

Houldsworth, Russo & Company, P.C.
8675 S Eastern Ave Ste A
Las Vegas, NV 89123-2839
702-269-9992

August 12, 2016

CONFIDENTIAL

Gay & Lesbian Community Center
of Southern Nevada
401 S. Maryland Parkway
Las Vegas, NV 89101

Dear Fred Holland:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

None is required. Your Form 990 for the year ended 12/31/15 shows no balance due.

You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

Houldsworth, Russo & Company, P.C.
8675 S Eastern Ave Ste A
Las Vegas, NV 89123-2839

Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records. If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Houldsworth, Russo & Company, P.C.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service

For calendar year 2015, or fiscal year beginning 2015, and ending 20

U Do not send to the IRS. Keep for your records.

U Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

2015

Name of exempt organization Gay & Lesbian Community Center of Southern Nevada	Employer identification number 94-3192750
Name and title of officer Tom Kovach Treasurer	

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)		1b <u>1,775,606</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)		2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)		3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)		4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)		5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Houldsworth, Russo & Company, P.C. to enter my PIN 84745 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature } _____ Date } **06/16/16**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

88517310041
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } Katie Hampton Date } **06/16/16**

**ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2015)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning , and ending

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization Gay & Lesbian Community Center of Southern Nevada		D Employer identification number 94-3192750
Doing business as		E Telephone number 702-733-9800
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
401 S. Maryland Parkway		G Gross receipts\$ 1,865,475
City or town, state or province, country, and ZIP or foreign postal code		
Las Vegas NV 89101		

F Name and address of principal officer:
Tom Kovach
401 S. Maryland Parkway.
Las Vegas NV 89101

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () t (insert no.) 4947(a)(1) or 527

J Website: **www.thecenterlv.com** **H(c)** Group exemption number **U**

K Form of organization: Corporation Trust Association Other **U** **L** Year of formation: **1993** **M** State of legal domicile: **NV**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12	
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	15	
	6 Total number of volunteers (estimate if necessary)	6	277	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9 Program service revenue (Part VIII, line 2g)	1,066,938	1,595,747
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		132,705	179,859	
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,199,643	1,775,606	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
		14 Benefits paid to or for members (Part IX, column (A), line 4)		0
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	715,185	721,839
		16a Professional fundraising fees (Part IX, column (A), line 11e)	1,500	54,000
		b Total fundraising expenses (Part IX, column (D), line 25) U 285,719		
		17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	682,795	964,760
		18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,399,480	1,740,599
	19 Revenue less expenses. Subtract line 18 from line 12	-199,837	35,007	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	5,422,113	5,127,269	
	22 Net assets or fund balances. Subtract line 21 from line 20	2,309,275	1,979,424	
		3,112,838	3,147,845	

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.

Sign Here	Signature of officer	Date
	Tom Kovach Type or print name and title	Treasurer

Paid Preparer Use Only	Print/Type preparer's name Katie Hampton	Preparer's signature Katie Hampton	Date 08/12/16	Check <input type="checkbox"/> if self-employed	PTIN P00292787
	Firm's name } Houldsworth, Russo & Company, P.C.	Firm's EIN } 88-0374623			
	Firm's address } 8675 S Eastern Ave Ste A Las Vegas, NV 89123-2839	Phone no. 702-269-9992			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part 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:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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? Yes No

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 \$ **1,166,998** including grants of\$) (Revenue \$)

PROGRAMS

QVolution (YOUTH PROGRAM)

QVolution is a program for LGBTQ youth (and their allies) ages 13-24. The program provides a safe, welcoming and nurturing space for a vulnerable population that is susceptible to bullying, generalized non-acceptance, isolation and abuse. Qvolution is unlike any other program offering in Southern Nevada, therefore, many LGBTQ youth rely upon The Center for socialization, support, education, and resources. These youth and young adults need a safe and affirming place in which to develop their sense of self and establish a healthy self-esteem. Our program provides that opportunity, such that in 2015 services were provided to nearly 2,100

4b (Code:) (Expenses \$ including grants of\$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of\$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of\$) (Revenue \$)

