schedule  (a) Name and address  am Batts  Beaver Trail Dr, Cordova, TN 38016 sty Tweddle  York Ave, Memphis, TN 38104 n Moody  Randolph Place, # 8, Memphis, TN 38120  Hughes  Northwood Dr, Memphis, TN 38111	O to respond to any ques  (b) Title and average hours per week devoted to position  Executive Director/65  Board Chair/10	c) Compensation (c) Compensation (ff not paid, enter -0)	(d) Contribution employee benefit deferred competed to the com	ons to plans & nsation	(e) Expense account and other allowances
Willi. 1223 Chri: 1585 Brya 1796 Erin 3377	Check if the organization used Schedule  (a) Name and address  am Batts  Beaver Trail Dr, Cordova, TN 38016 sty Tweddle  York Ave, Memphis, TN 38104 n Moody  Randolph Place, # 8, Memphis, TN 38120  Hughes	O to respond to any ques  (b) Title and average hours per week devoted to position  Executive Director/65  Board Chair/10  Vice Chair/10  Treasurer/5	c) Compensation (c) Compensation (ff not paid, enter -0)	(d) Contribution employee benefit deferred competes	ons to plans & nsation  O	(e) Expense account and other allowances
Willia 1223 Chris 1585 Brya 1796 Erin 3377 Greg	Check if the organization used Schedule  (a) Name and address  am Batts  Beaver Trail Dr, Cordova, TN 38016 sty Tweddle  York Ave, Memphis, TN 38104 n Moody  Randolph Place, # 8, Memphis, TN 38120  Hughes  Northwood Dr, Memphis, TN 38111	O to respond to any ques  (b) Title and average hours per week devoted to position  Executive Director/65  Board Chair/10  Vice Chair/10	c) Compensation (c) Compensation (ff not paid, enter -0)	(d) Contribution employee benefit deferred competes	ons to plans & nsation  O	(e) Expense account and other allowances
Willi. 1223 Chri: 1585 Brya 1796 Erin 3377 Greg 2466	Check if the organization used Schedule  (a) Name and address  am Batts  Beaver Trail Dr, Cordova, TN 38016  sty Tweddle  York Ave, Memphis, TN 38104  n Moody  Randolph Place, # 8, Memphis, TN 38120  Hughes  Northwood Dr, Memphis, TN 38111  Hollis	O to respond to any ques  (b) Title and average hours per week devoted to position  Executive Director/65  Board Chair/10  Vice Chair/10  Treasurer/5  Secretary/10	c) Compensation (c) Compensation (ff not paid, enter -0)	(d) Contribution employee benefit deferred competes	ons to plans & nsation  O  O	(e) Expense account and other allowances
Willi. 1223 Chri: 1585 Brya 1796 Erin 3377 Greg 2466 Andi	Check if the organization used Schedule  (a) Name and address  am Batts  Beaver Trail Dr, Cordova, TN 38016  sty Tweddle  York Ave, Memphis, TN 38104  n Moody  Randolph Place, # 8, Memphis, TN 38120  Hughes  Northwood Dr, Memphis, TN 38111  Hollis  Kirby Road, #13, Tunica, MS 38664	O to respond to any ques  (b) Title and average hours per week devoted to position  Executive Director/65  Board Chair/10  Vice Chair/10  Treasurer/5	c) Compensation (c) Compensation (ff not paid, enter -0)	(d) Contribution employee benefit deferred competes	ons to plans & nsation  O  O	(e) Expense account and other allowances
Willi. 1223 Chri: 1585 Brya 1796 Erin 3377 Greg 2466 Andi	Check if the organization used Schedule  (a) Name and address  am Batts  Beaver Trail Dr, Cordova, TN 38016  sty Tweddle  York Ave, Memphis, TN 38104  n Moody  Randolph Place, # 8, Memphis, TN 38120  Hughes  Northwood Dr, Memphis, TN 38111  Hollis  Kirby Road, #13, Tunica, MS 38664  ea Allen	O to respond to any ques  (b) Title and average hours per week devoted to position  Executive Director/65  Board Chair/10  Vice Chair/10  Treasurer/5  Secretary/10	c) Compensation (c) Compensation (ff not paid, enter -0)	(d) Contribution employee benefit deferred competed for the competed for t	ons to plans & nsation  O  O  O	(e) Expense account and other allowances
Willi. 1223 Chri: 1585 Brya 1796 Erin 3377 Greg 2466 Andi	Check if the organization used Schedule  (a) Name and address  am Batts  Beaver Trail Dr, Cordova, TN 38016  sty Tweddle  York Ave, Memphis, TN 38104  n Moody  Randolph Place, # 8, Memphis, TN 38120  Hughes  Northwood Dr, Memphis, TN 38111  Hollis  Kirby Road, #13, Tunica, MS 38664  ea Allen	O to respond to any ques  (b) Title and average hours per week devoted to position  Executive Director/65  Board Chair/10  Vice Chair/10  Treasurer/5  Secretary/10	c) Compensation (c) Compensation (ff not paid, enter -0)	(d) Contribution employee benefit deferred competed for the competed for t	ons to plans & nsation  O  O  O	(e) Expense account and other allowances
