			EXTENDED TO MAY 16, 2022		_							
	Ω	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047							
Form JJU Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)												
Department of the Treasury												
Inter	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.											
Α	or th			JUN 30, 2021								
B	Check if applicab			D Employer identific	ation number							
	Addre		GAY & LESBIAN COMMUNITY CENTER									
	chang Name		REATER FORT LAUDERDALE INC.	65-043104								
F	_]chang]Initial	ge Doing bi	Jsiness as									
F	returr Final	2040	and street (or P.O. box if mail is not delivered to street address) Room/suit	te E Telephone number 954-463-9								
	→returr termin ated	n-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,317,906.							
	Amer	WILT	ON MANORS, FL 33305-2255	H(a) Is this a group ref								
F			nd address of principal officer:ROBERT BOO	for subordinates?								
	pend			3 H(b) Are all subordinates ind	······							
<u> </u>	Tax-ex				ist. See instructions							
			PRIDÉCENTERFLORIDA.ORG	H(c) Group exemption								
κ	orm o	f organization:	X Corporation Trust Association Other ► L Yea	ar of formation: 1993 M								
Pá	art I	Summary										
e	1	Briefly describ	e the organization's mission or most significant activities: THE PRIDE	E CENTER PROVI	IDES A							
anc		WELCOMI	NG, SAFE SPACE - AN INCLUSIVE HOME THA	T CELEBRATES	, NURTURES							
Governance	2	Check this bo	$x \mathrel{\blacktriangleright}$ if the organization discontinued its operations or disposed of mo	ore than 25% of its net as								
Š	3	Number of vot	9									
	4	Number of ind	8									
Activities &	5	Total number	37									
ivit	6		of volunteers (estimate if necessary)		0							
Act			d business revenue from Part VIII, column (C), line 12		38,250.							
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		14,124.							
		o		Prior Year	Current Year 1,668,269.							
ne	8		and grants (Part VIII, line 1h)	<u>1,615,473.</u> 235,611.	253,288.							
Revenue	9	•	ce revenue (Part VIII, line 2g)	42,605.	97,106.							
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)	220,847.	267,976.							
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,114,536.	2,286,639.							
	12 13		- add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.							
	14			0.	0.							
6		<u> </u>		969,324.	965,754.							
Expenses	162	Professional fi	ng expenses (Part IX, column (A), line 5-10)	0.	0.							
per	h	Total fundrais	ng expenses (Part IX, column (D), line 25) \blacktriangleright 374, 742.									
ы			es (Part IX, column (A), lines 11a-11d, 11f-24e)	823,939.	888,282.							
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,793,263.	1,854,036.							
	19		expenses. Subtract line 18 from line 12	321,273.	432,603.							
or				Beginning of Current Year	End of Year							
sets	20	Total assets (F	F F	7,195,345.	7,512,095.							
Net Assets or Fund Balances	21		(Part X, line 26)	3,171,843.	3,055,990.							
Fun	22		fund balances. Subtract line 21 from line 20	4,023,502.	4,456,105.							
	art II											
Und	er pen	alties of perjury,	declare that I have examined this return, including accompanying schedules and state	ements, and to the best of my	knowledge and belief, it is							
true	, corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which prepare	rer has any knowledge.								

Sign	Signature of officer		Date							
Here	ROBERT BOO, CEO									
	Print/Type preparer's name	Preparer's signature	Date Check PTIN							
Paid	DEREK M. WEBB	DEREK M. WEBB	03/16/22 ^{if} P00389509							
Preparer	Firm's name ▶ LIGGETT & WEBB P	.A.	Firm's EIN ▶ 51-0452188							
Use Only	Firm's address 1901 S. CONGRESS	AVE, SUITE 110								
	BOYNTON BEACH, F	ь 33426	Phone no. (561) 752-1721							
May the IRS discuss this return with the preparer shown above? See instructions										
032001 12-2	03200112-23-20LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2020)									

 12-23-20
 LHA For Paperwork Reduction Act Notice, see the separate instructions.
 Form 990 (2020)

 SEE
 SCHEDULE
 O
 FOR
 ORGANIZATION
 MISSION
 STATEMENT
 CONTINUATION

	THE GAY & LESBIAN COMMUNITY CENTER
	990 (2020) OF GREATER FORT LAUDERDALE INC. 65-0431045 Page 2
Pa	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 PRIDE CENTER PROVIDES A WELCOMING, SAFE SPACE AN INCLUSIVE HOME
	THAT CELEBRATES, NURTURES AND EMPOWERS THE LGBTQ COMMUNITIES AND OUR FRIENDS AND NEIGHBORS IN SOUTH FLORIDA
	FRIENDS AND NEIGHBORS IN SOUTH FLORIDA
	Did the exercise time take any similiant measure contine during the converties were not listed on the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
2	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	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.
7	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	Image: Televenue, in any, for each program service reported. (code:) (Expenses \$ 1,300,535. including grants of \$) (Revenue \$ 215,038.)
та	WE HOSTED MORE THAN 60 REGULARLY MEETING GROUPS EACH MONTH. SUPPORT,
	SOCIAL AND EDUCATIONAL GROUPS FOCUS ON WOMEN, SENIORS, YOUTH, MEN
	TRANSGENDER, RECOVERY, HEALTH, THE ARTS, ATHLETICS, SPIRUALITY, GAMES
	AND MORE. MORE THAN 35,000 ADULTS AND YOUTH ATTEND ACTIVITIES AT THE
	CENTER EACH YEAR. WE PROVIDE OUTREACH ACTIVITIES THAT DIRECTLY
	IMPACTED OVER 55,000 RESIDENTS AND VISITORS TO SOUTH FLORIDA. THE
	CENTER PROVIDES HIV TESTING, EDUCATION, OUTREACH AND RISK REDUCTION
	SERVICES TO PREVENT THE SPREAD OF HIV INFECTION AND TO ENHANCE HIV/AIDS
	AWARENESS.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
10	
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 1,300,535.