4e Total program service expenses **u 1,166,998**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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		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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
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		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		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 Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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? If "Yes," complete Schedule F, Parts I and IV		X
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		X
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		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 (see instructions)	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	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		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
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		X
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		X
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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		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		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 "Yes," complete Schedule L, Part II		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 of any of these persons? If "Yes," complete Schedule L, Part III		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):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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		
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		X
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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part 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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1a	24		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	15		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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		
4a	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)?		X
b	If "Yes," enter the name of the foreign country: U 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	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:		
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.)	11b	
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.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
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	
c	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 Schedule O	14b	

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) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Raul Daniels	2.00									
President	0.00	X		X			0	0	0	
(2) Mary Chapman	2.00									
Vice President	0.00	X		X			0	0	0	
(3) Tom Kovach	2.00									
Treasurer	0.00	X		X			0	0	0	
(4) Wendy Kraft	2.00									
Secretary	0.00	X		X			0	0	0	
(5) Cray Bauxmont-Flynn	2.00									
Director	0.00	X					0	0	0	
(6) Milo Miloscia	2.00									
Director	0.00	X					0	0	0	
(7) Jon Sparer	2.00									
Director	0.00	X					0	0	0	
(8) Wayne Cassard	2.00									
Director	0.00	X					0	0	0	
(9) Tim Hanlon	2.00									
Director	0.00	X					0	0	0	
(10) Christopher LaPorte	2.00									
Director	0.00	X					0	0	0	
(11) Donya Monroe	2.00									
Director	0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Joseph Oddo Director	2.00 0.00	X						0	0	0
(13) Michael Dimengo CEO	40.00 0.00			X				96,000	0	10,203
1b Sub-total							u	96,000		10,203
c Total from continuation sheets to Part VII, Section A							u			
d Total (add lines 1b and 1c)							u	96,000		10,203

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(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	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	323,692			
	d Related organizations	1d				
	e Government grants (contributions)	1e	417,312			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	854,743			
	g Noncash contributions included in lines 1a-1f: \$		58,796			
	h Total. Add lines 1a-1f		1,595,747			
Program Service Revenue and Other Similar Amounts	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		U			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		U			
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		U			
	6a Gross rents	(i) Real	179,859			
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)		179,859			
	d Net rental income or (loss)		U	179,859		179,859
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)			U		
	8a Gross income from fundraising events (not including \$ 323,692 of contributions reported on line 1c). See Part IV, line 18	a	89,869			
		b Less: direct expenses	89,869			
c Net income or (loss) from fundraising events			U		0	
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities		U			
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory		U			
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d			U			
12 Total revenue. See instructions.			U	1,775,606	0	0
						179,859

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 response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 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	106,203	42,481	21,241	42,481
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	505,280	272,943	129,196	103,141
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	55,680	30,033	14,219	11,428
10 Payroll taxes	54,676	28,311	13,494	12,871
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	14,074		14,074	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	54,000			54,000
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	219,925	165,203	22,304	32,418
12 Advertising and promotion	2,548	2,548		
13 Office expenses	109,074	64,284	34,565	10,225
14 Information technology	2,351	1,217	580	554
15 Royalties				
16 Occupancy	138,499	130,438	5,914	2,147
17 Travel	29,398	15,222	7,255	6,921
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,050	544	259	247
20 Interest	168,424	158,622	7,192	2,610
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	143,850	135,478	6,142	2,230
23 Insurance	17,969	9,304	4,435	4,230
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 O.)				
a Program supplies	97,256	97,256		
b Miscellaneous	13,925	13,114	595	216
c Bad debt	6,417		6,417	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,740,599	1,166,998	287,882	285,719
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest bearing	92,340	1	460,680	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	970,635	3	447,629	
	4 Accounts receivable, net	45,990	4	47,348	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use			8	
	9 Prepaid expenses and deferred charges	8,531	9		4,498
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,614,305			
	b Less: accumulated depreciation	451,141	4,304,617	10c	4,163,164
	11 Investments—publicly traded securities			11	3,950
	12 Investments—other securities. See Part IV, line 11			12	
	13 Investments—program-related. See Part IV, line 11			13	
	14 Intangible assets			14	
	15 Other assets. See Part IV, line 11			15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,422,113	16		5,127,269	
Liabilities	17 Accounts payable and accrued expenses	146,852	17	42,438	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23 Secured mortgages and notes payable to unrelated third parties	2,162,423	23		1,936,986
	24 Unsecured notes and loans payable to unrelated third parties			24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26 Total liabilities. Add lines 17 through 25	2,309,275	26		1,979,424
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	2,116,305	27	2,746,087	
	28 Temporarily restricted net assets	996,533	28	401,758	
	29 Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds			30	
	31 Paid-in or capital surplus, or land, building, or equipment fund			31	
	32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances	3,112,838	33		3,147,845	
34 Total liabilities and net assets/fund balances	5,422,113	34		5,127,269	