Willi. 1223 Chri: 1585 Brya 1796 Erin 3377 Greg 2466 Andi	Check if the organization used Schedule  (a) Name and address  am Batts  Beaver Trail Dr, Cordova, TN 38016  sty Tweddle  York Ave, Memphis, TN 38104  n Moody  Randolph Place, # 8, Memphis, TN 38120  Hughes  Northwood Dr, Memphis, TN 38111  Hollis  Kirby Road, #13, Tunica, MS 38664  ea Allen	O to respond to any ques  (b) Title and average hours per week devoted to position  Executive Director/65  Board Chair/10  Vice Chair/10  Treasurer/5  Secretary/10	c) Compensation (c) Compensation (ff not paid, enter -0)	(d) Contribution employee benefit deferred competed for the competed for t	ons to plans & nsation  O  O  O	(e) Expense account and other allowances
Willi. 1223 Chri: 1585 Brya 1796 Erin 3377 Greg 2466 Andi	Check if the organization used Schedule  (a) Name and address  am Batts  Beaver Trail Dr, Cordova, TN 38016  sty Tweddle  York Ave, Memphis, TN 38104  n Moody  Randolph Place, # 8, Memphis, TN 38120  Hughes  Northwood Dr, Memphis, TN 38111  Hollis  Kirby Road, #13, Tunica, MS 38664  ea Allen	O to respond to any ques  (b) Title and average hours per week devoted to position  Executive Director/65  Board Chair/10  Vice Chair/10  Treasurer/5  Secretary/10	c) Compensation (c) Compensation (ff not paid, enter -0)	(d) Contribution employee benefit deferred competed for the competed for t	ons to plans & nsation  O  O  O	(e) Expense account and other allowances
Willi. 1223 Chri: 1585 Brya 1796 Erin 3377 Greg 2466 Andi	Check if the organization used Schedule  (a) Name and address  am Batts  Beaver Trail Dr, Cordova, TN 38016  sty Tweddle  York Ave, Memphis, TN 38104  n Moody  Randolph Place, # 8, Memphis, TN 38120  Hughes  Northwood Dr, Memphis, TN 38111  Hollis  Kirby Road, #13, Tunica, MS 38664  ea Allen	O to respond to any ques  (b) Title and average hours per week devoted to position  Executive Director/65  Board Chair/10  Vice Chair/10  Treasurer/5  Secretary/10	c) Compensation (c) Compensation (ff not paid, enter -0)	(d) Contribution employee benefit deferred competed for the competed for t	ons to plans & nsation  O  O  O	(e) Expense account and other allowances
Willi. 1223 Chri: 1585 Brya 1796 Erin 3377 Greg 2466 Andi	Check if the organization used Schedule  (a) Name and address  am Batts  Beaver Trail Dr, Cordova, TN 38016  sty Tweddle  York Ave, Memphis, TN 38104  n Moody  Randolph Place, # 8, Memphis, TN 38120  Hughes  Northwood Dr, Memphis, TN 38111  Hollis  Kirby Road, #13, Tunica, MS 38664  ea Allen	O to respond to any ques  (b) Title and average hours per week devoted to position  Executive Director/65  Board Chair/10  Vice Chair/10  Treasurer/5  Secretary/10	c) Compensation (c) Compensation (ff not paid, enter -0)	(d) Contribution employee benefit deferred competed for the competed for t	ons to plans & nsation  O  O  O	(e) Expense account and other allowances
Willi. 1223 Chri: 1585 Brya 1796 Erin 3377 Greg 2466 Andi	Check if the organization used Schedule  (a) Name and address  am Batts  Beaver Trail Dr, Cordova, TN 38016  sty Tweddle  York Ave, Memphis, TN 38104  n Moody  Randolph Place, # 8, Memphis, TN 38120  Hughes  Northwood Dr, Memphis, TN 38111  Hollis  Kirby Road, #13, Tunica, MS 38664  ea Allen	O to respond to any ques  (b) Title and average hours per week devoted to position  Executive Director/65  Board Chair/10  Vice Chair/10  Treasurer/5  Secretary/10	c) Compensation (c) Compensation (ff not paid, enter -0)	(d) Contribution employee benefit deferred competed for the competed for t	ons to plans & nsation  O  O  O	(e) Expense account and other allowances