Part IV Checklist of R	equir	ed Sch	edul	les		
Form 990 (2020)					LAUDERDALE	INC.
	THE	GAY	&	LESBIA	AN COMMUNITY	CENTER

65-0431045 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
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		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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?	9		x
10	If "Yes," complete Schedule D, Part IV			<u> </u>
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	10		
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	x	
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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> " <i>Yes</i> ," <i>complete Schedule F, Parts I and IV</i>	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18	х	
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	· · · · · · · · · · · · · · · · · · ·	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	(2020)

65-0431045 Page 4

	THF	GAY & I	LESBIA	AN COMMUNITY	Y CENTER				
Form 990 (2020)	OF	GREATER	FORT	LAUDERDALE	INC.				
Part IV Checklist of Bequired Schedules (continued)									

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? 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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			v
	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
~	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>			х
22	Schedule N, Part II	32		
33		33		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 21
34		34		х
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	004		
	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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<u> </u>
	• • • • • •	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	Х	

THE GAY & LESBIAN COMMUNITY CENTER

Form	990 (2020) OF GREATER FORT LAUDERDALE INC. 65-0431	045	P	age 5			
Pa				<u> </u>			
			Yes	No			
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 37						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х				
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
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:						
а	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.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	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						
	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 on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		X			
	If "Yes," see instructions and file Form 4720, Schedule N.			17			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
	If "Yes," complete Form 4720, Schedule O.						

THE GAY & LESBIAN COMMUNITY CENTER OF GREATER FORT LAUDERDALE INC.

Form 990 (2020)

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
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 year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
-	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
2		0		Х
•	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			х
-	of officers, directors, 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?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	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?	16a		Х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $igstar{FL}$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ıd finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ROBERT BOO - 954-463-9005			
	2040 N. DIXIE HIGHWAY, WILTON MANORS, FL 33305-2255			
03200	6 12-23-20	Form	990	(2020)

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.

Form 990 (2020)

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

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		er an			n/trus	lee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	l trus		ee	npen		(00-2/1099-00130)		and related
	below	d ual t	nstitutional trustee	_	nploy	st coi	5			organizations
	line)	Indivi	nstitu	Officer	Key employee	Highest compensated employee	Former			5
(1) ROBERT BOO	40.00			_			_			
EXECUTIVE DIRECTOR		Х		X				133,241.	0.	0.
(2) CHRISTOPHER BATES	4.00									
CHAIRMAN		Х		X				0.	0.	0.
(3) CRAIG ENGEL	10.00									
TREASURER		Х		X				0.	0.	0.
(4) LESLIE LEIP	4.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(5) ERNEST OLIVAS	4.00									
DIRECTOR		Х						0.	0.	0.
(6) MATT FARBER	4.00									
DIRECTOR		Х						0.	0.	0.
(7) JASON HAGOPIAN	4.00									_
SECRETARY		Х		х				0.	0.	0.
(8) PAUL SMITH	4.00									-
DIRECTOR		Х						0.	0.	0.
(9) DENISE SPIVAK	4.00									
DIRECTOR		X						0.	0.	0.
						-				

THE	GAY	&	LESBIA	٩N	COMMUNITY	CENTER
OF	GREAT	r E E	የ ፑሪዮጥ	Τ.Ζ	TIDERDALE	TNC

65-0431045	Page 8
------------	---------------

	990 (2020) OF GREATE	ER FORT	LZ	١U	DEF	RDZ	ALE	3 3	INC.	65-04	310)45	Page 8
Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B) Average hours per week	box, offic	not cl unle	ss pei	ition more rson i	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related		Estii amo of	(F) mated ount of ther
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	C)	fror orgar and	ensation m the nization related izations
	Subtotal Total from continuation sheets to Part VI								133,241.		0.		0.
	Total (add lines 1b and 1c)								133,241.		0.		0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed at	oove	e) wł	no re	eceived more than \$100	0,000 of reportable			1
3	Did the organization list any former officer,							-		•	Γ	١	/es No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	im of reportabl	le co	mpe	ensa	ation	n and	d otl	her compensation from			3	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	accrue comper	nsati	on f	rom	any	/ unr			idual for services		4	X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J f	or sı	ich	pers	son .					5	X
1	Complete this table for your five highest co the organization. Report compensation for	-									ensa	ition fro	om
	(A) Name and business			ONE					(B) Description of s		Сс	(C) mpens	ation
2	Total number of independent contractors (i	ncludina but n	ot lir	nite	d to	tho	se lis	sted	above) who received n	nore than			
_	\$100,000 of compensation from the organiz						0		,				

Form 990 (2020)

THE GAY & LESBIAN COMMUNITY CENTER OF GREATER FORT LAUDERDALE INC.

