PUBLIC DISCLOSURE COPY

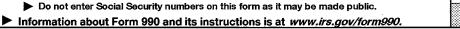
| Form 990 |
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Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

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.





| A | For th | e 2013 calendar year, or tax year beginning an | d ending | - | |
|-------------------------|-----------------------|--|--------------|------------------------------|-----------------------------|
| B | Check if applicat | C Name of organization | | D Employer identifie | cation number |
| | Addr chan | NATIONAL CENTER FOR TRANSGENDER EQUAL | LITY | | |
| | Nam | | | 41-2 | 090291 |
| | Initia returi | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number | |
| | ated | | 700 | (202 |)903-0112 |
| | Amer | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 1,113,303. |
| | Appii tion pend | | | H(a) Is this a group re | |
| | pond | F Name and address of principal officer: MARA KEISLING | | for subordinates | |
| | | SAME AS C ABOVE | | H(b) Are all subordinates ir | |
| | | empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1 |) or 527 | 7 | list. (see instructions) |
| | | te: WWW.TRANSEQUALITY.ORG | | H(c) Group exemption | |
| | -orm o art l | f organization: X Corporation Trust Association Other Summary | L Year | of formation: 2003 | State of legal domicile: DC |
| 8.4 | 1 | Briefly describe the organization's mission or most significant activities: PROI | MOTTNC | THE SAFETV | AND CTVTL |
| Se | ' | RIGHTS OF TRANSGENDER PEOPLE. | -ioi ing | IND OMBIL | |
| Activities & Governance | 2 | Check this box \blacktriangleright if the organization discontinued its operations or disp | osed of more | than 25% of its not as | eete |
| Ver | 3 | | | | 6 |
| g | 4 | Number of independent voting members of the governing body (i art vi, interta) | | | 5 |
| ې کې | 5 | Total number of individuals employed in calendar year 2013 (Part V, line 2a) | | | 9 |
| itie | 6 | Total number of volunteers (estimate if necessary) | | | 7 |
| ctiv | 1 - | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| ∢ | | Net unrelated business taxable income from Form 990-T, line 34 | | | 0. |
| | | | | Prior Year | Current Year |
| e | 8 | Contributions and grants (Part VIII, line 1h) | | 235,142. | 1,047,681. |
| nu. | 9 | Program service revenue (Part VIII, line 2g) | | 39,253. | 47,187. |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 19. | 55. |
| Ш. | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | 0. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 274,414. | 1,094,923. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10 |) | 357,128. | 430,959. |
| ens | | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| Expenses | | Total fundraising expenses (Part IX, column (D), line 25) | | 105 201 | 005 501 |
| - | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 135,731. | 207,591. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 492,859. | 638,550. |
| -s | 19 | Revenue less expenses. Subtract line 18 from line 12 | | <218,445. | |
| ances | | | Be | ginning of Current Year | End of Year |
| Assets Balanc | | Total assets (Part X, line 16) | | 295,271. | 787,329. 51,550. |
| und / | | Total liabilities (Part X, line 26) | | 15,865. | 735,779. |
| ~ <u>.</u> . | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 279,406. | 135,119. |

Part II Signature Block

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

| Sign Here | Signature of officer MARA KEISLING, EXECUT Type or print name and title | IVE DIRECTOR | Date | | | | | | |
|--------------|--|--------------------------|-------------------------------|-----|--|--|--|--|--|
| | Print/Type preparer's name | Prepayer's signature | Date Check PTIN | | | | | | |
| Paid | JENNIFER S. HAN | - envier han | 09/09/14 ^{if} P00633 | 304 | | | | | |
| Preparer | Firm's name HAN GROUP LLC | | Firm's EIN 🕨 | | | | | | |
| Use Only | Firm's address 8180 GREENSBORO | DRIVE, SUITE 720 | | _ | | | | | |
| | MCLEAN, VA 2210 | 2 | Phone no. (703) 288-3 | 700 | | | | | |
| May the I | RS discuss this return with the preparer shown al | pove? (see instructions) | X Yes | No | | | | | |
| 332001 10-2 | 332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2013) | | | | | | | | |

| Form | 990 (2013) NATIONAL CENTER FOR TRANSGENDER EQUALITY 41-2090291 Page 2 |
|-----------|---|
| | t III Statement of Program Service Accomplishments |
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | THE NATIONAL CENTER FOR TRANSGENDER EQUALITY IS A NATIONAL SOCIAL |
| | JUSTICE ORGANIZATION DEVOTED TO ENDING DISCRIMINATION AND VIOLENCE |
| | AGAINST TRANSGENDER PEOPLE THROUGH EDUCATION AND ADVOCACY ON NATIONAL |
| | ISSUES OF IMPORTANCE TO TRANSGENDER PEOPLE. Did the organization undertake any significant program services during the year which were not listed on |
| 2 | the prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| • | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$203,891. including grants of \$) (Revenue \$39,870.) |
| | GENERAL POLICY: NCTE WORKS TOWARDS LOCAL, STATE AND FEDERAL POLICIES |
| | THAT REFLECT THE NEEDS AND REALITIES OF TRANSGENDER LIVES, THAT |
| | DECREASE DISCRIMINATION TRANSGENDER PEOPLE FACE, AND THAT INCREASE |
| | EQUAL OPPORTUNITY. WE DO THIS THROUGH RESEARCH, POLICYMAKER EDUCATION, |
| | AND TECHNICAL ASSISTANCE. |
| | |
| | |
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| | |
| | |
| 4b | (Code:) (Expenses \$ 122, 492. including grants of \$) (Revenue \$ 0.) |
| | OUTREACH AND EDUCATION: NCTE EDUCATES THE PUBLIC ON THE NEEDS OF |
| | TRANSGENDER PEOPLE, THE STATUS OF POLICY RELATED TO TRANSGENDER ISSUES, |
| | AND THE POLICY CHANGES NEEDED AT THE LOCAL, STATE, AND FEDERAL LEVEL. |
| | NCTE ALSO REACHES OUT TO TRANSGENDER PEOPLE ACROSS THE COUNTRY TO |
| | INVOLVE OUR COMMUNITY, INFORM OUR WORK, AND EDUCATE OUR TRANSGENDER |
| | PEOPLE AND ALLIES REGARDING LOCAL, STATE AND FEDERAL POLICIES THAT |
| | AFFECT THEIR LIVES. |
| | |
| | |
| | |
| | |
| | (Code:) (Expenses \$ 58,576 · including grants of \$) (Revenue \$) |
| 4c | (Code:) (Expenses \$576. including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$) |
| | PUBLIC AND PRIVATE SECTORS THAT PREVENT TRANSGENDER PEOPLE FROM FULL |
| | ACCESS TO HEALTHCARE. NCTE DOES THIS THROUGH RESEARCH, EDUCATING THE |
| | PUBLIC ON BARRIERS TO TRANSGENDER HEALTH, AND PROVIDING TECHNICAL |
| | ASSISTANCE TO POLICYMAKERS. |
| | |
| | |
| | |
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| | |
| | |
| | |
| 4d | Other program services (Describe in Schedule O.) |
| | (Expenses \$ 51,204 • including grants of \$) (Revenue \$ 7,317 •) |
| <u>4e</u> | Total program service expenses ► 436,163. |
| 332002 | Form 990 (2013) |

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| Form | aan | (2013) | |
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| ronn | 990 | (2013) | |

| Pa | Checklist of Required Schedules | | | _ |
|----------|---|-----|-----|-----------|
| | | | Yes | No |
| 1 | ls 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? | 2 | Х | |
| 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 | | | |
| v | 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 | - | | |
| U | | 6 | | x |
| 7 | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | - | | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 7 | | x |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. | | | <u> </u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | ~~~~~~ |
| - | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| - | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| с | 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 | 11c | | x |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| 4 | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| <u>م</u> | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| • | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | x |
| 10- | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| 120 | | 100 | | x |
| L. | Schedule D, Parts XI and XII | 12a | | - <u></u> |
| D | Was the organization included in consolidated, independent audited financial statements for the tax year? | 104 | | x |
| 40 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | x |
| 4- | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | ^ |
| 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 | | | v |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | v |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | . |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 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 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

Form **990** (2013)

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| | | | Yes | No |
|-----|--|-----|----------|----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | x |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| 20 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | Х |
| 24a | 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 | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | ſ | | |
| | 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 | | |
| 25a | Section 501(c)(3) and 501(c)(4) 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 | | X |
| 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 | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, | | | 77 |
| | complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | 07 | | x |
| ••• | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Λ |
| 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): | 28a | | X |
| | A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> | 28b | | X |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | 200 | | |
| v | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | x |
| 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? If "Yes," complete Schedule M | 30 | | X |
| 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 | | X |
| 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 | | X |
| 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 | <u> </u> | X |
| 35a | 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? | | | |
| _ | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | v |
| 00 | and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 0 | x | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | Δ | I |

Form **990** (2013)