Willi. 1223 Chri: 1585 Brya 1796 Erin 3377 Greg 2466 Andi	Check if the organization used Schedule  (a) Name and address  am Batts  Beaver Trail Dr, Cordova, TN 38016  sty Tweddle  York Ave, Memphis, TN 38104  n Moody  Randolph Place, # 8, Memphis, TN 38120  Hughes  Northwood Dr, Memphis, TN 38111  Hollis  Kirby Road, #13, Tunica, MS 38664  ea Allen	O to respond to any ques  (b) Title and average hours per week devoted to position  Executive Director/65  Board Chair/10  Vice Chair/10  Treasurer/5  Secretary/10	c) Compensation (c) Compensation (ff not paid, enter -0)	(d) Contribution employee benefit deferred competed for the competed for t	ons to plans & nsation  O  O  O	(e) Expense account and other allowances
Willi. 1223 Chri: 1585 Brya 1796 Erin 3377 Greg 2466 Andi	Check if the organization used Schedule  (a) Name and address  am Batts  Beaver Trail Dr, Cordova, TN 38016  sty Tweddle  York Ave, Memphis, TN 38104  n Moody  Randolph Place, # 8, Memphis, TN 38120  Hughes  Northwood Dr, Memphis, TN 38111  Hollis  Kirby Road, #13, Tunica, MS 38664  ea Allen	O to respond to any ques  (b) Title and average hours per week devoted to position  Executive Director/65  Board Chair/10  Vice Chair/10  Treasurer/5  Secretary/10	c) Compensation (c) Compensation (ff not paid, enter -0)	(d) Contribution employee benefit deferred competed for the competed for t	ons to plans & nsation  O  O  O	(e) Expense account and other allowances
Willi. 1223 Chri: 1585 Brya 1796 Erin 3377 Greg 2466 Andi	Check if the organization used Schedule  (a) Name and address  am Batts  Beaver Trail Dr, Cordova, TN 38016  sty Tweddle  York Ave, Memphis, TN 38104  n Moody  Randolph Place, # 8, Memphis, TN 38120  Hughes  Northwood Dr, Memphis, TN 38111  Hollis  Kirby Road, #13, Tunica, MS 38664  ea Allen	O to respond to any ques  (b) Title and average hours per week devoted to position  Executive Director/65  Board Chair/10  Vice Chair/10  Treasurer/5  Secretary/10	c) Compensation (c) Compensation (ff not paid, enter -0)	(d) Contribution employee benefit deferred competed for the competed for t	ons to plans & nsation  O  O  O	(e) Expense account and other allowances
Willi. 1223 Chri: 1585 Brya 1796 Erin 3377 Greg 2466 Andi	Check if the organization used Schedule  (a) Name and address  am Batts  Beaver Trail Dr, Cordova, TN 38016  sty Tweddle  York Ave, Memphis, TN 38104  n Moody  Randolph Place, # 8, Memphis, TN 38120  Hughes  Northwood Dr, Memphis, TN 38111  Hollis  Kirby Road, #13, Tunica, MS 38664  ea Allen	O to respond to any ques  (b) Title and average hours per week devoted to position  Executive Director/65  Board Chair/10  Vice Chair/10  Treasurer/5  Secretary/10	c) Compensation (c) Compensation (ff not paid, enter -0)	(d) Contribution employee benefit deferred competed for the competed for t	ons to plans & nsation  O  O  O	(e) Expense account and other allowances
Willi. 1223 Chri: 1585 Brya 1796 Erin 3377 Greg 2466 Andi	Check if the organization used Schedule  (a) Name and address  am Batts  Beaver Trail Dr, Cordova, TN 38016  sty Tweddle  York Ave, Memphis, TN 38104  n Moody  Randolph Place, # 8, Memphis, TN 38120  Hughes  Northwood Dr, Memphis, TN 38111  Hollis  Kirby Road, #13, Tunica, MS 38664  ea Allen	O to respond to any ques  (b) Title and average hours per week devoted to position  Executive Director/65  Board Chair/10  Vice Chair/10  Treasurer/5  Secretary/10	c) Compensation (c) Compensation (ff not paid, enter -0)	(d) Contribution employee benefit deferred competed for the competed for t	ons to plans & nsation  O  O  O	(e) Expense account and other allowances
Willi. 1223 Chri: 1585 Brya 1796 Erin 3377 Greg 2466 Andi	Check if the organization used Schedule  (a) Name and address  am Batts  Beaver Trail Dr, Cordova, TN 38016  sty Tweddle  York Ave, Memphis, TN 38104  n Moody  Randolph Place, # 8, Memphis, TN 38120  Hughes  Northwood Dr, Memphis, TN 38111  Hollis  Kirby Road, #13, Tunica, MS 38664  ea Allen	O to respond to any ques  (b) Title and average hours per week devoted to position  Executive Director/65  Board Chair/10  Vice Chair/10  Treasurer/5  Secretary/10	c) Compensation (c) Compensation (ff not paid, enter -0)	(d) Contribution employee benefit deferred competed for the competed for t	ons to plans & nsation  O  O  O	(e) Expense account and other allowances