Ра	πν		-					
			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII (A)	(B)	(C)	[] (D)
					Total revenue	Related or exempt		Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
s s	4	-	Forderichten der einen der Aussellungen					
ant			Federated campaigns 1a Membership dues 1b					
D D								
ifts, r A			J					
Contributions, Gifts, Grants and Other Similar Amounts				341,330.				
Sir			Government grants (contributions) 1e All other contributions, gifts, grants, and Image: contribution of the second se	541,550.				
her				326,939.				
Q			Noncash contributions included in lines 1a-1f 1g \$	520,555.				
Con		-	Total. Add lines 1a-1f	>	1,668,269.			
<u> </u>				Business Code				
e	2	a	FACILITY USAGE, ST REN	531120	253,288.	215,038.	38,250.	
Program Service Revenue		b b				,		
Ser		č.						
am eve		d.						
ogr		e.						
Pre		f	All other program service revenue					
			Total. Add lines 2a-2f		253,288.			
	3		Investment income (including dividends, intere					
			other similar amounts)	►	97,106.			97,106.
	4		Income from investment of tax-exempt bond p					
	5		Royalties	►				
			(i) Real	(ii) Personal				
	6	a	Gross rents 6a					
		b	Less: rental expenses 6b					
		с	Rental income or (loss) 6c					
			Net rental income or (loss)	1				
	7		Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
•			Less: cost or other basis					
Revenue			and sales expenses 7b					
eve			Gain or (loss) 7c					
er R			Net gain or (loss)	····· >				
Oth€	8		Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See Part IV, line 18 8a	299,243.				
			Less: direct expenses	31,267.				
				····· •	267,976.			267,976.
			Gross income from gaming activities. See					
	-		Part IV, line 19					
			Less: direct expenses 9b					
				>				
			Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory	►				
s				Business Code				
eon	11	a						
ent		b						
Miscellaneous Revenue		C.					ļ	
Mis			All other revenue					
			Total. Add lines 11a-11d	····· •	2,286,639.	215 020	20 250	365 000
	12		Total revenue See instructions		V. VOV. 0.77.		1	JUJ.UO/.

Form		ESBIAN COMMU FORT LAUDERD		65-04	431045 Page 10		
Pa	Part IX Statement of Functional Expenses						
Secti	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 respor	nse or note to any line in	this Part IX				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations						
	and domestic governments. See Part IV, line 21						
2	Grants and other assistance to domestic individuals. See Part IV, line 22						
3	Grants and other assistance to foreign						
	organizations, foreign governments, and foreign						
	individuals. See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors,						
	trustees, and key employees	133,241.	44,414.	44,414.	44,413.		
6	Compensation not included above to disqualified	-	-				
-	persons (as defined under section 4958(f)(1)) and						
	normania described in costion $40\Gamma0(a)(0)(D)$						
7	Other salaries and wages	687,373.	482,435.	49,356.	155,582.		
7 8	Pension plan accruals and contributions (include		102,103.	±5,550•	100,0020		
Q	section 401(k) and 403(b) employer contributions)	67,243.	53,801.	6,885.	6,557.		
•		07,243.	55,001.	0,005.	0,557.		
9	Other employee benefits	77,897.	55,106.	7,334.	15,457.		
10	Payroll taxes	11,091•	55,100.	7,554.	T2'421.		
11	Fees for services (nonemployees):						
	Management						
b	Legal						
	Accounting						
	Lobbying						
е	Professional fundraising services. See Part IV, line 17						
f	Investment management fees						
g		00 500	10 645	0 5 4 5	0 5 4 5		
	column (A) amount, list line 11g expenses on Sch 0.)	23,739.	18,645.	2,547.	2,547. 21,334.		
12	Advertising and promotion	24,859.	3,345.	180.			
13	Office expenses	27,415.	15,236.	1,746.	10,433.		
14	Information technology						
15	Royalties						
16	Occupancy						
17	Travel						
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings						
20	Interest	135,393.	121,854.		13,539.		
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	117,055.	70,234.	23,410.	23,411.		
23	Insurance	99,226.	72,218.	12,190.	14,818.		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)						
а	BUILDING REPAIRS AND MA	191,388.	160,409.	16,193.	14,786.		
b	PROGRAM, SUPPLIES, AND E	166,459.	151,802.	13,122.	1,535.		
с	BAD DEBTS	38,886.	0.	0.	38,886.		
d	UTILITIES	37,351.	30,956.	0.	6,395.		
е	All other expenses	26,511.	20,080.	1,382.	5,049.		
25	Total functional expenses. Add lines 1 through 24e	1,854,036.	1,300,535.	178,759.	374,742.		
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

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Form	990	(2020)
	990	(2020)

Part X Balance Sheet

THE GAY & LESBIAN COMMUNITY CENTER OF GREATER FORT LAUDERDALE INC.