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| _ | <u>1990 (2013) NATIONAL CENTER FOR TRANSGENDER EQUAL</u> | <u>YT1</u> | 41-2090 | 291 | P | age 5 |
|--------|---|------------|---------------------|------------|----------|----------|
| Pa | 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 |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 2 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and (gambling) winnings to prize winners? | reporta | | 1c | X | |
| 2a | 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 | 9 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retu | rns? | | 2b | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction | s) | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule | •O | | 3b | | <u> </u> |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial | accou | int)? | 4 a | | <u> </u> |
| b | If "Yes," enter the name of the foreign country: | | | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial | Accol | ints. | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | _ | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans- | | | 5b | | X |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | <u>5c</u> | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did t | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | | | <u>6a</u> | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribu | tions | or gifts | | | |
| | were not tax deductible? | | •••••• | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | v | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se | | | | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v | | | | | v |
| _ | to file Form 8282? | 1 | 1 | 7c | | X |
| | 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 | | | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont | | | 7f | N/ | - |
| g | If the organization received a contribution of qualified intellectual property, did the organization file F | | | 7g 7h | N/ | - |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | | /n | 147 | Ê |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. I | | | 8 | | ***** |
| • | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a | t any tii | he uuring the year? | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? | | N/A | 9a | | ****** |
| a b | Did the organization make a distribution to a donor, donor advisor, or related person? | | /- | 9b | | - |
| 10 | Section 501(c)(7) organizations. Enter: | ••••• | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 N/A | 10a | 1 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | 1 | | | |
| a | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | |
| - | amounts due or received from them.) | 116 | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | ? | 12a | 1 | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N/A}{N}$ | 12b | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | I | | 1 | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | | N/A | 13a | <u> </u> | |
| - | Note. See the instructions for additional information the organization must report on Schedule O. | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | | |
| с | Enter the amount of reserves on hand | 13c | |] | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu | | | 14b | | |

NATIONAL CENTER FOR TRANSGENDER EQUALITY

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| Form 990 (2013) | | | | TRANSGENDER | | | Page | | |
|---|--|--|--|-------------|--|--|------|--|--|
| Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response | | | | | | | | | |
| to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. | | | | | | | | | |

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

X

| Sec | tion A. Governing Body and Management | | | |
|------------|---|--------------|----------|----------|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year1a | 6 | | |
| | 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 in Schedule O. | | | |
| b | | 5 | | |
| 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? | 2 | ******* | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| - | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | x |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | · | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | | X |
| 6 | Did the organization have members or stockholders? | | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | Х |
| h | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| 0 | | 7b | | х |
| 8 | persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| - | | 8a | X | |
| | The governing body? Each committee with authority to act on behalf of the governing body? | | X | |
| | | 00 | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | 9 | | x |
| <u> </u> | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | . 9 | | Λ |
| <u>Sec</u> | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | Vee | Na |
| 40- | | 10- | Yes | No X |
| | Did the organization have local chapters, branches, or affiliates? | <u>10a</u> | | Λ |
| D | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | 104 | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | X | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | ^ | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | v | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | . <u>12b</u> | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | v | |
| | in Schedule O how this was done | | X | |
| 13 | Did the organization have a written whistleblower policy? | | X | v |
| 14 | Did the organization have a written document retention and destruction policy? | . 14 | | X |
| 15 | 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? | | | |
| | The organization's CEO, Executive Director, or top management official | | X | |
| b | Other officers or key employees of the organization | . 15b | | 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? | . <u>16a</u> | | 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? | _ 16b | | |
| <u>Sec</u> | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only | /) availat | le | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a | and finar | ncial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organized | zation: 🕨 | <u></u> | |
| | THE ORGANIZATION - (202)903-0112 | | | |
| | 1325 MASSACHUSETTS AVENUE, SUITE 700, WASHINGTON, DC 20005 | | | |

| <u> </u> | MASSACHUSETTS | AVENOE | DOLTE | 100, | WASHINGION, | | 20005 | |
|----------|---------------|---------------------|--------|------|-------------|----|-------|------|
| 5 | MASSACHUSETTS | $\lambda V F M I F$ | CIITTE | 700 | WACHINGTON | DC | 20005 | |

| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated | |
|----------|---|--|
| | Employees, and Independent Contractors | |
| | Check if Schedule O contains a response or note to any line in this Part VII | |
| | | |

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A) | (B) | | | (0 | C) | | | (D) | (E) | (F) |
|-----------------------|-----------------------|--------------------------------|-----------------------|-----------|--------------|---------------------------------|------------|-----------------|-----------------|-----------------------------|
| Name and Title | Average | (10 | | Pos | ition | than - | . | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss pe | erson | is bot | h an | compensation | compensation | amount of |
| | week | L | cerar | ndad I | lirecto | or/trus | itee) I | from | from related | other |
| | (list any | recto | | | | | | the | organizations | compensation |
| | hours for | ordi | 8 | | | ated | | organization | (W-2/1099-MISC) | from the |
| · | related organizations | ustee | trust | | 88 | upens | | (W-2/1099-MISC) | | organization and related |
| | below | dual t | tiona | | nploy | yee yee | L_ | | | organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) MARCUS WATERBURY | 1.00 | | | - | _ | | | | | |
| CHAIRPERSON | | X | | X | | | | 0. | 0. | 0. |
| (2) MARISA RICHMOND | 1.00 | | | | | | | | | |
| SECRETARY | | X | | X | | | | 0. | 0. | 0. |
| (3) ANDREA VON KAENEL | 1.00 | | | | | | 1 | | | |
| TREASURER | | X | | X | | | | 0. | 0. | 0. |
| (4) DANA BEYER | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | ļ | | | 0. | 0. | 0. |
| (5) LAURA ARROWSMITH | 1.00 | | | | | | | | | 0 |
| DIRECTOR | 1 00 | X | | | | | | 0. | 0. | 0. |
| (6) STEPHANIE WHITE | 1.00 | | | | | | | | 0 | 0 |
| DIRECTOR | 40.00 | X | <u> </u> | | | | | 0. | 0. | 0. |
| (7) MARA KEISLING | 40.00 | ., | | | | | | 00 000 | 0 | 0 270 |
| EXECUTIVE DIRECTOR | | X | | X | | | | 90,000. | 0. | 9,279. |
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|-----|---|---|--------------------------------|-----------------------|---------|----------------|---------------------------------|--------|--|---|-------|---------------------|---|----------------|
| Pa | rt VII Section A. Officers, Directors, | , Trustees, Key Emp | oloy | ees, | , and | d Hig | ghes | st C | Compensated Employe | es (continued) | | | | |
| | (A) | (B) | | | _ (0 | | | | (D) | (E) | | | (F) | |
| | Name and title | Average hours per week | box, | not c unle | ss pei | more rson i | than of s boti r/trus | h an | Reportable compensation from | Reportable compensatio from related | | am | imate ount o other | |
| | | (list any hours for related organizations below | Individual trustee or director | Institutional trustee | ær | Key employee | Highest compensated employee | ner | the organization (W-2/1099-MISC) | organizations (W-2/1099-MIS | | orga and | oensa om the inizati relate nizatio | e ion ed |
| | | line) | Indi | Insti | Officer | Key | High emp | Former | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Sub-total | | | | | | | | 90,000. | | 0. | 9 | 9,2 | 79. |
| c | Total from continuation sheets to P Total (add lines 1b and 1c) | art VII, Section A | | | | | | | <u> </u> | | 0. | | 9,2 | 0. |
| 2 | Total number of individuals (including | | | | | | | no r | | | | | | |
| | compensation from the organization | <u>.</u> | | | | | | | | | | | | 0 |
| 3 | Did the organization list any former o | | | | - | - | | | | | | 3 | Yes | No X |
| 4 | line 1a? <i>If</i> "Yes," complete Schedule . For any individual listed on line 1a, is and related organizations greater than | the sum of reportabl | e co | omp | ensa | ation | anc | d ot | ther compensation from | the organization | | 3 | | |
| 5 | Did any person listed on line 1a receiv rendered to the organization? <i>If "Yes,</i> | ve or accrue comper | nsati | ion f | rom | any | unr | elat | ted organization or indiv | idual for services | | 5 | | x |
| Sec | ation B. Independent Contractors | complete Scheduk | 501 | 01 50 | | 0013 | | | | | | | | |
| 1 | Complete this table for your five higher the organization. Report compensation | | | | | | | | | | npens | ation f | rom | |
| | (A Name and bus | A) | | ONE | | | | | (B) Description of | | С | (C comper | | n |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contract \$100,000 of compensation from the contract | | ot lir | nite | d to | thos (| ~ | stec | d above) who received | nore than | | | | |

| | | | | | NTER FOR 1 | RANSGENDER | EQUALITY | 41-2090 | 291 Page 9 |
|--|-------------|------------------|---|---|-----------------------|----------------------|--|--|--|
| | rt | | | | | no in this Dort VIII | | | [] |
| | | | Check if Schedule O cont | <u>ains a respo</u> | nse of note to any in | (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 | 1 | c d e f | Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f | 1b 1c 1d ions) 1e ts, and ve 1f 1a-1f: \$ | 999,655. 106,927. | 1,047,681. | | | |
| Program Service Revenue | 2 | b c d e | SPEAKING FEES FISCAL SPONSOR | | 900099 900099 | 39,870. 7,317. | | | |
| D . | | | All other program service reve Total. Add lines 2a-2f | | | 47,187. | | | |
| <u></u> | 3 4 5 | | Investment income (including other similar amounts) Income from investment of tax Royalties | dividends, ir k-exempt bo | nterest, and | 55. | | | 55. |
| | 6 | b c | Gross rents Less: rental expenses Rental income or (loss) | (i) Real | | | | | |
| | 7 | а | Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis | (i) Securiti | | - | | | |
| ne | 8 | d | and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisin | g events (no | | | | | |
| Other Revenue | | | including \$ 48,0 contributions reported on line Part IV, line 18 Less: direct expenses | 1c). See | . b 18,380. | | | | |
| - | 9 | a b | Net income or (loss) from func Gross income from gaming ac Part IV, line 19 Less: direct expenses | tivities. See | a | 0. | | | |
| | 10 | a b | Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale | returns | a | | | | |
| | 11 | a b c | Miscellaneous Revenu All other revenue | e | Business Code | | | | |
| | 12 | е | Total. Add lines 11a-11d Total revenue. See instructions. | | > | 1,094,923. | 47,187. | 0. | 55. |