Part	Other Information (Note the statement requirements in the instructions for Part V.)  Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	1	
	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
ь 36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?	35b 36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 4902			
	Did the organization file Form 1120-POL for this year?	37b		1
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		<b>✓</b>
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:	İ		ŀ
	Initiation fees and capital contributions included on line 9			ľ
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			1
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			1
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<b>√</b>
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			i
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
	List the states with which a copy of this return is filed. ► Tennessee			
42a	The organization's books are in care of ▶ William Batts  Telephone no. ▶ 9	01-27	8-642	2
	Located at ▶ 892 South Cooper St, Memphis TN ZIP + 4 ▶	38104	-5603	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	,	Yes	
	account)?	42b		<b>✓</b>
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		:	
	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		1
	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □
	<u>-</u>			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
d	Did the organization receive any payments for indoor tanning services during the year?	44c		1
	explanation in Schedule O	44d		

Form 990	)-EZ (2(	010)							P	age 4
									Yes	No
45	Is any	related organization a controlled en	ity of the organi	zation within the i	meani	ing of section	n 512(b)(13)?	45		<b>7</b>
		ne organization receive any payment								
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of									ļ
		990-EZ (see instructions)				• • • •		45a		<b>✓</b>
		ne organization engage, directly or in andidates for public office? If "Yes," o						46		1
Part \		Section 501(c)(3) organizations 501(c)(3) organizations and sections								<u> </u>
		and 52, and complete the tables	for lines 50 and	d 51.			•			
		Check if the organization used Sch	edule O to resp	ond to any ques	stion i	n this Part V	<u> </u>			. 🗆
									Yes	No
		ne organization engage in lobbying a		•				47	<b>✓</b>	<del> </del>
		organization a school as described in					E	48		<b>✓</b>
	F-					49a		├─		
		s," was the related organization a se- plete this table for the organization's				other then e		49b	00.00	L kov
		oyees) who each received more than								
		<del></del>		tle and average		ompensation	(d) Contributions to	(e	Exper	
	(a) Na	me and address of each employee paid more than \$100,000		urs per week ted to position	ŀ		employee benefit plans & deferred compensation		count a	
None										
									·	
					<u></u>			<u></u>		
								ļ		
								<u> </u>		_
								1		
	Total	number of other combines and are	- 6100,000		L	0		L		
51	Com	number of other employees paid over plete this table for the organization's ,000 of compensation from the organ	five highest co	mpensated inde	pende	<del></del>	ors who each rec	eived	more	e than
	\$100	(a) Name and address of each independent co			one.	(b) Typ	e of service	(c) Co	mpens	ation
None		(A) The life and the life of t	The control of the co			(-),,	0 0,00,000	(0, 00		
							İ			
		······································								
							1			
				····						
	Tc+-		-A							
		number of other independent contra		3 7 7		. •	0			
		ne organization complete Schedule A xempt charitable trusts must attach a			nizatio	ons and 494		] Yes		No
Under pe true, com	enalties rect, an	of perjury, I declare that I have examined this red complete. Declaration of preparer (other than	eturn, including according of the officer) is based on a	mpanying schedules a all information of which	ind stat n prepai	ements, and to rer has any know	the best of my knowled wledge.	lge and	d belief	f, it ıs
				·		<del></del>				
Sign		<b></b>								
Here	1	Signature of officer				C	Date			
	William C Batts Jr., Executive Director Type or print name and title									
Paid		Print/Type preparer's name	Preparer's signatur	re		Date	Check ☐ rf	PTIN		
Prepa	arer		1				self-employed			
Use C		Firm's name ▶				F	īrm's EIN ▶			
		Firm's address ▶				F	hone no			
May th	e IRS	discuss this return with the preparer	shown above?	See instructions			▶ Г	Yes		No