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,428,090. 1,851,594. Cash - non-interest-bearing 1 1 2 2 Savings and temporary cash investments 29,167. 28,707. 3 3 Pledges and grants receivable, net 12,763. 83,914. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Assets 7 8 Inventories for sale or use 8 22,878. Prepaid expenses and deferred charges 21,568. 9 9 **10a** Land, buildings, and equipment: cost or other 6,282,300. basis. Complete Part VI of Schedule D _____ 10a 1,281,947. 5,099,586. 5,000,353. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 508,388. 572,111. Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 24,632. 23,689. 15 15 7,195,345. 7,512,095. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 75,121. 91,652. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 492,308. 19 484,616. 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, -iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 2,536,820. 2,468,649. 23 Secured mortgages and notes payable to unrelated third parties 23 67,594. 11,073. 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, pavables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 3,171,843. 3,055,990. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 3,800,406. 4,161,265. Net assets without donor restrictions 27 27 223,096. 294,840. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 🗋 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 4,023,502. 4,456,105. Total net assets or fund balances 32 32 7,195,345. 7,512,095. 33 33 Total liabilities and net assets/fund balances ...

Form **990** (2020)

	THE GAY & LESBIAN COMMUNITY CENTER				
Form	990 (2020) OF GREATER FORT LAUDERDALE INC.	65-04	31045	Pag	ge 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,28	6,6	<u>39.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,85	<u>4,0</u>	36.
3	Revenue less expenses. Subtract line 2 from line 1	3			03.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,02	3,5	02.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,45	6,1	05.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		

Form **990** (2020)

SCHEDULE A						OMB No. 1545-0047		
(Form 990 or 990-EZ)		narity Status an				2020		
	Complete if the or	ganization is a section 50 4947(a)(1) nonexempt cha		on or a section		2020		
Department of the Treasury		Attach to Form 990 or Form 990-EZ.						
Internal Revenue Service		gov/Form990 for instructi		t information.		Inspection		
Name of the organization		SBIAN COMMUNIT				identification number		
Part I Reason f		ORT LAUDERDALE				5-0431045		
	or Public Charity Statu				ns.			
r	private foundation because it							
	vention of churches, or assoc		•	o)(1)(A)(i).				
	ribed in section 170(b)(1)(A)(
·	a cooperative hospital service earch organization operated ir	•			VIII) Entor	the beenitel's name		
4 A medical reserved at the city, and state		r conjunction with a nospita			ijiii). Enter	ine nospital s hame,		
	n operated for the benefit of a	a college or university owne	d or operated by a	aovernmental	unit describ	ed in		
-	b)(1)(A)(iv). (Complete Part II.)			governmentar				
	e, or local government or government		section 170(b)(1)	(A)(v).				
	n that normally receives a sul				the general	public described in		
)(1)(A)(vi). (Complete Part II.)							
·	trust described in section 170)(b)(1)(A)(vi). (Complete Par	t II.)					
9 An agricultura	I research organization descri	bed in section 170(b)(1)(A)	(ix) operated in co	njunction with a	land-grant	college		
	r a non-land-grant college of a							
university:								
10 X An organizatio	n that normally receives (1) m	ore than 33 1/3% of its sup	port from contribu	itions, members	ship fees, ar	nd gross receipts from		
activities relate	ed to its exempt functions, su	bject to certain exceptions;	and (2) no more th	nan 33 1/3% of	its support	from gross investment		
income and u	nrelated business taxable inco	ome (less section 511 tax) fr	om businesses ac	quired by the o	rganization	after June 30, 1975.		
	09(a)(2). (Complete Part III.)							
	n organized and operated exe		-			_		
•	n organized and operated exe	•	•	-				
	supported organizations desc					heck the box in		
	ugh 12d that describes the typ		-		-	aivina		
	pporting organization operate ed organization(s) the power t			•				
	. You must complete Part IV		a majority of the u			upporting		
	upporting organization superv		tion with its supp	orted organizati	on(s), by ha	vina		
	anagement of the supporting							
	(s). You must complete Part	•			5 1	1		
c 🗌 Type III fun	ctionally integrated. A suppo	rting organization operated	in connection wit	h, and functiona	ally integrate	ed with,		
its supporte	d organization(s) (see instruct	ions). You must complete	Part IV, Sections	A, D, and E.				
d 🗌 Type III non	-functionally integrated. A s	upporting organization oper	rated in connectio	n with its suppo	orted organiz	zation(s)		
that is not fu	unctionally integrated. The org	anization generally must sa	tisfy a distribution	requirement an	d an attenti	veness		
requirement	(see instructions). You must	complete Part IV, Section	s A and D, and Pa	art V.				
	box if the organization receive			s a Type I, Type	e II, Type III			
	integrated, or Type III non-fun	ctionally integrated support	ing organization.					
	f supported organizations							
g Provide the followin (i) Name of suppo	ng information about the supp rted (ii) EIN	orted organization(s).	(iv) Is the organization liste	d (v) Amount o	fmonetary	(vi) Amount of other		
organization		(described on lines 1-10	in your governing documer Yes No	support (see i		support (see instructions)		
		above (see instructions))						
Total								

THE GAY & LESBIAN COMMUNITY CENTER Schedule A (Form 990 or 990-EZ) 2020 OF GREATER FORT LAUDERDALE INC.