Part 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	1,775,606
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,740,599
3	Revenue less expenses. Subtract line 2 from line 1	3	35,007
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,112,838
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,147,845

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
U Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

U Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

**Gay & Lesbian Community Center
of Southern Nevada**

Employer identification number

94-3192750

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) U	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,302,838	2,288,301	2,425,826	1,066,938	1,595,764	8,679,667
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,302,838	2,288,301	2,425,826	1,066,938	1,595,764	8,679,667
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)						1,399,651
6 Public support. Subtract line 5 from line 4.						7,280,016

Section B. Total Support

Calendar year (or fiscal year beginning in) U	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	1,302,838	2,288,301	2,425,826	1,066,938	1,595,764	8,679,667
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18		31,764	132,705	179,859	344,346
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						9,024,013
12 Gross receipts from related activities, etc. (see instructions)					12	20,480
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	80.67 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	83.95 %
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) U	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) U	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) 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 (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 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.)		

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 (b) and (c) below, the governing body of a supported organization?
 - b** A family member of a person described in (a) above?
 - c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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.

	Yes	No
1		
2		

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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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?
- 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).
- 3** By reason of the relationship described in (2), 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.

	Yes	No
1		
2		
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 year (**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 government entity (see instructions).

2 Activities Test. **Answer (a) and (b) 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 (a) 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 (a) and (b) 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? 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.

	Yes	No
2a		
2b		
3a		
3b		

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. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2015

⤵ 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.

Name of the organization Gay & Lesbian Community Center of Southern Nevada	Employer identification number 94-3192750
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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).

Name of organization Gay & Lesbian Community Center	Employer identification number 94-3192750
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Engelstad Family Foundation 851 S. Rampart Blvd. Las Vegas NV 89145	\$ 473,811	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Southern Nevada Health District PO Box 3902 Las Vegas NV 89127	\$ 190,752	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Elizabeth Hunter Soloman PO Box 686429 Park City UT 84098	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Wells Fargo Foundation 90 South 7th Street Minneapolis MN 55402	\$ 55,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Kish Foundation P.O. Box 95458 Las Vegas NV 89193	\$ 51,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	City of Las Vegas Parks & Rec 495 S Main St Las Vegas NV 89101	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Gay & Lesbian Community Center	Employer identification number 94-3192750
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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
7	Bronze Cafe & Gelato, LLC 401 S Maryland Pwky. Las Vegas NV 89101	\$ 49,553	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	State of Nevada Bureau of Child, Family & Community 4150 Technology Way Ste 210 Carson City NV 89706	\$ 126,560	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

Gay & Lesbian Community Center of Southern Nevada

Employer identification number

94-3192750

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment %
 - b** Permanent endowment %
 - c** Temporarily restricted endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		316,541		316,541
b Buildings		4,001,695	298,048	3,703,647
c Leasehold improvements		3,672	2,102	1,570
d Equipment		292,397	150,991	141,406
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,163,164

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on 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. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

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

Part IX Other Assets.

Complete if the organization answered "Yes" on 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.) u	

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.

(a) Description of liability	(b) Book value	
1. (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.) u		

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

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

U Attach to Form 990 or Form 990-EZ.

U Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

**Gay & Lesbian Community Center
of Southern Nevada**

Employer identification number

94-3192750

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Walter Reed III 1 7810 Carolyn Lee Street Las Vegas NV 89131	Fundraisin		X	0	54,000	-54,000
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					54,000	-54,000

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Nevada

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Honorarium</u>	<u>ARTrageous Vega</u>	<u>None</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	(col. (c))
Revenue	1 Gross receipts	387,818	25,743		413,561
	2 Less: Contributions	318,429	5,263		323,692
	3 Gross income (line 1 minus line 2)	69,389	20,480		89,869
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		1,388		1,388
	6 Rent/facility costs	66,165	14,740		80,905
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	3,223	4,353		7,576
	10 Direct expense summary. Add lines 4 through 9 in column (d)				89,869
11 Net income summary. Subtract line 10 from line 3, column (d)					

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain:

- 11 Does the organization conduct 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? Yes No

- 13 Indicate the percentage of gaming activity conducted in:

13a	The organization's facility	%
13b	An outside facility	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **u**

Address **u**

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization **u\$** and the amount of gaming revenue retained by the third party **u\$**
- c If "Yes," enter name and address of the third party:

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation **u\$**

Description of services provided **u**

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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 **u\$**

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Sch G, Part I, Line 2b, Col (v) - Fundraising vs. Reimbursement Explanation
Walter Reed III
See Sch G Part IV

Schedule G, Page 3, Part IV - Additional Information
Walter Reed III, was hired to perform as a fundraising consultant during 2015. As a consultant, Walter Reed was not hired to solicit specific funds or for a specific event, but rather to serve in a general advisory capacity to the organization. Therefore, there are no gross receipts directly associated with the activities.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Noncash Contributions

- 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.

OMB No. 1545-0047

2015

**Open To Public
Inspection**

**Gay & Lesbian Community Center
of Southern Nevada**

Employer identification number

94-3192750

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
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 <input checked="" type="checkbox"/> (Auction items)	X	115	58,796	Fair market value
26 Other <input type="checkbox"/>				
27 Other <input type="checkbox"/>				
28 Other <input type="checkbox"/>				

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 through 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?		X
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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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.		

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

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

U 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.

OMB No. 1545-0047

2015**Open to Public
Inspection****Gay & Lesbian Community Center
of Southern Nevada**

Employer identification number

94-3192750**Form 990 - Organization's Mission**

The Gay and Lesbian Community Center of Southern Nevada, a community-based organization, supports and promotes activities directed at furthering the well-being, positive image, and human rights of the lesbian, gay, bisexual, transgender, and queer community, its allies, and low to moderate income residents in Southern Nevada.

Form 990, Part III, Line 4a - First Accomplishment

youth/young adults who participated in QVolution groups meetings and activities at The Center.

This program offers youth drop-in, during which time youth have access to the David Bohnett Cyber Center that is powered by Cox, a pool table, video games, television and arts and crafts. A snack closet is made available through support and a partnership with Three Square. To date, The Center has developed a relationship with Andson Financial Literacy to provide tutoring to our middle school and high school students several times throughout the week.

Additionally, QVolution offers youth discussion groups focusing on topics such as coming out, bullying, school family; etc., movie nights, guest speakers, presentations workshops from community providers such as nursing students from Nevada State College. When resources are available, classes and workshops such as resume writing, interviewing for jobs, and theatre classes are made available. Leadership development is also a focus of the QVolution program.

Annually, QVolution produces a youth prom with nearly 300 participants,

Name of the organization

Employer identification number

Gay & Lesbian Community Center

94-3192750

which is held in the spring, and Youth Thanksgiving. Both events are great occasions for youth and their families from all over the valley to attend and be amongst friends and peers. The program also uses volunteers to provide discrete services such as resume writing and interview prep tips. Guest speakers to inspire youth to obtain their goals; Mentors to youth who need a positive role model, perhaps with a common career and/or recreation interest.