Form **990-EZ** (2010)

#### 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. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number Memphis Gay and Lesbian Community Center** 62-1398741 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 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975, See section 509(a)(2). (Complete Part III.) 10 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 that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated d ☐ Type III--Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (ii) A family member of a person described in (i) above? . . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . 11g(iii) Provide the following information about the supported organization(s). (ii) EIN (i) Name of supported (iii) Type of organization (iv) Is the organization (v) Did you notify (vii) Amount of (vi) Is the in col. (i) listed in your organization (described on lines 1-9 the organization in col. (i) of your organization in col. support governing document? above or IRC section (i) organized in the US? support? (see instructions)) Yes No Yes Yes No No (A) (B) (C) (D) (E) Total

Part							
,	(Complete only if you checked the						alify under
<del></del>	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	(a) 0006	(b) 2007	(-) 0000	(-0.0000	(-) 0010	I 49 Total
	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	ļ				ļ	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
_ 6	Public support. Subtract line 5 from line 4.						
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
7	Amounts from line 4	<u> </u>				<u> </u>	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	•	•			12	
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	n, or fifth tax y	ear as a section	
	organization, check this box and stop her			· · · · ·			<b>▶</b> □
	on C. Computation of Public Suppor	<del></del>				<del></del>	
14	Public support percentage for 2010 (line 6		= -			14	<u>%</u>
15 16a	Public support percentage from 2009 Sch 331/s% support test—2010. If the organiz					15	%
104	box and <b>stop here.</b> The organization qual			-		•	
b	331/3% support test—2009. If the organ check this box and stop here. The organi	nization did no	ot check a box	c on line 13 o	r 16a, and line		or more,
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	010. If the orga ets the "facts- acts-and-circi	anization did no and-circumsta umstances" tes	ot check a box inces" test, che st. The organiz	on line 13, 16 eck this box ar ation qualifies	nd <b>stop here.</b> I as a publicly s	line 14 is Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization	tion meets the leets the "fact	e "facts-and-ci s-and-circums	ircumstances" tances" test. T	test, check the organization	nis box and ston qualifies as	, and line t <b>op here</b> .
18	Private foundation. If the organization die						

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

(Complete only if you checked the box on line 9 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.)