65-0431045 Page 2

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

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

Sec	tion A. Public Support		_				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
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 VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	, etc. (see instructi	ions)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop						▶∟
-	ction C. Computation of Publ		-			1 1	
14	Public support percentage for 2020 (14	%
15	Public support percentage from 2019					15	%
1 6a	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-		-	
-	meets the facts-and-circumstances te	0	• •		•		
b	10% -facts-and-circumstances tes	-	-				10% or
	more, and if the organization meets the				• •		
	organization meets the facts-and-circ						▶Ц
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	5a, 16b, 17a, or 17	b, check this box	and see instructior	is 🕨 📖

Schedule A (Form 990 or 990-EZ) 2020

THE GAY & LESBIAN COMMUNITY CENTER

Schedule A (Form 990 or 990-EZ) 2020 OF GREATER FORT LAUDERDALE INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

65-0431045 Page 3

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1604724.	1843433.	1484107.	1616173.	1629921.	8178358.
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						
	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 furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1604724.	1843433.	1484107.	1616173.	1629921.	8178358.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
							8178358.
	Public support. (Subtract line 7c from line 6.)						0170330.
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	1604724.	1843433.	1484107.	1616173.	1629921.	8178358.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	171,034.	201,847.	250,274.	278,216.	350,394.	1251765.
r	Unrelated business taxable income					,	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	171,034.	201,847.	250,274.	278,216.	350,394.	1251765.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	1,1,0010					1201/001
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)	1775758.	2045280.	1734381.	1894389.	1980315.	9430123.
	First 5 years. If the Form 990 is for th						
••	check this box and stop here	ic organization 3 m					►
Sec	ction C. Computation of Publ	ic Support Pe					
	Public support percentage for 2020 (column (f))		15	86.73 %
	Public support percentage from 2019					16	88.81 %
	ction D. Computation of Invest						20101 70
	•			no 12 oolumn (f)		17	13.27 %
17 19	1 0		`			18	$\frac{13.27}{11.19}$ %
	Investment income percentage from 2			on line 14 and line			/-
195	33 1/3% support tests - 2020. If the	-					
b	more than 33 1/3%, check this box a 33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st e	op here. The orga	nization qualifies a	s a publicly suppo	orted organization	▶□
20	Private foundation. If the organization						

THE GAY & LESBIAN COMMUNITY CENTER

Schedule A (Form 990 or 990 EZ) 2020 OF GREATER FORT LAUDERDALE INC. Part IV Supporting Organizations

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

Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Yes

No

10b

THE GAY & LESBIAN COMMUNITY CENTER Schedule A (Form 990 or 990-EZ) 2020 OF GREATER FORT LAUDERDALE INC.

Part IV Supporting Organizations (continued) 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? b A family member of a person described in line 11a above? c A 35% controlled entity of a person described in line 11a or 11b above?If "Yes" to line 11a, 11b, or 11c, provide

c A 35% controlled entity of a person described in line 11a or 11b above?If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

65-0431045 Page 5

11a

11b

11c

1

2

Yes No

Yes

No

No

Yes No

2a

2b

За

3b

THE GAY & LESBIAN COMMUNITY CENTER

Schedule A (Form 990 or 990-EZ) 2020 OF GREATER FORT LAUDERDALE INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Secti	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

THE GAY & LESBIAN COMMUNITY CENTER Schedule A (Form 990 or 990-EZ) 2020 OF GREATER FORT LAUDERDALE INC.

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Secti	ection D - Distributions Current Year									
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1						
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported								
	organizations, in excess of income from activity			2						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3						
4	Amounts paid to acquire exempt-use assets			4						
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5						
6	Other distributions (describe in Part VI). See instructions.			6						
7	Total annual distributions. Add lines 1 through 6.			7						
8	Distributions to attentive supported organizations to which the	he organization is responsive	е							
	(provide details in Part VI). See instructions.			8						
9	Distributable amount for 2020 from Section C, line 6			9						
10	Line 8 amount divided by line 9 amount			10						
		(i)	(ii)		(iii)					
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributior Pre-2020	าร	Distributable Amount for 2020					
1	Distributable amount for 2020 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2020 (reason-									
	able cause required - explain in Part VI). See instructions.									
3	Excess distributions carryover, if any, to 2020									
а	From 2015									
b	From 2016									
c	From 2017									
d	From 2018									
e	From 2019									
f	Total of lines 3a through 3e									
g	Applied to underdistributions of prior years									
h	Applied to 2020 distributable amount									
i	Carryover from 2015 not applied (see instructions)									
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.									
4	Distributions for 2020 from Section D,									
	line 7: \$									
a	Applied to underdistributions of prior years									
	Applied to 2020 distributable amount									
	Remainder. Subtract lines 4a and 4b from line 4.									
5	Remaining underdistributions for years prior to 2020, if									
	any. Subtract lines 3g and 4a from line 2. For result greater									
	than zero, explain in Part VI. See instructions.									
6	Remaining underdistributions for 2020. Subtract lines 3h									
	and 4b from line 1. For result greater than zero, explain in									
	Part VI. See instructions.									
7	Excess distributions carryover to 2021. Add lines 3j									
	and 4c.									
8	Breakdown of line 7:									
	Excess from 2016									
-	Excess from 2017									
	Excess from 2018									
	Excess from 2019									
e	Excess from 2020									

Schedule A (Form 990 or 990-EZ) 2020

							CENTER	
Schedule A	(Form 990 or 990-EZ) 2020	OF G	REATER	R FORT	LAUDE	RDALE	INC.	65-0431045 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, li	nation 2, 3b, 3d ines 2 an	• Provide th c, 4b, 4c, 5a id 3; Part IV	e explanatio , 6, 9a, 9b, 5 , Section E,	ons required 9c, 11a, 11b lines 1c, 2a	by Part II, I b, and 11c; , 2b, 3a, and	ine 10; Part II, line 17a o Part IV, Section B, lines 1 d 3b; Part V, line 1; Part \	and 2; Part IV, Section C, /, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8 (See instructions.)	s; and Pa	art V, Sectio	n E, lines 2,	5, and 6. Al	so completi	e this part for any additio	nai imormation.