Youth and young adults that frequent Qvolution programs are of diverse races and ethnicities to include:

oHispanic/Latino - 28%

oBlack - 21%

oWhite - 31%

oAsian - 2%

oNative American - 1%

oMulti-Racial/Multi-Ethnic - 15%

oUnknown - 2%

ACT III (SENIORS PROGRAM)

The ACT III program is intended to provide the aging LGBTQ population a variety of opportunities for the seniors to socialize, access health care services and information, and participate in educational and physical fitness sessions that can improve their overall quality of life. Groups meet Monday thru Friday and is open to persons age 50+.

Many LGBTQ older adults deal with poverty and reduced economic security. In addition to disproportionately high poverty rates, aging LGBTQ older adults deal with significant health disparities in physical and mental health. Our programs provide spaces for elders to find community and

Name of the organization

Employer identification number

Gay & Lesbian Community Center

94-3192750

support. Additionally, provides resources and information to assist seniors in dealing with healthcare, housing, long-term care and other needed services. Participation in ACT III programs in 2015 was nearly 1,300 individuals.

Ident-T* (TRANSGENDER PROGRAM)

Our Ident-T* program includes access to services and resources specifically appropriate for Transgender and Gender Non-Conforming individuals living in Southern Nevada. Through our programs, we are able to decrease isolation and increase socialization opportunities, provide or facilitate access to community resources to improve overall well-being and deal with ongoing issues of income, health and housing stability. Our programs provide peer facilitated support in a safe, respectful environment and offer transgender and gender non-conforming persons information, education and support resources. Nearly 1500 individuals participated in programs in 2015.

Centerpiece (Queer Arts and Culture)

The Center produces an art program, ArtRageous that showcases art from the LGBTQ community. Recently added was an ArtRageous for youth. Additionally, for several years The Center has had a program called, Centerpiece: Queer Arts & Cultural Series, which produced activities such as the showcasing of films, hosting special guest speakers and producing performing art events. The Center has held a lecture on the history of transgender in Southern Nevada, a panel discussion on the black LGBTQ community in Southern Nevada and a women's focused group art exhibit. Other cultural events include a lecture on the history of the National Gay Rodeo Association, and the Marriage Equality Retrospective in addition to other art events.

Name of the organization

Employer identification number

Gay & Lesbian Community Center

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David R Parks LGTBQ Lending Library

The Center houses the largest LGTBQ lending library in Southern Nevada, a collection of over 4000 books and DVD's. All materials are available to borrow at no charge. Additionally, the library offers free wireless internet.

2015 IMPACT IN SOUTHERN NEVADA:

HIV Prevention Materials Distributed - 128,557

Programs and Services at The Center - 68,900 units of service

Community resource referrals - 17,391

HIV / STD tests administered at The Center thru SNHD = 13,952

Community group meetings held at The Center = 2,820

Use of the David Bohnett CyberCenter - 12,260 units of service

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

A copy of the Form 990 is given to the board for their review.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Available upon request.

Form 990, Part IX, Line 11g - Other Fees for Services

Description

Program Service

Mgt & General

Fundraising

Other

\$ 165,203

\$ 22,304

\$ 32,418

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2015

Department of the Treasury
Internal Revenue Service (99)

U Attach to your tax return.

U Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Attachment Sequence No. **179**

Name(s) shown on return **Gay & Lesbian Community Center
of Southern Nevada**

Identifying number
94-3192750

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	1,198
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	140,643

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	1,823
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		1,198	5.0	MQ	200DB	183
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	143,847
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2015)