Secti	on A. Public Support	diddi tilo tot	no noted bein	m, picaso co	inploto i dit ii	<u> </u>	<del></del>
	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	65239	73603	71260	84303	65400	359805
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	11376	6554	17647	10912	21986	68475
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	o	0	0	o	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	o	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	o	0	0	0
6	Total. Add lines 1 through 5	76615	80157	88907	95215	87386	428280
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	o	o	o	0	0
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	0	0	o	5100	5000	10100
C	Add lines 7a and 7b	0	0	0	5100	5000	10100
8	Public support (Subtract line 7c from line 6.)						418180
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	76615	80157	88907	95215	87386	428280
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	1161	1307	648	247	365	3728
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	11849	15461	16737	10244	737	55028
C	Add lines 10a and 10b	13010	16768	17385	10491	1102	58756
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	89625	96925	105644	105706	88488	486388
14	First five years. If the Form 990 is for the organization, check this box and stop her				or fifth tax ye		
Section	on C. Computation of Public Suppor			·		<del></del>	
15	Public support percentage for 2010 (line 8	3, column (f) div	ided by line 13	3, column (f))		15	86 %
16	Public support percentage from 2009 Sch			·		16	86 %
Section	on D. Computation of Investment Inc	come Percer	ntage				•
17	Investment income percentage for 2010 (	ine 10c, colum	n (f) divided by	line 13, colum	n (f)	17	12 %
18	Investment income percentage from 2009	Schedule A, F	art III, line 17			18	13 %
19a	331/a% support tests-2010. If the organi	zation did not	check the box	on line 14, an	d line 15 is mo		
	17 is not more than 331/3%, check this box						
b	331/a% support tests – 2009. If the organiz line 18 is not more than 331/a%, check this b	ation did not ch	neck a box on l	ine 14 or line 19	9a, and line 16	is more than 33	11/3%, and
	and to is not more than 33'/3%, check this t	oux and Stod he	ere. The organiz	zation qualifiès :	as a Dudliciv su	pported organiz	ration 🕨 🔲
20	Private foundation. If the organization di						

ACHEORING WILL	oriii 330 or 330-621 2010	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
	······································	
	······································	
		<b></b> -

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

### **Political Campaign and Lobbying Activities**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to 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," to 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	on under section 501	1(h)): Complete Part II-B. Do i	not complete Part II-A.
		s," to Form 990, Part IV, line 5 (Proxy			
	Section 501(c)(4), (5), or (6) orga		•		• ,
	e of organization			Employer ide	ntification number
Men	nphis Gay and Lesbian Comm	nunity Center			62-1398741
		e organization is exempt und	ler section 5010	c) or is a section 527	organization.
$\overline{}$		the organization's direct and indire			
2			•	•	3
3	Volunteer hours				
					~~~~
Par	t I-B Complete if th	e organization is exempt und	ler section 501(	(c)(3).	<del></del>
<u> 1</u>		excise tax incurred by the organiz			<u> </u>
2	<del>-</del>	excise tax incurred by organizatio			<u></u>
3	= -	ed a section 4955 tax, did it file Fo	_		Yes No
<b>4</b> a					Yes No
Ł					
Par	t I-C Complete if th	e organization is exempt und	ler section 501(	c), except section 501	(c)(3).
1		expended by the filing organiz			<u> </u>
	activities			\$	
2	Enter the amount of the	filing organization's funds contrib	uted to other org	janizations for section	
	527 exempt function active	ities		<b>▶</b> \$	
3	Total exempt function ex	penditures. Add lines 1 and 2.	Enter here and	on Form 1120-POL,	
	line 17b			\$	
4	Did the filing organization	file Form 1120-POL for this year?			Yes No
5	Enter the names, addresse	es and employer identification nun			
	organization made paymei	nts For each organization listed, e	enter the amount p	oald from the filing organi	zation's funds. Also enter
	the amount of political cor	ntributions received that were pror	nptly and directly	delivered to a separate p	olitical organization, such
	as a separate segregated	fund or a political action committe	e (PAC). If addıtıor	nal space is needed, provi	de information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(0)	(0)	(0) 2	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization If
					none, enter -0
(1)					
(2)					
(3)					
<del></del>				_	
(4)					
	<del></del>				
(5)			]		
·-,					
(6)					
		1	i	i	