SC	HEDULE D		al Financial Statements		OMB No. 1545-0047
(Forn	n 990)	Complete if the org	anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2020
	ment of the Treasury		Attach to Form 990.		Open to Public Inspection
-	l Revenue Service e of the organizati		90 for instructions and the latest informa		ployer identification number
INdill	e of the organizati	OF GREATER FORT LA			65-0431045
Par	rt I Organiza		ed Funds or Other Similar Funds	or Acco	
		n answered "Yes" on Form 990, Part IV, lir			,
			(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5	-		writing that the assets held in donor advise		
•			exclusive legal control?		Yes No
6	•		advisors in writing that grant funds can be u or donor advisor, or for any other purpose o	-	
	impermissible priva		· · · · ·	•	Yes No
Par			ganization answered "Yes" on Form 990, Pa		
1		servation easements held by the organizat			<u> </u>
		of land for public use (for example, recrea		historicall	y important land area
		f natural habitat	Preservation of a		
	Preservation	of open space			
2	Complete lines 2a	through 2d if the organization held a quali	fied conservation contribution in the form of	a co <u>nser</u>	ation easement on the last
	day of the tax year	r.			Held at the End of the Tax Year
а					
b					
С			ructure included in (a)		
d			after 7/25/06, and not on a historic structur		
-					
3		vation easements modified, transferred, re	leased, extinguished, or terminated by the o	organizatio	n during the tax
4	year	where property subject to conservation ea	compation located		
5		tion have a written policy regarding the pe			
Ŭ			t holds?		Yes No
6			handling of violations, and enforcing conse		
			č		0 ,
7	Amount of expens	es incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easeme	ents during the year
	▶\$				
8			ve satisfy the requirements of section 170(h		
9		•	ion easements in its revenue and expense s		
			note to the organization's financial statemer	its that de	scribes the
Par		ounting for conservation easements.	f Art, Historical Treasures, or Otl	ner Simi	lar Assets
I UI		the organization answered "Yes" on Form			
1a			58, not to report in its revenue statement an	d balance	sheet works
			blic exhibition, education, or research in furl		
	-		ncial statements that describes these items		•
b	If the organization	elected, as permitted under FASB ASC 95	58, to report in its revenue statement and ba	alance she	et works of
	art, historical treas	ures, or other similar assets held for public	c exhibition, education, or research in furthe	rance of p	ublic service,
	•	ng amounts relating to these items:			
	(i) Revenue inclu				\$
	.,				
2			asures, or other similar assets for financial g	gain, provi	de
		unts required to be reported under FASB A			^
a L					\$
			a far Form 990	P	\$ Sebedule D (Eerm 000) 2020
LHA	For Paperwork R	eduction Act Notice, see the Instruction	5 IUI FUIII 990.		Schedule D (Form 990) 2020

	THE GAY 8					2			
Sche	dule D (Form 990) 2020 OF GREAT							0431045	
Par	rt III Organizations Maintaining Co	lections of A	rt, His	torical Tr	easures, o	r Other S	Similar A	ssets(continue	ed)
3	Using the organization's acquisition, accession	, and other record	ds, chec	k any of the	following that	: make sign	ificant use o	of its	
	collection items (check all that apply):								
а	Public exhibition	c	3 🛄	Loan or exc	hange progra	m			
b	Scholarly research	e	•	Other					
с	Preservation for future generations								
4	Provide a description of the organization's colle	ections and expla	in how tł	ney further t	he organizatio	n's exemp	t purpose in	Part XIII.	
5	During the year, did the organization solicit or re-	eceive donations	of art, hi	istorical trea	asures, or othe	er similar as	sets		
	to be sold to raise funds rather than to be main							Yes	No
Par	t IV Escrow and Custodial Arrange		ete if the	e organizatio	on answered "	Yes" on Fo	rm 990, Par	t IV, line 9, or	
	reported an amount on Form 990, Part >	(, line 21.							
1a	Is the organization an agent, trustee, custodian	or other interme	diary for	contribution	ns or other as	sets not inc	luded		
	on Form 990, Part X?							. L. IYes ∣	No
b	If "Yes," explain the arrangement in Part XIII an								
								Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Forr	n 990, Part X, line	e 21, for	escrow or c	ustodial accou	unt liability?)	. L. JYes ∣	No
	If "Yes," explain the arrangement in Part XIII. C							l	
Par	rt V Endowment Funds. Complete if the	ne organization a	nswered	"Yes" on Fo					
	E E	a) Current year	(b) F	rior year	(c) Two years	s back (d)	Three years b	oack (e) Four ye	ars back
	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 currer	it year end balan	ce (line 1	g, column (a	a)) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Term endowment %								
	The percentages on lines 2a, 2b, and 2c should								
3a	Are there endowment funds not in the possess	ion of the organiz	ation that	at are held a	and administer	red for the o	organization		
	by:							Ye	es No
	(i) Unrelated organizations							3a(i)	_
	(ii) Related organizations							3a(ii)	
	If "Yes" on line 3a(ii), are the related organization				,			3b	
	Describe in Part XIII the intended uses of the or t VI Land, Buildings, and Equipme		owment	funds.					
Fai				/ 100 110 (10		
	Complete if the organization answered "								- 1
	Description of property	(a) Cost or o basis (invest			t or other (other)	(c) Accu depred		(d) Book va	aiue
4-	Land		menty		2,500.	depred	Jation	2,232,	500
	Land				7,500.	0.2	9,165.	1,678,	
	Buildings				8,147.		<u>9,105.</u> 6,137.		010.
	Leasehold improvements				4,153.		<u>6,137.</u> 6,645.		508.
	Equipment			20	·=, _ J J •	4	0,040.	<u> </u>	500.
	Other		V!	<u> </u> mm (D) μ' = = 1	100)			5,000,	323
Tota	I. Add lines 1a through 1e. (Column (d) must equ	ai Form 990, Parl	: X, COlur	пп (B), line i	IUC.)		🕨	, <u>, , , , , , , , , , , , , , , , ,</u>	222.