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
5-year GDS Property:											
80	2 Lenovo Computers	11/17/15	1,582			X	791	5	MQ200DB	0	831
81	Lenovo H50 Desktop & Netgear AC12	2/12/15	814			X	407	5	MQ200DB	0	550
			<u>2,396</u>				<u>1,198</u>			<u>0</u>	<u>1,381</u>
Prior MACRS:											
68	Flooring	4/30/14	2,122			X	1,061	7	HY 200DB	1,213	260
69	Signage	4/04/14	900			X	450	15	HY 150DB	473	42
70	Signage	3/10/14	762			X	381	15	HY 150DB	400	36
71	CirKish Equipment	9/17/14	2,783			X	1,392	5	HY 200DB	1,670	445
72	CirKish Rigging Equipment	9/18/14	625			X	312	5	HY 200DB	375	100
73	Plants and Bushes	2/01/14	2,010			X	1,005	15	HY 150DB	1,055	96
74	Safe	7/18/14	757			X	379	7	HY 200DB	432	93
75	Projector	8/08/14	539			X	269	7	HY 200DB	308	66
76	Projector	9/18/14	539			X	269	7	HY 200DB	308	66
77	Projector	11/12/14	710			X	355	7	HY 200DB	406	87
78	SurfaceBook Pro3	12/11/14	1,640			X	820	5	HY 200DB	984	262
79	Lenovo ThinkCentre	12/12/14	1,688			X	844	5	HY 200DB	1,013	270
			<u>15,075</u>				<u>7,537</u>			<u>8,637</u>	<u>1,823</u>
Other Depreciation:											
1	Purchased prior to 1-1-08	12/31/07	14,088				14,088	5	MO S/L	14,088	0
3	Equipment	5/12/08	716				716	5	MO S/L	716	0
4	Dell Computer	12/03/08	902				902	3	MO S/L	902	0
5	Equipment	12/23/08	1,617				1,617	5	MO S/L	1,617	0
6	Equipment	1/02/09	1,336				1,336	5	MO S/L	1,136	200
7	Computer Equipment	1/02/09	1,707				1,707	3	MO S/L	1,707	0
8	Equipment	1/15/09	2,866				2,866	5	MO S/L	2,866	0
9	Land	12/31/11	316,541				316,541	0	-- Land	0	0
10	Building - CIP	12/31/11	415,198				415,198	39	MO S/L	21,292	10,646
11	Furniture - Lockers	12/31/12	1,525				1,525	7	MO S/L	436	217
12	Furniture - Youth Room	12/31/12	7,000				7,000	7	MO S/L	2,000	1,000
13	Building	12/31/12	1,318,694				1,318,694	39	MO S/L	67,625	33,813
14	Landscaping	12/31/12	9,033				9,033	39	MO S/L	463	232
15	Sign	12/31/12	17,000				17,000	39	MO S/L	872	436
16	Equipment - CIP	12/31/12	17,669				17,669	7	MO S/L	5,048	2,524
17	Building - CIP	12/31/12	23,624				23,624	39	MO S/L	1,212	605
18	Furniture - CIP	12/31/12	37,578				37,578	7	MO S/L	10,737	5,368
19	MacBook	3/28/12	2,319				2,319	3	MO S/L	2,126	193
20	Camcorder	3/30/12	3,290				3,290	3	MO S/L	3,016	274
21	Camera	4/19/12	1,989				1,989	3	MO S/L	1,768	221
22	MacBook	7/11/12	4,487				4,487	3	MO S/L	3,739	748
23	Laptop	2/29/12	1,638				1,638	3	MO S/L	1,547	91
24	CIP - Permits	12/31/12	36,791				36,791	39	MO S/L	1,887	943
25	Library Scanners and Components	11/01/13	1,350				1,350	7	MO S/L	225	193
26	Apple USB Super Drive/Computer	2/15/13	1,372				1,372	5	MO S/L	526	274
27	IMac 21.5 Computer	3/11/13	1,372				1,372	5	MO S/L	503	274
28	Furniture - Pool Table	2/01/13	1,526				1,526	7	MO S/L	418	218
29	Furniture -Media Console/Credenza	2/01/13	1,935				1,935	7	MO S/L	530	276
30	Furniture - Media Console/Credenza	2/01/13	2,250				2,250	7	MO S/L	616	322
31	Portable Stage	10/01/13	2,450				2,450	7	MO S/L	437	350
32	24 FT Complete Stage System	6/11/13	2,620				2,620	7	MO S/L	593	374
33	18x24 Dance Floor	12/11/13	3,046				3,046	7	MO S/L	471	436
34	8 Black Lights & Associated Equip	12/11/13	904				904	7	MO S/L	140	129
35	Installation of Workstations	1/28/13	628				628	5	MO S/L	241	125
36	Refrigerator (undercounter & case)	1/03/13	9,360				9,360	7	MO S/L	2,674	1,337
37	Office Equipment	2/16/13	1,213				1,213	7	MO S/L	318	173
38	Office Equipment	3/18/13	138				138	7	MO S/L	34	20
39	Computer for Front Desk	8/02/13	430				430	5	MO S/L	122	86
40	Computer	11/01/13	1,088				1,088	5	MO S/L	254	217
41	Computer	11/13/13	2,111				2,111	5	MO S/L	493	422
42	7 Book Shelves	1/25/13	1,645				1,645	7	MO S/L	450	235
43	14 Folding Tables & Cart	2/05/13	2,375				2,375	7	MO S/L	650	340
44	4 Charis for Toddler Area	2/18/13	191				191	7	MO S/L	50	27
45	Activity Table for Toddler Area	2/18/13	713				713	7	MO S/L	187	102
46	4 Operable Partitions	1/17/13	36,344				36,344	7	MO S/L	9,951	5,192