Part IX Statement of Functional Expenses

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

| | Check if Schedule O contains a respon | | this Part IX | | |
|---------------------|--|------------------------------|-------------------------------|-------------------------|---------------------------|
| | not include amounts reported on lines 6b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
| 7b, | 8b, 9b, and 10b of Part VIII. | | expenses | general expenses | expenses |
| 1 | Grants and other assistance to governments and | | | | |
| - | organizations in the United States. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in | | | | |
| • | the United States. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the | | | | |
| | United States. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| - - 5 | Compensation of current officers, directors, | | | | |
| 5 | trustees, and key employees | 99,280. | 74,355. | 16,154. | 8,771. |
| 6 | Compensation not included above, to disqualified | | | | |
| Ŭ | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 257,970. | 176,931. | 56,943. | 24,096. |
| 8 | Pension plan accruals and contributions (include | · · · · · | | | |
| - | section 401(k) and 403(b) employer contributions) | 4,035. | 2,764. | 1,113. | 158. |
| 9 | Other employee benefits | 37,991. | | <u>1,113.</u> 7,971. | 2,948. |
| 10 | Payroll taxes | 31,683. | 22,269. | 6,507. | 2,907. |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| b | Legai | | | | |
| c | Accounting | 26,115. | 17,014. | 6,837. | 2,264. |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | 200 | 0.0 1.0.0 |
| | column (A) amount, list line 11g expenses on Sch O.) | 37,725. | | 326. | 28,100. |
| 12 | Advertising and promotion | 1,171. | | 70. | 1,000. |
| 13 | Office expenses | 23,865. | | 2,530. | 9,020. |
| 14 | Information technology | 12,853. | 10,310. | 1,749. | 794. |
| 15 | Royalties | 27 201 | 26.006 | 7,676. | 3,429. |
| 16 | | 37,201. 37,308. | 26,096. 33,294. | 3,188. | 826. |
| 17 | Travel | 57,500. | 55,294. | 5,100. | 020. |
| 18 | Payments of travel or entertainment expenses | | | | |
| 40 | for any federal, state, or local public officials | 2,888. | 2,718. | 93. | 77. |
| 19 20 | Conferences, conventions, and meetings | 2,000. | 21/10. | | |
| 20 21 | Interest Payments to affiliates | | | | |
| 21 22 | Depreciation, depletion, and amortization | 7,400. | 5,165. | 1,899. | 336. |
| 22 | Insurance | 1,086. | 756. | 233. | 97. |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above. (List miscellaneous expenses in line 24e. If line | | | | |
| | 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | FEES AND BANK CHARGES | 12,622. | 11,266. | 647. | 709. |
| b | EQUIPMENT LEASE | 4,362. | 3,060. | 885. | 417. |
| с | MERCHANDISE PROMOTIONAL | 1,580. | | | 1,580. |
| d | DUES MEMBERSHIP | 1,415. | 1,378. | 19. | 18. |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 638,550. | 436,163. | 114,840. | 87,547. |
| 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) | | | | |
| | 10.20.12 | | | | Form 990 (2013) |

| orm | 990 (| 2013) NATIONAL CEN | TER FO | R TRANSGENDE | R EQUALITY | 41. |
|--------|-------|---|---------------|--------------------------|---------------------------------|----------------|
| | ŧΧ | Balance Sheet | | | | |
| | | Check if Schedule O contains a response or | note to any | line in this Part X | | <u></u> |
| | | | | | (A) Beginning of year | |
| | 1 | Cash - non-interest-bearing | | | 237,519. | _ |
| | 2 | Savings and temporary cash investments | | | 30,060. | _ |
| | 3 | Pledges and grants receivable, net | | | 14,558. | |
| | 4 | Accounts receivable, net | | | 722. | 4 |
| | 5 | Loans and other receivables from current an | d former offi | cers, directors, | | |
| | | trustees, key employees, and highest compe | ensated emp | loyees. Complete | | |
| | | Part II of Schedule L | | | | 5 |
| | 6 | Loans and other receivables from other disq | ualified pers | ons (as defined under | | |
| | | section 4958(f)(1)), persons described in sec | tion 4958(c)/ | (3)(B), and contributing | | |
| | | employers and sponsoring organizations of s | ection 501(| c)(9) voluntary | | |
| ats | | employees' beneficiary organizations (see in | str). Complet | e Part II of Sch L | | 6 |
| Assets | 7 | Notes and loans receivable, net | | | | 7 |
| ∢ | 8 | Inventories for sale or use | | | | 8 |
| | 9 | Prepaid expenses and deferred charges | | | 983. | 9 |
| | 10a | Land, buildings, and equipment: cost or othe | | | | |
| | | basis. Complete Part VI of Schedule D | | 40,889. | | |
| | b | Less: accumulated depreciation | 10b | 36,860. | 11,429. | |
| | 11 | Investments • publicly traded securities | | | | 1 |
| | 12 | Investments - other securities. See Part IV, li | | | | 1 |
| ĺ | 13 | Investments - program-related. See Part IV, li | | | · | 1 |
| | 14 | Intangible assets | | | | 1. |
| | 15 | Other assets. See Part IV, line 11 | | | 205 271 | 1 |
| | 16 | Total assets. Add lines 1 through 15 (must e | | | 295,271. | |
| | 17 | Accounts payable and accrued expenses | | | 15,865. | |
| | 18 | Grants payable | | | | 11 |
| | 19 | Deferred revenue | | | | 1! |
| | 20 | Tax-exempt bond liabilities | | | | 2 |
| | 21 | Escrow or custodial account liability. Comple | | | | 2 [.] |
| lities | 22 | Loans and other payables to current and for | | | | |
| ≦ | | key employees, highest compensated employees | yees, and d | squalified persons. | | 4000 |

| | | Check if Schedule O contains a response or not | | <u>, mie mane i encre inter</u> | (A) Beginning of year | | (B) End of year |
|-----------------------------|-----|--|---------|---------------------------------------|---------------------------------------|-----------------|------------------------------------|
| | 1 | Cash - non-interest-bearing | | | 237,519. | 1 | 480,271. |
| | 2 | Savings and temporary cash investments | | | 30,060. | 2 | 86,996. |
| | 3 | Pledges and grants receivable, net | | | 14,558. | 3 | 210,412. |
| | 4 | Accounts receivable, net | | | 722. | 4 | 1,514. |
| | 5 | Loans and other receivables from current and for | | | | | |
| | | trustees, key employees, and highest compensation | | | | | |
| | | Part II of Schedule L | | | | 5 | |
| | 6 | Loans and other receivables from other disqual | | | | | |
| | | section 4958(f)(1)), persons described in section | | | | | |
| | } | employers and sponsoring organizations of sec | | | | | |
| ß | | employees' beneficiary organizations (see instr) | | | | 6 | |
| Assets | - | | | | | 7 | |
| As | 7 | Notes and loans receivable, net | | | | 8 | |
| | 8 | Inventories for sale or use | | | 983. | 9 | 4,107. |
| | 9 | Prepaid expenses and deferred charges | I | ••••• | 505. | 9 | |
| | TUa | Land, buildings, and equipment: cost or other | 10. | 40,889. | | | |
| | | basis. Complete Part VI of Schedule D | | 36,860. | | 10- | 4,029. |
| | | Less: accumulated depreciation | | · · · · · · · · · · · · · · · · · · · | 11,429. | | 4,023. |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line | | | · · · · · · · · · · · · · · · · · · · | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 205 271 | 15 | 707 220 |
| | 16 | Total assets. Add lines 1 through 15 (must equ | | | 295,271. | | 787,329. |
| | 17 | Accounts payable and accrued expenses | | | 15,865. | 17 | 51,550. |
| | 18 | Grants payable | | | | 18 | · · · · - |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | | | | 21 | |
| ies | 22 | Loans and other payables to current and forme | | | | | |
| Liabilities | | key employees, highest compensated employee | | | | | |
| Liat | | - | | | | 22 | |
| - | 23 | Secured mortgages and notes payable to unrela | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelate | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | | | | | |
| | | parties, and other liabilities not included on lines | s 17-24 | . Complete Part X of | | | |
| | | Schedule D | | | 15.005 | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 15,865. | 26 | 51,550. |
| | | Organizations that follow SFAS 117 (ASC 958 | | k here 🕨 🔝 and | | | |
| ses | | complete lines 27 through 29, and lines 33 ar | | | 150 501 | 1 888888 | AAE 201 |
| ano | 27 | Unrestricted net assets | | | 158,581. | 27 | 445,301. |
| Net Assets or Fund Balances | 28 | Temporarily restricted net assets | | | 120,825. | 28 | 290,478. |
| p | 29 | | | | | 29 | |
| Ľ. | | Organizations that do not follow SFAS 117 (A | SC 95 | i), check here 🕨 🛄 | | | |
| 5 01 | | and complete lines 30 through 34. | | | | | |
| set | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| As | 31 | Paid-in or capital surplus, or land, building, or ed | | | | 31 | |
| let | 32 | Retained earnings, endowment, accumulated in | | | | 32 | |
| - | 33 | Total net assets or fund balances | | | 279,406. | | 735,779. |
| | 34 | Total liabilities and net assets/fund balances | | | 295,271. | 34 | 787,329. Form 990 (2013) |

| Form | 1990 (2013) NATIONAL CENTER FOR TRANSGENDER EQUALITY | 41-2 | 090291 | Page | <u>ə 12</u> |
|-----------|--|------------|-------------------|--------|-------------|
| Pa | rt XI Reconciliation of Net Assets | | | - | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | 1 004 | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,094 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 3,55 | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 5,37 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 279 | ,40 | 16. |
| 5 | Net unrealized gains (losses) on investments | 5 | | - | |
| 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 in Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | 7.75 | | 70 |
| 000000000 | column (B)) | 10 | /35 | 5,77 | <u>9.</u> |
| | nt XII Financial Statements and Reporting | | | 1 | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | No |
| | | | | res | |
| 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 | | | | X |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | dona | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | X |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | te basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | فألم مر | | | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | 2c | | ****** |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 20 | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngie Audit | | | X |
| •. | Act and OMB Circular A-133? | | <u>3a</u> | | |
| α | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | | Зь | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 30 Form | | 2012 |
| | | | FUILT | 330 (4 | 40 I O) |