Schedule D (Form 990) 2020

THE GAY & LESBIAN COMMUNITY CENTER OF GREATER FORT LAUDERDALE INC.

	FORT LAUDERDA	LE INC.	65-0431045 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) EQUITY FUND	306,404.	END-OF-YEAR MA	ARKET VALUE
(B) FIXED INCOME FUND	249,916.	END-OF-YEAR MA	
(C) ASSET BACKED FUND	15,791.	END-OF-YEAR MA	ARKET VALUE
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	572,111.		
Part VIII Investments - Program Related.	- ,		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c. See Form 990. Part X. line	13
(a) Description of investment	(b) Book value		ost or end-of-year market value
(1)	(4) = = = = = = = = = = = = = = = = = = =	(1)	
(2)			
(3)			
<u>(4)</u>			
(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"		11d. See Form 990, Part X, line	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		►
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part	X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(/)			
(0)			
(8)			
(8) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) lin	0.25)		

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

	THE GAY & LESBIAN COM	MUNITY CENTER		
Schedule D (Form 9	90) 2020 OF GREATER FORT LAUDE	RDALE INC.	65-	0431045 Page 4
Part XI Reco	nciliation of Revenue per Audited Financial S	Statements With Revenu		
Compl	ete if the organization answered "Yes" on Form 990, Part IV	', line 12a.		
1 Total revenue	, gains, and other support per audited financial statements		1	2,286,639.
2 Amounts inclu	uded on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized	d gains (losses) on investments	2a		
	ces and use of facilities			
	prior year grants			
	be in Part XIII.)			
e Add lines 2a t			2e	0.
3 Subtract line	2e from line 1			2,286,639.
	uded on Form 990, Part VIII, line 12, but not on line 1:			
a Investment ex	penses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describ	be in Part XIII.)	4b		
c Add lines 4a a			4c	0.
5 Total revenue	Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		2,286,639.
Part XII Reco	nciliation of Expenses per Audited Financial	Statements With Expense	ses per Retu	rn.
Compl	ete if the organization answered "Yes" on Form 990, Part IV	, line 12a.		
1 Total expense	es and losses per audited financial statements		1	1,854,036.
2 Amounts inclu	uded on line 1 but not on Form 990, Part IX, line 25:			
a Donated servi	ces and use of facilities	2a		
b Prior year adju	ustments	2b		
	be in Part XIII.)			
e Add lines 2a t	hrough 2d		2e	0.
	2e from line 1			1,854,036.
	uded on Form 990, Part IX, line 25, but not on line 1:			
a Investment ex	penses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describ	be in Part XIII.)	4b		
c Add lines 4a a			4c	0.
	es Add lines 3 and 4c (This must equal Form 990, Part I, line	10)	5	1,854,036.

Part XIII Supplemental Information.

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

SCHEDULE G		ntal Information Regarding						OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				or 19,	or if the	2020
Department of the Treasury Internal Revenue Service		Attach to Form 990				_		Open to Public Inspection
Name of the organization		to www.irs.gov/Form990 for instr & LESBIAN COMMUN				ion.	Employer ide	entification number
nume of the organization		TER FORT LAUDERDAI			I LIN		65-0431	
Part I Fundrais		Complete if the organization answ			n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
· · ·	complete this par				<u></u>			
a Mail solicitat	•	sed funds through any of the followi \mathbf{e} Solicita	Ũ		Check all that apply overnment grants	•		
	email solicitations			•	nment grants			
c 🔄 Phone solicit	tations	g 🗔 Special	fundra	aising	events			
d in-person so		or anal agreement with any individua	l (inclu	dina o	fficara diractora tru	otooo	or	
•		or oral agreement with any individua art VII) or entity in connection with p	•	•				5 🗌 No
• • •		viduals or entities (fundraisers) purs			-		undraiser is to	be
compensated at le	east \$5,000 by the	organization.						
(i) Name and addres	s of individual		(iii)	Did	(iv) Gross receipts	(v)	Amount paid	(vi) Amount paid
or entity (func		(ii) Activity	or cor	aiser ustody trol of	from activity		or retained by) fundraiser	to (or retained by) organization
				utions?		lis	ted in col. (i)	
			Yes	No				
								-
								-
Total								
	ich the organizatio	n is registered or licensed to solicit	contrik	outions	s or has been notifie	d it is	exempt from r	egistration
or licensing.								