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
47	2 Crystal Planters	1/30/13	441				441	7 MO S/L	121	63
48	4 Stainless Steel Trashcans	2/08/13	5,827				5,827	7 MO S/L	1,595	833
49	2 CD Storage Towers	2/13/13	672				672	7 MO S/L	184	96
50	Concrete Patio Furntiure	3/04/13	11,411				11,411	7 MO S/L	2,989	1,630
51	Commercial Kitchen Ventilation	1/16/13	7,322				7,322	7 MO S/L	2,005	1,046
52	Telephone Data Equipment	1/16/13	12,188				12,188	7 MO S/L	3,337	1,741
53	Equipment for Youth Cyber Center	1/19/13	212				212	7 MO S/L	58	30
54	Telephone Data Equipment	1/21/13	7,333				7,333	7 MO S/L	2,008	1,047
55	5 Thinkcenteres	1/27/13	7,150				7,150	5 MO S/L	2,741	1,430
56	Telephone/Data Equipment	2/06/13	1,436				1,436	7 MO S/L	393	205
57	6 Heat Lamps	2/20/13	1,307				1,307	7 MO S/L	342	187
58	Telephone/Data Equipment	3/06/13	183				183	7 MO S/L	48	26
59	Alarm Installation	3/08/13	3,775				3,775	7 MO S/L	989	539
60	Telephone/Data Equipment	6/05/13	1,189				1,189	7 MO S/L	269	170
61	2 Ipads and Covers	12/23/13	1,416				1,416	5 MO S/L	283	283
62	Furniture	2/15/13	25,192				25,192	7 MO S/L	6,898	3,599
63	Building	3/01/13	2,154,201				2,154,201	39 MO S/L	101,266	55,236
64	Building	3/01/13	768				768	39 MO S/L	36	20
65	Xerox Printer (Cap Lease)	6/24/13	5,004				5,004	5 MO S/L	1,501	1,001
66	Landscaping	11/01/13	26,386				26,386	39 MO S/L	789	677
67	Lockers	1/18/13	10,755				10,755	5 MO S/L	4,123	2,151
Total Other Depreciation			4,596,837				4,596,837		298,658	140,643
Total ACRS and Other Depreciation			4,596,837				4,596,837		298,658	140,643
Grand Totals			4,614,308				4,605,572		307,295	143,847
Less: Dispositions and Transfers			0				0		0	0
Less: Start-up/Org Expense			0				0		0	0
Net Grand Totals			4,614,308				4,605,572		307,295	143,847