| (Form 99 | DULE A 90 or 990-EZ) of the Treasury nue Service | Comple | blic Charity Si te if the organization is 4947(a)(1) nc ► Attach to but Schedule A (Form 990 o | a section onexempt Form 990 | 501(c)(3) charitable or Form 9 | organizat e trust. 990-EZ. | tion or a s | ection | m990. | 2(Open | 1545-00 013 to Publicection | lic |
|----------|---|--|--|-----------------------------------|---|----------------------------------|---|--|--------------|-------------------------|-----------------------------------|----------|
| Name of | the organizati | | | | | | | | | identifica | tion nu | mber |
| | Ū | | L CENTER FOR | TRAN | SGEND | ER EO | UALTT | Y | 4 | 1-209 | 0291 | |
| Part I | Reason | | ity Status (All organiz | | | | | | | | | |
| | | | because it is: (For lines 1 | | | | | | | | | |
| 1 | | | s, or association of churc | | | | | | | | | |
| 2 | - | | '0(b)(1)(A)(ii). (Attach Sc | | | | | | | | | |
| 3 | | | tal service organization of | | in section | 170(b)(1) | (A)(iiii). | | | | | |
| 4 | | | operated in conjunction | | | | | (b)(1)(A)(ii | i). Enter 1 | the hospit | al's nan | ne, |
| | city, and stat | | , , , | | | | | | | | | |
| 5 | • | | benefit of a college or ur | niversity o | wned or op | perated by | a governr | nental uni | t describ | ed in | | |
| | | (b)(1)(A)(iv). (Comple | | | | | | | | | | |
| 6 | A federal, sta | ite, or local governm | ent or governmental unit | t described | d in sectio | n 170(b)(1 | I)(A)(v). | | | | | |
| 7 X | An organizati | on that normally rec | eives a substantial part o | of its supp | ort from a | governme | ental unit o | r from the | general | public des | cribed | in |
| | section 170 | b)(1)(A)(vi). (Comple | te Part II.) | | | | | | | | | |
| 8 | A community | r trust described in s | ection 170(b)(1)(A)(vi). | (Complete | Part II.) | | | | | | | |
| 9 | An organizati | on that normally rec | eives: (1) more than 33 1 | 1/3% of its | support fi | rom contri | butions, m | nembershi | p fees, a | nd gross r | eceipts | from |
| | | • | nctions - subject to certa | • | | • | | | | | | |
| | income and u | Inrelated business ta | axable income (less sect | tion 511 ta | x) from bu | sinesses a | acquired b | y the orga | nization | after June | 30, 19 | 75. |
| | See section | 509(a)(2). (Complete | e Part III.) | | | | | | | | | |
| 10 | - | • . | perated exclusively to te | | - | | | | | | | |
| 11 📖 | | | perated exclusively for th | | | | | | | | | or |
| | | | ations described in section | | | | 2). See sec | tion 509(| a)(3). Ch | eck the bo | ox that | |
| | | ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· | organization and comple | | - | | | . — _ | | . | | |
| | a Type I | = | | - | nctionally i | | | ••• | | n-function | | - |
| e 📖 | • • | | t the organization is not | | - | | | | | | | |
| | | | han one or more publicly | | | | | | 9(a)(1) or | section 50 | 19(a)(Z). | |
| f | - | | ten determination from t | | • | | | 3 111 | | | | |
| - | ••• • | rganization, check th | nis box organization accepted an | | | | | owing per | | | ••••• | |
| g | | | irectly controls, either al | | | | | | | | Yes | No |
| | | | upported organization? | | | | | | | | | |
| | | | described in (i) above? | | ••••• | | | | | 11g(i | | |
| | ••••••••••••••••••••••••••••••••••••••• | • | person described in (i) o | | a? | | | | | | · | <u> </u> |
| h | | | about the supported or | | | | | | | | | |
| | | and an | | 5 | (-). | | | | | | | |
| | of supported anization | (II) EIN | (described on lines 1-9 | in col. (i) lis governing | organization sted in your document? | organizat | u notify the ion in col. r support? | (vi) Is organizatio (i) organiz U.S | on in col. I | (vii) Amou sı | int of mo upport | inetary |
| | | | | Yes | No | Yes | No | Yes | No | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 NATIONAL CENTER FOR TRANSGENDER EQUALITY41-2090291 Page 2

Part II Supp

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.)

| Se | ction A. Public Support | | | | | | |
|-------------|--|-----------------------|-----------------------|------------------------|----------------------|---------------------|------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 710,913. | 373,577. | 694,234. | 235,142. | 1,047,681. | 3,061,547. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization'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 | 710,913. | 373,577. | 694,234. | 235,142. | 1,047,681. | 3,061,547. |
| 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) | | | | | | 1,534,080. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 1,527,467. |
| | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| | Amounts from line 4 | 710,913. | 373,577. | 694,234. | 235,142. | 1,047,681. | 3,061,547. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | 19. | 55. | 74. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried 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 | | | | | | 3,061,621. |
| 12 | Gross receipts from related activities | , etc. (see instructi | ons) | | | 12 | 95,724. |
| 13 | First five years. If the Form 990 is fo | r the organization's | s first, second, thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) | |
| | organization, check this box and sto | phere | | | | | <u> </u> |
| Se | ction C. Computation of Pub | ic Support Pe | rcentage | | | 1 | |
| 14 | Public support percentage for 2013 (| line 6, column (f) d | ivided by line 11, a | column (f)) | | 14 | 49.89 % |
| 15 | Public support percentage from 2012 | 2 Schedule A, Part | II, line 14 | | | 15 | 49.86 % |
| 16a | 33 1/3% support test - 2013. If the | organization did no | ot check the box o | n line 13, and line | 14 is 33 1/3% or r | nore, check this bo | |
| | stop here. The organization qualifies | as a publicly supp | orted organizatior | ۱ | | | ►X |
| b | 33 1/3% support test - 2012. If the | organization did no | ot check a box on | line 13 or 16a, and | d line 15 is 33 1/3% | 6 or more, check th | s box |
| | and stop here. The organization qua | | | | | | N |
| 1 7a | 10% -facts-and-circumstances tes | t - 2013. If the org | anization did not o | check a box on line | e 13, 16a, or 16b, | and line 14 is 10% | or more, |
| | and if the organization meets the "fac | | | | | | |
| | meets the "facts-and-circumstances" | | | | | | |
| b | 10% -facts-and-circumstances tes | | | | | | |
| | more, and if the organization meets t | | | | | | |
| | organization meets the "facts-and-cir | | | | | | ►□ |
| 18 | Private foundation. If the organization | | | | | | |
| | | | | | | adula A (Farma 000 | |

Schedule A (Form 990 or 990-EZ) 2013

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.)

| Se | ction A. Public Support | | | | | | |
|------|--|----------------------|------------------------|--|---------------------|----------------------|-------------|
| Cale | endar year (or fiscal year beginning in) 🕨 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| U | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| - | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | - | |
| Ð | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| | | | | | | | |
| | Total. Add lines 1 through 5 | | | | - | | |
| 78 | Amounts included on lines 1, 2, and | | | | | | |
| b | 3 received from disqualified persons 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 | | | | | | |
| C | Add lines 7a and 7b | | | | | | |
| | Public support (Subtract line 7c from line 6.) | | | | | | <u> </u> |
| | ction B. Total Support | | 1 | T | 1 | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | 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 IV.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | <u> </u> |
| 14 | First five years. If the Form 990 is for | r the organization | i's first, second, thi | rd, fourth, or fifth t | tax year as a secti | on 501(c)(3) organi: | zation, |
| | check this box and stop here | | | | | <u></u> | > |
| Sec | ction C. Computation of Publ | ic Support Po | ercentage | | | | |
| 15 | Public support percentage for 2013 (| line 8, column (f) | divided by line 13, | column (f)) | | 15 | % |
| | Public support percentage from 2012 | | | | | 16 | % |
| | ction D. Computation of Invest | | | | | | |
| | Investment income percentage for 20 | | | | | 17 | % |
| | Investment income percentage from | - | | | | 18 | % |
| | 33 1/3% support tests - 2013. If the | | | | | | |
| | more than 33 1/3%, check this box a | - | | | | | |
| h | 33 1/3% support tests - 2012. If the | | | | | | |
| 5 | line 18 is not more than 33 1/3%, che | - | | | | | |
| 20 | Private foundation. If the organization | | | | | | |
| | | TI GIG TIOL OTICON C | | $\sim, \circ, \circ,$ | | | |

| t IV | (Form 990 or 990 EZ) 2013 NATIONAL CENTER FOR TRANSGENDER EQUALITY41-2090291 Supplemental Information. 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). |
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| Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service | Schedule of Contributors ► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 | OMB No. 1545-0047 |
|--|---|--------------------------------|
| Name of the organization | | Employer identification number |
| N | ATIONAL CENTER FOR TRANSGENDER EQUALITY | 41-2090291 |
| Organization type (check | one): | |
| Filers of: | Section: | |
| Form 990 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 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | 501(c)(3) taxable private foundation | |
| | | |

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA 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) (2013)

Employer identification number

41-2090291

NATIONAL CENTER FOR TRANSGENDER EQUALITY

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 |
| | | \$60,000. | 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>75,000.</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 |
| 3 | | \$200,000. | 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>4</u> | | \$200,000. | 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 |
| | | \$100,100. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$100,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