THE GAY & LESBIAN COMMUNITY CENTER Schedule G (Form 990 or 990 EZ) 2020 OF GREATER FORT LAUDERDALE INC.

65-0431045 Page 2

Pa	rt I		-			
		of fundraising event contributions and gr				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			WICKED		2	(add col. (a) through
				AIDS WALK	3	col. (c))
е			(event type)	(event type)	(total number)	
Revenue			22 504	242 442	22 216	200 242
Re	1	Gross receipts	33,584.	243,443.	22,216.	299,243.
	~					
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	33,584.	243,443.	22,216.	299,243.
	-				, -	
	4	Cash prizes				
	5	Noncash prizes				
ses						
pen	6	Rent/facility costs				
Direct Expenses	_					
irec	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		15,868.	13,046.	31,267.
	10	Direct expense summary. Add lines 4 through				31,267.
		Net income summary. Subtract line 10 from li	.,			267,976.
Pa	rt I					
		\$15,000 on Form 990-EZ, line 6a.				
Ð			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(4) =	bingo/progressive bingo	(0) 0 1101 gammig	col. (a) through col. (c))
Rev						
	1	Gross revenue				
	2	Cash prizes				
ses	2					
kper	3	Noncash prizes				
Direct Expenses						
lirec	4	Rent/facility costs				
	5	Other direct expenses				
	_		Yes%	└── Yes %	Yes %	
	6	Volunteer labor	No	└── Ì No	└── Ì No	
	7	Direct expense summary. Add lines 2 throug	h E in column (d)		•	
	'	Direct expense summary. Add lines 2 through				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		►	
	-					
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
		he organization licensed to conduct gaming a				Yes No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re			year?	Yes No
b	lf "'	Yes," explain:				

~ .	THE GAY & LESBIAN COMMUNITY CENTER edule G (Form 990 or 990-EZ) 2020 OF GREATER FORT LAUDERDALE INC. 65-0	131	015	
			Yes	
	Does the organization conduct gaming activities with nonmembers?		res	└── No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		V	
40	to administer charitable gaming?		Yes	└── No
	Indicate the percentage of gaming activity conducted in:	مدا	I I	
	The organization's facility	13a		%
	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
h	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
	e If "Yes," enter name and address of the third party:			
Ū	in res, entername 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:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No 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	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

THE	GAY	&	LESBIA	٩N	COMMUNITY	Ζ	CENTER
OF	GREAT	CE F	R FORT	LA	UDERDALE	I	NC.

Schedule G	a (Form 990 or 990-EZ)	OF	GREATER	FORT	LAUDERDALE	INC.	65-0431045	Page 4
Part IV	i (Form 990 or 990-EZ) Supplemental Info	matio	on (continued)					
			. ,					

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

OMB No 1545-0047 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. Go to www.irs.gov/Form990 for the latest information. THE GAY & LESBIAN COMMUNITY CENTER OF GREATER FORT LAUDERDALE INC.

Open to Public Inspection Employer identification number 65-0431045

20

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND EMPOWERS THE LGBTO COMMUNITIES AND OUR FRIENDS AND NEIGHBORS IN

SOUTH FLORIDA.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

IN OCTOBER 2020, THE ORGANIZATION BEGAN PROVIDING AFFORDABLE SENIOR

HOUSING OPTIONS FOR THE LGBTQ COMMUNITY ON ITS EQUALITY PARK CAMPUS.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT COPY OF THE RETURN WAS FURNISHED TO MANAGEMENT AND THE BOARD OF

DIRECTORS FOR THEIR EDITORIAL COMMENTS AND REVIEW PRIOR TO THE FINAL

DOCUMENT BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD REVIEWS THE CONFLICT OF INTEREST POLICY AND CODE OF CONDUCT POLICY AT THE FIRST BOARD MEETING EACH YEAR. ALL MEMBERS ARE REQUIRED TO READ THE POLICIES AND SIGN THE APPROPRIATE POLICIES ACKNOWLEDGING THEIR UNDERSTANDING AND CONFORMITY WITH THE POLICY ANNUALLY. ALL SIGNED POLICIES ARE MAINTAINED WITHIN ORGANIZATIONS' FILES.

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

THE BOARD REVIEWS THE EXECUTIVE DIRECTOR'S PERFORMANCE AND APPROVES THE COMPENSATION ANNUALY.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S FORM 990 FOR ALL YEAR ARE AVAILABLE FOR PUBLIC

Name of the organization		BIAN COMMUNITY CEN RT LAUDERDALE INC.	TER E	Employer identification number 65-0431045
INSPECTION ON	THE ORGANIZAT	ION'S WEBSITE. ALL	GOVERNING DOC	CUMENTATION IS
KEPT ON FILE	AND IS READILY	AVAILABLE UPON WR	ITTEN REQUEST	•

FORM 990, PART VI, SECTION C, LINE 19:

THE WRITTEN CONFLICT OF INTEREST POLICY IS SIGNED BY ALL BOARD MEMBERS UPON

JOINING THE BOARD. THE BOARD MONITORS THE WRITTEN CONFLICT OF POLICY

REQUIREMENTS REGULARLY THROUGH THE BOARD'S GOVERNANCE COMMITTEE. THE

DOCUMENTATION IS AVAILABLE IN THE ORGANZATIONS OFFICE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THERE WERE NO CHANGES TO THE AUDIT OVERSIGHT PROCEDURES DURING 2020.