Schedule	C Œnm	gan or	990-F7	2010

Page 2

Pa	art	II-A Complete if the organization section 501(h)).	n is exempt under section 501(c)(3) and filed	i Form 5768 (ele	ction under
Ā	C	neck ▶ ☐ if the filing organization bel	ongs to an affiliated group.		
В	C	neck > if the filing organization che	ecked box A and "limited control" provisions a	pply.	
			ying Expenditures	(a) Filing	(b) Affiliated
		(The term "expenditures" me	eans amounts paid or incurred.)	organization's totals	group totals
	la	Total lobbying expenditures to influence	public opinion (grass roots lobbying)	3677	0
	b	Total lobbying expenditures to influence	a legislative body (direct lobbying)	1226	0
	C	Total lobbying expenditures (add lines 1a	a and 1b)	4902	0
	đ	Other exempt purpose expenditures .		101562	0
	0	Total exempt purpose expenditures (add	lines 1c and 1d)	106464	0
	f	Lobbying nontaxable amount. Enter to columns.	the amount from the following table in both	21293	21293
		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
		Not over \$500,000	20% of the amount on line 1e.		
	L	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
		Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	L	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
		Over \$17,000,000	\$1,000,000.		
	9	Grassroots nontaxable amount (enter 25	% of line 1f)	5323	5323
	h	Subtract line 1g from line 1a. If zero or le	ss, enter -0	0	0
	i	Subtract line 1f from line 1c. If zero or les	•	0	0
	j	If there is an amount other than zero reporting section 4911 tax for this year?	on either line 1h or line 1i, did the organization	file Form 4720	☐ Yes ☐ No

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	(e) Total			
2a	Lobbying nontaxable amount	20162	31204	27566	21293	100225			
b	Lobbying ceiling amount (150% of line 2a, column (e))			-1 -1-1		150338			
c	Total lobbying expenditures	0	0	0	4902	4902			
d	Grassroots nontaxable amount	0	0	0	5323	5323			
е	Grassroots ceiling amount (150% of line 2d, column (e))				•	7985			
f	Grassroots lobbying expenditures	0	0	0	3677	3677			

Schedule C (Form 990 or 990-EZ) 2010

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forn	5768		
		(4	a)		(b)	
		Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	:				
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?	<u> </u>	-			
c d	Media advertisements?	ļ				
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?				-	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
ĥ	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	L	<u> </u>			
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .		_			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	1 (	<u></u>	L		<del></del>
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	c)(5), (	or se	ction		
			•		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		<u> </u>
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		-
1	Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, "Yes."  Dues, assessments and similar amounts from members				ed	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	s of	•			
8	Current year		2a			
b	Carryover from last year		2b			
C	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion cexcess does the organization agree to carryover to the reasonable estimate of nondeductible lobble and political expenditure next year?		-			
5	and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)	• •	4			
Par		<u>·</u>	5			
Comp	elete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5 lete this part for any additional information.	and P	Part II-	B, line	1i. Al:	so,
		· <b></b>				
				- <b></b> -		
		,				

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

## Supplemental Information to Form 990 or 990-EZ

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

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990 or 990-EZ.

**Memphis Gay and Lesbian Community Center** 62-1398741 Part I, Q16 - Youth, counseling, and other program expenses; insurance; supplies; software & website; equipment rental; banking charges; membership dues; travel Part II, Q24 - Computers, furniture Part II, Q27 - Commercial building loan; credit card balances Part III, Q31 - Advocacy and community outreach Part V, Q34 - Corporate charter updated and By-Laws revised (no name change)