NATIONAL CENTER FOR TRANSGENDER EQUALITY

41-2090291

| Part I | Contributors (see instructions). Use duplicate copies of Part I if a | additional space is needed. | |
|------------|--|-----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$ <u>86,300.</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 |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 990-EZ, or 990-PF) (2013) | Page 3 |
|--|--------------------------------|
| Name of organization | Employer identification number |
| NATIONAL CENTER FOR TRANSGENDER EQUALITY | 41-2090291 |
| Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional | space is needed. |
| (a) | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|------------------------------|--|--|---------------------------------------|
| 5 | PUBLICLY TRADED SECURITY | | |
| | | \$\$ | 04/19/13 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | · · · · · · · · · · · · · · · · · · · |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |

| rt III | Exclusively religious, charitable, etc., indiverse. year. Complete columns (a) through (e) and t the total of <i>exclusively</i> religious, charitable, et Use duplicate copies of Part III if addition | c., contributions of \$1,000 or less for | $\begin{array}{c} 41-2090291 \\ \hline (7), (8), or (10) organizations that total more than $1,000 for the second for the year. (Enter this information once.) \\ \hline \$ \\ \hline \end{array}$ |
|----------------------|---|---|--|
| No. om art I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | (e) Transfer of gif | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| No. om ort I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, a | (e) Transfer of gif | t Relationship of transferor to transferee |
| No. m rt I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, a | (e) Transfer of gif | t Relationship of transferor to transferee |
| | | | |
| No. m rt I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | (e) Transfer of gif | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |

Employer identification number

| SCHEDULE C | P | olitical Campaign | and Lobbyir | ng Activities | ; | OMB No. 1545-0047 |
|--|--------------------|---|------------------------|---|-----------|---|
| (Form 990 or 990-EZ) | For Org | 2013 | | | | |
| Department of the Treasury Internal Revenue Service | | e if the organization is describe rate instructions. Informati instructio | | (Form 990 or 990-E | | One to Dublic |
| If the organization answ | wered "Yes," to | Form 990, Part IV, line 3, or Fo | | | baign Ac | tivities), then |
| | | plete Parts I-A and B. Do not cor | | | | |
| Section 501(c) (other | r than section 50 | 01(c)(3)) organizations: Complete | Parts I-A and C below | . Do not complete Pa | art I-B. | |
| Section 527 organiza | ations: Complete | e Part I-A only. | | | | |
| - | | Form 990, Part IV, line 4, or For | | | | |
| | | have filed Form 5768 (election un | | | | |
| | | have NOT filed Form 5768 (election | | | | |
| | | Form 990, Part IV, line 5 (Proxy | Tax) or Form 990-E | Z, Part V, line 35c (P | roxy Tax |), then |
| Section 501(c)(4), (5) Name of organization |), or (6) organiza | tions: Complete Part III. | | | Employ | er identification number |
| Name of organization | ΝΔΨΤΟΝΔ | L CENTER FOR TRAI | NSCENDER EO | ΊΔΤ.ΤͲΥ | | 41-2090291 |
| Part I-A Comple | | anization is exempt und | | | | |
| 2 Political expenditur | es | ation's direct and indirect politica | | | | |
| Part I-B Comple | ete if the orc | anization is exempt und | er section 501(c) | (3). | | |
| | | incurred by the organization und | | | ► \$ | |
| 2 Enter the amount o | f any excise tax | incurred by organization manage | ers under section 4955 | 5 | ► \$ _ | |
| | | n 4955 tax, did it file Form 4720 f | | | | |
| 4a Was a correction m | ade? | | | | | Yes No |
| b If "Yes," describe in | n Part IV. | ····· | | | | (0) |
| | | anization is exempt und | | | - | (3). |
| | | by the filing organization for sec | | | 🏲 💲 | |
| | | ization's funds contributed to oth | | | • | |
| | | | | | ▶\$_ | |
| | = | . Add lines 1 and 2. Enter here a | | | | |
| | | | | | | Yes No |
| | | 1120-POL for this year? | | | | · · · |
| | | tion listed, enter the amount paid | | | | |
| | | omptly and directly delivered to a | | | | |
| | | additional space is needed, prov | | | | |
| (a) Name | • | (b) Address | (c) EIN | (d) Amount paid filing organizatio funds. If none, en | on's o | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | ion Act Nation | coo the Instructions for Form Q | 90 or 990 E7 | Oaha | dulo O (F | form 990 or 990-EZ 2013 |

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

Schedule C (Form 990 or 990-EZ) 2013

| Schedule C (Form 990 or 990-EZ) 2013 Part II-A Complete if the or | | | | | 090291 Page 2 |
|---|------------------------------------|----------------------------|---|---|------------------------------------|
| (election under see | - | | | | |
| | | iliated group (and list in | Part IV each affiliated | group member's nam | e. address. EIN. |
| | are of excess lobbying | | | group monisor o nam | c,,, |
| | | nd "limited control" pro | visions apply. | | |
| Lim | its on Lobbying Expe | | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to inf | | (arass roots lobbying) | | 11,738. | |
| b Total lobbying expenditures to inf | | | | 5,874. | |
| c Total lobbying expenditures (add | | | | 17,612. | |
| d Other exempt purpose expenditure | | | | 621,241. | |
| e Total exempt purpose expenditure | | | | 638,853. | |
| f Lobbying nontaxable amount. En | • | | | 120,828. | |
| If the amount on line 1e, column (a) | | bying nontaxable am | | | |
| Not over \$500,000 | | the amount on line 1e. | | | |
| Over \$500,000 but not over \$1,00 | | 00 plus 15% of the exc | | | |
| Over \$1,000,000 but not over \$1,0 | | 00 plus 10% of the exc | | | |
| Over \$1,500,000 but not over \$17 | | 00 plus 5% of the exce | | | |
| Over \$17,000,000 | \$1,000 | | | | |
| | φ1,000 | | | | |
| g Grassroots nontaxable amount (e | nter 25% of line 1f) | | | 30,207. | |
| h Subtract line 1g from line 1a. If ze | | | | 0. | |
| i Subtract line 1f from line 1c. If zer | | | | 0. | |
| j If there is an amount other than ze | , | | | | • |
| reporting section 4911 tax for this | | | | | Yes No |
| (Some organi | 4-Year Av zations that made a s | | Section 501(h) n do not have to comp es 2a through 2f on pa | | |
| | Lobbying Expe | nditures During 4-Yea | ar Averaging Period | | |
| Calendar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) Total |
| 2a Lobbying nontaxable amount | 113,437. | 87,243. | 100,688. | 120,828. | 422,196. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 633,294. |
| c Total lobbying expenditures | 27,343. | 15,037. | 49. | 17,612. | 60,041. |
| d Grassroots nontaxable amount | 28,359. | 21,811. | 25,172. | 30,207. | 105,549. |
| Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 158,324. |

12,925.

17,629.

 11,738.
 42,323.

 Schedule C (Form 990 or 990-EZ) 2013

31.

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2013 NATIONAL CENTER FOR TRANSGENDER EQUALIT 41-2090291 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For e | ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description | (| a) | (b |) |
|--------|---|-------------|--------------------------|--------------|-----------|
| of the | e lobbying activity. | Yes | No | Amo | unt |
| 1 a | 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: Volunteers? | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? | | | | |
| | Mailings to members, legislators, or the public? Publications, or published or broadcast statements? | | | | |
| f g | Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? | | | | |
| - | Total. Add lines 1c through 1i | | | | |
| | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | otion | |
| | <u>1</u>III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). | | (0), or se | CUON | |
| | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | | | | |
| Par | t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." | | | | ie 3, is |
| 1 | Dues, assessments and similar amounts from members | | 1 | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). | | | | |
| | Current year | | | | |
| | Carryover from last year | | | | |
| - | Total 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 of the exc | | ····· 😈 | | |
| - | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p | | | | |
| | expenditure next year? | | 4 | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | | | |
| | IN Supplemental Information | | | | |
| Provi | de 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 | 11 -A, li ne 2; a | nd Part II-E | , line 1. |

Also, complete this part for any additional information.

| SCH | EDU | LE | D |
|-----|-----|----|---|
| | | | |

Department of the Treasury

| (Form | 990) |
|-------|------|
|-------|------|

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

| Information about Schedule D (Form 990) and its instructions is at | www.irs.aov/form990. |
|--|----------------------|
| mornation about concource by the one body and its instructions is at | WWWWWWWWWWWWWW |
| | |

Internal Revenue Service Name of the organization

Employer identification number

OMB No. 1545-0047

Open to Public

Inspection

3

| | NATIONAL CENTER F | | | 41-2090291 |
|--------|---|--------------------------------|-------------------------|---|
| Pai | | | imilar Funds or | Accounts. Complete if the |
| | organization answered "Yes" to Form 990, Part IV, li | | ···· | |
| | | (a) Donor advised | l funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate contributions to (during year) | | | |
| 3 | Aggregate grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | • |
| 5 | Did the organization inform all donors and donor advisors in | | | |
| | are the organization's property, subject to the organization | 's exclusive legal control? | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor | r advisors in writing that gra | nt funds can be used | d only |
| | for charitable purposes and not for the benefit of the donor | | | |
| | impermissible private benefit? | | | |
| Par | II Conservation Easements. Complete if the c | organization answered "Yes | " to Form 990, Part I | V, line 7 |
| 1 | Purpose(s) of conservation easements held by the organization | | | |
| | Preservation of land for public use (e.g., recreation of | | | ally important land area |
| | Protection of natural habitat | L Prese | ervation of a certified | historic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qua | alified conservation contribu | ition in the form of a | conservation easement on the last |
| | day of the tax year. | | | |
| | | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | | |
| b | Total acreage restricted by conservation easements | | | |
| c | Number of conservation easements on a certified historic s | | | . <u>2c</u> |
| d | Number of conservation easements included in (c) acquire | | | |
| • | listed in the National Register | | | 2d |
| 3 | Number of conservation easements modified, transferred, | released, extinguished, or it | eminated by the org | anization during the tax |
| 4 | year ▶ Number of states where property subject to conservation € | assement is located | | |
| 4 5 | Does the organization have a written policy regarding the p | | ion handling of | |
| 0 | violations, and enforcement of the conservation easements | | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, an | | | |
| 8 | Does each conservation easement reported on line 2(d) ab | | | |
| • | and section 170(h)(4)(B)(ii)? | | | |
| 9 | In Part XIII, describe how the organization reports conservation | | | |
| | include, if applicable, the text of the footnote to the organiz | | | |
| | conservation easements. | | | - |
| Par | III Organizations Maintaining Collections | of Art, Historical Tre | asures, or Othe | r Similar Assets. |
| | Complete if the organization answered "Yes" to For | m 990, Part IV, line 8. | | |
| 1a | If the organization elected, as permitted under SFAS 116 (/ | ASC 958), not to report in it | s revenue statement | and balance sheet works of art, |
| | historical treasures, or other similar assets held for public e | xhibition, education, or res | earch in furtherance | of public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that des | cribes these items. | | |
| b | If the organization elected, as permitted under SFAS 116 (/ | ASC 958), to report in its rev | venue statement and | balance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, | education, or research in fu | urtherance of public s | service, provide the following amounts |
| | relating to these items: | | | |
| | (i) Revenues included in 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 t | reasures, or other similar as | ssets for financial gai | n, provide |
| | the following amounts required to be reported under SFAS | | | |
| а | Revenues included in Form 990, Part VIII, line 1 | | | ► \$ |
| b | Assets included in Form 990, Part X | | | 🕨 \$ |

| Sche | dule D (Form 990) 2013 NATIONA | L CENTER F | OR TRANSG | ENDER EQU | JALIT | <u>Y 41-20</u> | 90291 | L Pa | age 2 |
|---|---|---------------------------------|-----------------------|--------------------------|-------------|---------------------|------------|--------|--------------|
| Pa | t III Organizations Maintaining C | ollections of A | rt, Historical T | reasures, or | Other \$ | <u>Similar Ass</u> | ets(contin | ued) | |
| 3 | Using the organization's acquisition, accessi | on, and other record | is, check any of the | e following that a | ire a signi | ficant use of its | collectior | item: | S |
| | (check all that apply): | | | | | | | | |
| а | Public exhibition | d | I 🗌 Loan or ex | change program | s | | | | |
| b | Scholarly research | е | | | | | | | |
| с | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explai | n how thev further | the organization | 's exemp | t purpose in Pa | rt XIII. | | |
| 5 | During the year, did the organization solicit of | | | | | | | | |
| • | to be sold to raise funds rather than to be m | | | | | | Yes | | No |
| Pa | Escrow and Custodial Arran reported an amount on Form 990, Pa | gements. Comple | | | | | line 9, or | | |
| | Is the organization an agent, trustee, custod | ian or other intermed | liarv for contributio | ons or other asse | ts not inc | luded | | | |
| | on Form 990, Part X? | | | | | | Yes | | No |
| h | If "Yes," explain the arrangement in Part XIII | | | | | | | | |
| ~ | | | lioning table | | | | Amount | | |
| с | Beginning balance | | | | | 1c | | | |
| | Additions during the year | | | | | 1d | | | |
| | | | | | | 1e | | | |
| e | Distributions during the year | | | | | | | | |
| T | Ending balance | | | | | | Yes | | No |
| | Did the organization include an amount on F | | | | | | | - | |
| 100000000000000000000000000000000000000 | If "Yes," explain the arrangement in Part XIII. | | | | | | | | <u></u> |
| 8.4 | t V Endowment Funds. Complete i | | | | | Thursday had | () Faur | | haali |
| | | (a) Current year | (b) Prior year | (c) Two years I | оаск (а) | Three years bac | | years | DACK |
| 1a | Beginning of year balance | | | | | | | | |
| b | Contributions | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | |
| d | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | |
| | and programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | | | | | | | | |
| 2 | Provide the estimated percentage of the cur | rent year end baland | e (line 1g, column | (a)) held as: | | | | | |
| а | Board designated or quasi-endowment | - | % | | | | | | |
| b | Permanent endowment | % | | | | | | | |
| | Temporarily restricted endowment | % | | | | | | | |
| • | The percentages in lines 2a, 2b, and 2c show | | | | | | | | |
| 3a | Are there endowment funds not in the posse | • | ation that are held | and administere | d for the | organization | | | |
| u | by: | obioin of the erguine | | | | g | [| Yes | No |
| | (i) unrelated organizations | | | | | | (3a(i) | | |
| | | | | | | | | | |
| • | (ii) related organizations | | | | | | | | |
| | - | • | | | ••••• | | [00] | | |
| 4 | Describe in Part XIII the intended uses of the | | owment tunas. | | | | , | | |
| | VI Land, Buildings, and Equipn | | | 0 | Saut V. Bar | . 10 | | | |
| | Complete if the organization answere | | | | | | | | |
| | Description of property | (a) Cost or o basis (investr | | st or other s (other) | ••• | umulated ciation | (d) Boo | k valu | e |
| 1a | Land | | | | | | | | |
| b | Buildings | | | | | | | | |
| с | Leasehold improvements | | | | | | | | |
| d | Equipment | | | 40,889. | 3 | 6,860. | | 4,0 | 29. |
| | Other | | | | | | | | |
| | . Add lines 1a through 1e. (Column (d) must e | | X, column (B). line | 10(c).) | | ► | | 4,0 | 29. |
| | | | , | | | - | | | |

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨 | | |

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1. | (a) Description of liability | (b) Book value | |
|--------|--|----------------|--|
| (1) | Federal income taxes | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. | Column (b) must equal Form 990, Part X, col. (B) line 25.) | ► | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

| Sche | edule D (Form 990) 2013 NATIONAL CENTER FOR T | TRANSGENDER | EQUALITY | 41-2090291 | Page 4 |
|--------|---|------------------------|-------------|------------|---------------|
| | AXI Reconciliation of Revenue per Audited Financial | Statements With | Revenue per | Return. | |
| | Complete if the organization answered "Yes" to Form 990, Part I | V, line 12a. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | s | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| с | Recoveries of prior year grants | | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | | | . 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | | _ | |
| b | Other (Describe in Part XIII.) | 4b | | - | |
| c | Add lines 4a and 4b | | | | ··· |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin | | | | |
| Pa | IT XII Reconciliation of Expenses per Audited Financia | | | | |
| | Complete if the organization answered "Yes" to Form 990, Part I | | | | |
| 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 | | | | |
| b | Prior year adjustments | | | - | |
| 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: | 4a | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | | - | | |
| b | Other (Describe in Part XIII.) Add lines 4a and 4b | | | 4c | |
| C E | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, I</i> | | | • | |
| 5 | Total expenses. Add lines 3 and 4c. (<i>Inis must equal Form 990, Part), I</i> XIII Supplemental Information. | ine (0.) | | · _ J | |
| | | | | | |

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

| SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Name of the organization | Complete if the c | ental Information Regardi e organization answered "Yes" organization entered more than ▶ Attach to Form 9 bout Schedule G (Form 990 or 990-1 L CENTER FOR TRA | to Form 9 \$15,000 o 990 or Fo EZ) and its | 990, Pa on Foi rm 99 instru | art IV, lines 17, 18, o rm 990-EZ, line 6a. 0-EZ. ctions is at <i>www.irs.</i> | or 19, | , or if the <i>form 990.</i> | OMB No. 1545-0047 2013 Open To Public Inspection dentification number 0.0291 |
|--|---|---|---|---|---|----------------|--|--|
| Part Fundrais | | . Complete if the organization and | | | | ine 17 | | |
| Indicate whether th a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organizatio key employees list | ions email solicitations tations licitations on have a written o ed in Form 990, P n highest paid ind | sed funds through any of the folic e Solic f Solic g Spector or oral agreement with any individ art VII) or entity in connection wit ividuals or entities (fundraisers) p | citation of cial fundra dual (inclue th profess sursuant to | non-g gover lising o ding o ional f o agre | overnment grants nment grants events fficers, directors, trus fundraising services? | stees the f | undraiser is | |
| (i) Name and addres or entity (func | | (ii) Activity | (iii) fundr have c or con contribu | aiser ustody | (iv) Gross receipts from activity | to (c | Amount paid or retained b fundraiser ted in col. (i) | y) to (or retained by) |
| | | | Yes | No | | | | |
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| 3 List all states in whi or licensing. | ch the organizatic | on is registered or licensed to soli | icit contrib | oution | s or has been notifie | d it is | exempt from | n registration |
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| LHA For Paperwork Re | eduction Act Not | ice, see the Instructions for For | rm 990 or | 990- | EZ. S | Sche | dule G (Forr | n 990 or 990-EZ) 2013 |

332081 09-12-13

| Schedule G | (Form 990 or 990-EZ) 2013 NATIONAL | CENTER | FOR | TRANSGENDER | EQUALITY41-2090291 | Page 2 |
|------------|------------------------------------|--------|-----|-------------|--------------------|---------------|
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Part II

Fundraising Events. Complete if the organization answered "Yes" to 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.

| | | of fundraising event contributions and gr | (a) Event #1 OUR MOMENT: 10TH ANNIVER | (b) Event #2 | (c) Other events NONE | (d) Total events (add col. (a) through |
|-----------------|--------|---|---|---------------------------|--------------------------|---|
| Ð | | | (event type) | (event type) | (total number) | - col. (c)) |
| Revenue | 1 | Gross receipts | 66,406. | | | 66,406. |
| | 2 | Less: Contributions | 48,329. | | | 48,329. |
| | 3 | Gross income (line 1 minus line 2) | 18,077. | | | 18,077. |
| | 4 | Cash prizes | | | | |
| ø | 5 | Noncash prizes | | | · · · | |
| esued | 6 | Rent/facility costs | 1,000. | ······ | | 1,000. |
| Direct Expenses | 7 | Food and beverages | 16,283. | | | 16,283. |
| Δ | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | | | | 794. |
| | 10 | Direct expense summary. Add lines 4 throug | h 9 in column (d) | | ► | 18,077. |
| 100 1000 | 11 | Net income summary. Subtract line 10 from I | | | | 0. |
| Pa | | Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. | answered "res" to Form | 990, Part IV, line 19, or | reported more than | |
| | | \$10,000 OF 1 OF 1 350 EZ, INTE OA. | | (b) Pull tabs/instant | | (d) Total gaming (add |
| anue | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c)) |
| Revenue | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | | | Yes % | Yes % | Yes % | 5 |
| | 6 | Volunteer labor | No | No | No | |
| | 7 | Direct expense summary. Add lines 2 throug | h 5 in column (d) | | ► | |
| | 8 | Net gaming income summary. Subtract line 7 | <u>' from line 1, column (d)</u> | | | |
| | | | | | | |
| | | ter the state(s) in which the organization opera | | | | Yes No |
| | | he organization licensed to operate gaming ac No," explain: | | | | |
| - | | | | | | |
| | _ | | | | | |
| | | ere any of the organization's gaming licenses re | - | | | Yes No |
| b |) If " | Yes," explain: | | | | |
| | — | | | | | |
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Schedule G (Form 990 or 990-EZ) 2013

| Sch | edule G (Form 990 or 990-EZ) 2013 NATIONAL CENTER FOR TRANSGENDER EQUALITY41-2 | <u>090</u> : | <u>291</u> | Page 3 | | | | | |
|-----|---|--------------|------------|----------|--|--|--|--|--|
| 11 | Does the organization operate gaming activities with nonmembers? | | Yes | No | | | | | |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed | | | | | | | | |
| | to administer charitable gaming? | ירדי | Yes | No | | | | | |
| 13 | Indicate the percentage of gaming activity operated in: | | | | | | | | |
| â | The organization's facility | 13a | | % | | | | | |
| Ł | An outside facility | 13b | | % | | | | | |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | | | | | | |
| | Name | | | | | | | | |
| | Address ► | | | | | | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | Yes | No No | | | | | |
| F | o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount | | | | | | | | |
| | of gaming revenue retained by the third party ▶\$ | | | | | | | | |
| ~ | If "Yes," enter name and address of the third party: | | | | | | | | |
| | | | | | | | | | |
| | Name | | | | | | | | |
| | Address ► | | | | | | | | |
| 16 | Gaming manager information: | | | | | | | | |
| | Name 🕨 | | | | | | | | |
| | | | | | | | | | |
| | Gaming manager compensation ► \$ | | | | | | | | |
| | Description of services provided 🕨 | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | Director/officer Employee Independent contractor | | | | | | | | |
| | | | | | | | | | |
| 17 | Mandatory distributions: | | | | | | | | |
| | is the organization required under state law to make charitable distributions from the gaming proceeds to | | | | | | | | |
| | retain the state gaming license? | | Yes | No | | | | | |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | | | | | | | |
| | organization's own exempt activities during the tax year 🕨 \$ | | | | | | | | |
| Pa | TIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, line 2b, columns (iii) and (v), and | nes 9, | 9b, 1 | 0b, 15b, | | | | | |
| · | 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). | | | | | | | | |
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| Schedule G | (Form 990 or 990-EZ) | NATIONAL | CENTER | FOR | TRANSGENDER | EQUALITY41-2090291 | Page 4 |
|------------|--|-------------------|----------|-----|-------------|---------------------------------------|--------|
| Part IV | (Form 990 or 990-EZ) Supplemental Infor | mation (continued | d) | | | | |
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Noncash Contributions

OMB No. 1545-0047 3 ∕

Open to Public

Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

SCHEDULE M

Department of the Treasury

Internal Revenue Service

| Part II Types of Property (e) (b) (b) (c) (c | Nam | e of the organization | | | | Employer iden | tification nu | |
|--|-------------|--|---------------|-------------------------------|---|---------------|---------------|---------------|
| (a) (b) Noncesh contribution applicable Noncesh contribution amounts reported on amounts reported on amount reported amount report reported on reports report for which the organization nea rult amount in column (c) for a type of p | 0 | | TER FU | K TRANSGE | NDER EQUALITI | 41-2 | .090291 | |
| 2 Art - Historical Inserves 3 Art - Fractional Interests 4 Carca and bulkertons 5 Clothing and household goods 6 Carca and other vehicles 7 Books and publications 8 Intelectual property 9 Securities - Publicly traded X 4 10 Securities - Publicly traded X 4 11 Securities - National interests 12 Securities - National interests 13 Coulified conservation contribution - Historic structures 14 Coulified conservation contribution - Historical traded conservation contribution - Other, 13 Caudified conservation contribution - Other, 14 Caudified conservation contribution - Other, 15 Real estate - Commercial 16 Collectlikes 17 Real estate - Commercial 18 Collectlikes 19 Food Inventory 20 Drugs and medical supplies 21 Taxidemy 22 Iterations 23 Cother \Lambda (| 8.66 | | Check if | Number of contributions or | Noncash contribution amounts reported on | Method of de | etermining | ıts |
| 3 At - Fractional interests | | | | | | | | |
| 4 Books and publications | | | | | | | | |
| 5 Clothing and household goods | | | | | | | | |
| 6 Cars and other vehicles | | | | | ····· | | | |
| 7 Boats and planes x 4 106,927. PMV 9 Securities - Publicly traded X 4 106,927. PMV 10 Securities - Partnership, LLC, or trust interests x 4 106,927. PMV 11 Securities - Partnership, LLC, or trust interests x 4 106,927. PMV 12 Securities - Mascellaneous x x 4 106,927. PMV 13 Qualified conservation contribution - Other. x <t< td=""><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<> | - | | | | | | | |
| 8 Intellectual property X 4 106,927. FMV 9 Securities - Pathership, LLC, or trust interests X 4 106,927. FMV 11 Securities - Pathership, LLC, or trust interests | - | | | | | | | |
| 9 Securities - Publicity traded X 4 106,927. FMV 10 Securities - Othership, LCC, or trust interests Image: Comparison of the stock Image: Comparison of the stock 12 Securities - Miscellaneous Image: Comparison of the stock Image: Comparison of the stock 13 Qualified conservation contribution - Historic structures Image: Comparison of the stock Image: Comparison of the stock 14 Qualified conservation contribution - Other, image: Comparison of the stock of | | - | | | | | | |
| 10 Securities - Closely held stock | - | | v | | 106 027 | | | |
| 11 Securities - Partnership, LLC, or trust interests | | - | | 4 | 100,927. | | | |
| trust interests | | - | | | | | | |
| 12 Securities - Miscellaneous | 11 | • | | | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | | | | | |
| Historic structures | | | | | | | | |
| 14 Qualified conservation contribution - Other Image: Conservation contribution - Other 15 Real estate - Residential Image: Conservation contribution - Other 16 Real estate - Commercial Image: Conservation contribution - Other 17 Real estate - Conter Image: Conservation contribution - Other 18 Collectibles Image: Conservation contribution - Other 20 Drugs and medical supplies Image: Conservation contribution - Other 21 Taxidermy Image: Conservation contribution - Other 22 Historical artifacts Image: Conservation conservation - Other 23 Scientific specimens Image: Conservation - Other 24 Archeological artifacts Image: Conservation - Other 25 Other ▶ (| 13 | | | | | | | |
| 15 Real estate - Residential | | | | | | | | |
| 16 Real estate - Commercial | | | | | | | | |
| 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (26 Other ▶ (27 Other ▶ (28 Other ▶ (29 Yes Yes No Sola During the year, did the organization receive by contribution any property reported in Part I, lines 1 · 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 26 bit f'Yes,' describe the arrangement in Part II. 30a X 31 X 32a Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 X 32a X 31 X 32a X | | | | | | | | |
| 18 Collectibles | _ | | | | | | | |
| 19 Food inventory | | | | | | | | |
| 20 Drugs and medical supplies | | | | | | | | |
| 21 Taxidermy | | | | | | | | |
| 22 Historical artifacts | - | | | | | | | |
| 23 Scientific specimens | | - | | | | | | |
| 24 Archeological artifacts 25 Other ▶ () 26 Other ▶ () 27 Other ▶ () 28 Other ▶ () 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 · 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a X 31 Yes No 32a Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a X b If "Yes," describe in Part II. 32a X 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. 32a | | | | | | | | |
| 25 Other () 26 Other () 27 Other () 28 Other () 29 29 29 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 · 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a X 30a X 30a X 30a X 30a X 30a X 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 31 X 32a X <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | | | | | | | | |
| 26 Other ▶ () | | | | | | | | |
| 27 Other ▶ () 28 Other ▶ () 29 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 29 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II. 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 31 X b If "Yes," describe in Part II. 32a If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. 32a X | | · / | | | | | | |
| 28 Other ▶ () 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | | | | | | | | |
| 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 · 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II. 31 X 32a Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 X b If "Yes," describe in Part II. 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 31 X b If "Yes," describe in Part II. 32a X X | | N | | | | | | |
| for which the organization completed Form 8283, Part IV, Donee Acknowledgement | | ······································ | | L | <u> </u> | | | |
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? b If "Yes," describe in Part II. 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | 29 | | | | | | | |
| the entire holding period? 30a X b If "Yes," describe the arrangement in Part II. 31 X 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 31 X b If "Yes," describe in Part II. 32a X b If "Yes," describe in Part II. 31 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | 3 0a | | - | | | | Yes | <u>No</u> |
| b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | - | | | • | | 30a | X |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a 32a X b If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | h | ÷ | | | | | | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | | policy that n | equires the review | of any non-standard contrib | utions? | 31 | X |
| contributions? 32a X b If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. 4 4 | | | | - | | | | + |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | contributions? | | | | | 32a | X |
| describe in Part II. | | | | (a.u. a. b. ua.a f | uter f aurrahiah a - harra (-) : - ! | | | |
| | 33 | | column (c) 1 | for a type of prope | rty for which column (a) is cl | ескеа, | | |
| | LHA | | **** | tions for Farme AA | <u>م</u> | Cabadula M | /Earm 000 | <u>240040</u> |

| Schedule M | (Form 990) (2013) | NATIONAL | CENTER | FOR | TRANSGEN | IDER | EQUALITY | 41-2090291 | Page 2 |
|-------------|---|----------------------|--------------|-------------------------|--------------------------------------|---------------------------|---|---|---------------------|
| Part II | Supplemental is reporting in Part this part for any ac | : I, column (b), the | number of co | formation ntribution | n required by Pa ns, the number c | rt I, lines of items r | 30b, 32b, and 33, eceived, or a comb | and whether the orga ination of both. Also c | nization omplete |
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| SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service | Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection | |
|--|--|----------|
| Name of the organizatio | | number |
| | ART III, LINE 4D, OTHER PROGRAM SERVICES: | |
| | | |
| OTHER PROGRA | M SERVICES: NCTE'S OTHER PROGRAMS INCLUDE: PRIVACY & | |
| DOCUMENTATIO | N, WORKING TO PROTECT THE PRIVACY OF TRANSGENDER PEOPLE, | |
| ENSURE PEOPL | E CAN OBTAIN IDENTITY DOCUMENTS THAT ACCURATELY REFLECT | <u> </u> |
| THEIR GENDER | , AND THAT GOVERNMENT ENTITIES THAT RECORD GENDER ALSO | |
| PROVIDE SUIT | ABLE MECHANISMS FOR AMENDING SUCH RECORDS; TRANSLAW, FISCA | L |
| SPONSORSHIP | | |
| | ······································ | |
| FEDERAL LAWS | THAT ARE JUST AND REFLECT THE NEEDS AND REALITIES OF | |
| TRANSGENDER | PEOPLE'S LIVES; AND EMPOWERING TRANSGENDER PEOPLE AND OUR | |
| ALLIES TO ED | UCATE AND INFLUENCE POLICYMAKERS. | |
| EXPENSES \$ 5 | 1,204. INCLUDING GRANTS OF \$ 0. REVENUE \$ 7,317. | |
| | | |
| FORM 990, PA | RT VI, SECTION B, LINE 11: | |
| THE FORM 990 | IS FIRST REVIEWED AND APPROVED BY THE TREASURER. | |
| ONCE APPROVE | D, THE TREASURER FORWARDS IT TO ALL BOARD MEMBERS FOR REVI | EW, |
| POSSIBLE CHA | NGES, AND FINAL APPROVAL. | |
| | · · · · · · · · · · · · · · · · · · · | |
| | RT VI, SECTION B, LINE 12C: | |
| <u> </u> | | |

NEW BOARD MEMBERS AND KEY STAFF ARE ASKED TO REVIEW AND SIGN

POLICY UPON JOINING THE ORGANIZATION. ANNUAL REVIEWS OF THE POLICY ENSURE

THAT BOARD MEMBERS AND KEY STAFF REMAIN IN COMPLIANCE.

FORM 990, PART VI, SECTION B, LINE 15A:

THE COMPENSATION FOR EXECUTIVE DIRECTOR IS REVIEWED AND

APPROVED BY THE BOARD OF DIRECTORS.

| Schedule O (Form 990 or 990-EZ) (2013) | Page 2 |
|---|---|
| Name of the organization NATIONAL CENTER FOR TRANSGENDER EQUALITY | Employer identification number 41-2090291 |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| NCTE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST | |
| POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC | UPON REQUEST. |
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Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

► X

09

10

Department of the Treasury Internal Revenue Service

Form 990-BL

Form 990-PF

2

instructions.

Form 4720 (individual)

Information about Form 8868 and its instructions is at www.irs.gov/form8868

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (a-file) You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

| Port | Automatic 3-Month Extension of Time | <u>e. Only s</u> | ubmit original (no cor | les needed). | | | |
|--|---|------------------------------|-------------------------------|---|--------|--|--|
| A corpora | ion required to file Form 990-T and requesting an auto | matic 6-mc | onth extension - check this b | ox and complete | | | |
| Part I only | | | | *************************************** | | | |
| | orporations (including 1120-C filers), partnerships, REM me tax returns. | fiCs, and t | rusts must use Form 7004 t | o request an extension of time Enter filer's identifying nun | nber | | |
| Type or | Name of exempt organization or other filer, see instru | uctions. | | Employer identification numb | | | |
| print | NATIONAL CENTER FOR TRANSG | 41-209029 | 1 | | | | |
| File by the due date for filing your | Number, street, and room or suite no. If a P.O. box, a 1325 MASSACHUSETTS AVENUE, | Social security number (SSN) | | | | | |
| return. See instructions. | City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005 | | | | | | |
| Enter the | Return code for the return that this application is for (fil | e a separa | te application for each retui | n) | 01 | | |
| Applicatio | 20 | Return | Application | | Return | | |
| Is For | | Code | ls For | | Code | | |
| Form 990 | or Form 990-EZ | 01 | Form 990-T (corporation) | | 07 | | |
| Ferm 000 | | 02 | Form 1041-A | | 08 | | |

| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 | | |
|--|----------|----------------------------------|-----|--|--|
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 | | |
| THE ORGANIZATIO | <u> </u> | 1325 MASSACHUSETTS AVENUE, SUITE | 700 | | |
| • The books are in the care of - WASHINGTON, I | DC 20 | 005 | | | |
| Telephone No.▶ (202)903-0112 | | Fax No. ► (202) 393-2241 | | | |
| If the organization does not have an office or place of business in the United States, check this box | | | | | |
| • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this | | | | | |
| box > If it is for part of the group, check this box > and attach a list with the names and EINs of all members the extension is for. | | | | | |
| 1 I request an automatic 3-month (6 months for a composition required to file Form 990-T) extension of time until | | | | | |

02

03

04

Form 1041-A

Form 5227

Form 4720 (other than individual)

Initial return

Final return

| itednear an antomarie punotini fo mouri | ID ID & COLDUCATION I EQUIDA TO THE FORT DOG TY CONCIDENT OF THE COMM |
|---|--|
| AUGUST 15, 2014 | , to file the exempt organization return for the organization named above. The extension |
| is for the organization's return for: | |
| X calendar year 2013 or | |
| N C Aurora ha almalan | and anding |

| tax year beginning | , and ending |
|--------------------|------------------|
| | |

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

| 3a | If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any | | | • |
|----|--|----------|----|----|
| | nonrefundable credite. See instructions. | <u> </u> | \$ | U. |
| b | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and | | | |
| | estimated tax payments made. Include any prior year overpayment allowed as a credit. | 35 | \$ | 0. |
| c | Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, | | | • |
| | by using EETPS (Electronic Federal Tax Payment System), See instructions, | 3c | Ś | 0. |

by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

LHA 323841 12-31-13 For Privacy Act and Paperwork Reduction Act Notice, see instructions. If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

| | II Additional (Not Automatic) 3-Month E | | | | - | | | |
|---|--|---|--|---|---|---|--------------------------|--|
| | | | | | | dentifying number, see instructions Employer identification number (EIN) o | | |
| Туре | | | | Employe | r identificatio | n numbe | r (EIN) o | |
| print File by t | NATIONAL CENTER FOR TRANSGENDER EQUALITY | | | 41-2090291 | | | | |
| due date filing you | | | | Social se | Social security number (SSN) | | | |
| return. S | See 1325 MASSACHUSETTS AVENUE, NW, NO. 700 | | | | | | | |
| instructi | The second secon | foreign add | Iress, see instructions. | · | | | | |
| Enter | he Return code for the return that this application is for (fil | le a separa | te application for each return) | | | [| 0 1 | |
| Application | | Return | Im Application | | | Return | | |
| is For | | Code | is For | | | | Code | |
| Form 990 or Form 990-EZ | | 01 | | | | | iverse in Diski se se | |
| Form 990-BL | | 02 | Form 1041-A | | | | 08 | |
| Form 4720 (individual) | | 03 | Form 4720 (other than individual) | | | | 09 | |
| Form 990-PF | | 04 | Form 5227 | | | | 10 | |
| Form 990-T (sec. 401(a) or 408(a) trust) | | 05 | Form 6069 | | | | 11 | |
| Form 990-T (trust other than above) | | 06 | Form 8870 | | | | 12 | |
| STOP | Do not complete Part II if you were not already granted | | | | | | | |
| | | | 1325 MASSACHUSETTS | AVEN | UE, SU | ITE 7 | 00 | |
| The | I A CUTNOTON | <u>המ המ</u> | | | | | | |
| | books are in the care of - WASHINGTON, | | | | | | | |
| Tele | phone No. ► (202) 903-0112 | | Fax No. ► (202) 393-2 | | | | | |
| Tele If th | phone No. (202) 903-0112 e organization does not have an office or place of busines | is in the Ur | Fax No. ► (202) 393-2 | | | ► [| | |
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Signature ► Suppleter and that I am aptroprised to prepare this form.

Date ► 8/14/2014 Form 8868 (Rev. 1-2014)