94-3192750

NV Asset Report

FYE: 12/31/2015

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	NV Prior	NV Current	Federal Current	Difference Fed - NV
5-year GDS Property:								
80	2 Lenovo Computers	11/17/15	1,582	791	0	831	831	0
81	Lenovo H50 Desktop & Netgear AC12	2/12/15	814	407	0	550	550	0
			<u>2,396</u>	<u>1,198</u>	<u>0</u>	<u>1,381</u>	<u>1,381</u>	<u>0</u>
Prior MACRS:								
68	Flooring	4/30/14	2,122	1,061	1,213	260	260	0
69	Signage	4/04/14	900	450	473	42	42	0
70	Signage	3/10/14	762	381	400	36	36	0
71	CirKish Equipment	9/17/14	2,783	1,392	1,670	445	445	0
72	CirKish Rigging Equipment	9/18/14	625	312	375	100	100	0
73	Plants and Bushes	2/01/14	2,010	1,005	1,055	96	96	0
74	Safe	7/18/14	757	379	432	93	93	0
75	Projector	8/08/14	539	269	308	66	66	0
76	Projector	9/18/14	539	269	308	66	66	0
77	Projector	11/12/14	710	355	406	87	87	0
78	SurfaceBook Pro3	12/11/14	1,640	820	984	262	262	0
79	Lenovo ThinkCentre	12/12/14	1,688	844	1,013	270	270	0
			<u>15,075</u>	<u>7,537</u>	<u>8,637</u>	<u>1,823</u>	<u>1,823</u>	<u>0</u>
Other Depreciation:								
1	Purchased prior to 1-1-08	12/31/07	14,088	14,088	14,088	0	0	0
3	Equipment	5/12/08	716	716	716	0	0	0
4	Dell Computer	12/03/08	902	902	902	0	0	0
5	Equipment	12/23/08	1,617	1,617	1,617	0	0	0
6	Equipment	1/02/09	1,336	1,336	1,336	0	200	200
7	Computer Equipment	1/02/09	1,707	1,707	1,707	0	0	0
8	Equipment	1/15/09	2,866	2,866	2,866	0	0	0
9	Land	12/31/11	316,541	316,541	0	0	0	0
10	Building - CIP	12/31/11	415,198	415,198	21,292	10,646	10,646	0
11	Furniture - Lockers	12/31/12	1,525	1,525	436	217	217	0
12	Furniture - Youth Room	12/31/12	7,000	7,000	2,000	1,000	1,000	0
13	Building	12/31/12	1,318,694	1,318,694	67,625	33,813	33,813	0
14	Landscaping	12/31/12	9,033	9,033	463	232	232	0
15	Sign	12/31/12	17,000	17,000	872	436	436	0
16	Equipment - CIP	12/31/12	17,669	17,669	5,048	2,524	2,524	0
17	Building - CIP	12/31/12	23,624	23,624	1,212	605	605	0
18	Furniture - CIP	12/31/12	37,578	37,578	10,737	5,368	5,368	0
19	MacBook	3/28/12	2,319	2,319	2,126	193	193	0
20	Camcorder	3/30/12	3,290	3,290	3,016	274	274	0
21	Camera	4/19/12	1,989	1,989	1,768	221	221	0
22	MacBook	7/11/12	4,487	4,487	3,739	748	748	0
23	Laptop	2/29/12	1,638	1,638	1,547	91	91	0
24	CIP - Permits	12/31/12	36,791	36,791	1,887	943	943	0
25	Library Scanners and Components	11/01/13	1,350	1,350	225	193	193	0
26	Apple USB Super Drive/Computer	2/15/13	1,372	1,372	526	274	274	0
27	IMac 21.5 Computer	3/11/13	1,372	1,372	503	274	274	0
28	Furniture - Pool Table	2/01/13	1,526	1,526	418	218	218	0
29	Furniture -Media Console/Credenza	2/01/13	1,935	1,935	530	276	276	0
30	Furniture - Media Console/Credenza	2/01/13	2,250	2,250	616	322	322	0
31	Portable Stage	10/01/13	2,450	2,450	437	350	350	0
32	24 FT Complete Stage System	6/11/13	2,620	2,620	593	374	374	0
33	18x24 Dance Floor	12/11/13	3,046	3,046	471	436	436	0
34	8 Black Lights & Associated Equip	12/11/13	904	904	140	129	129	0
35	Installation of Workstations	1/28/13	628	628	241	125	125	0
36	Refrigerator (undercounter & case)	1/03/13	9,360	9,360	2,674	1,337	1,337	0
37	Office Equipment	2/16/13	1,213	1,213	318	173	173	0
38	Office Equipment	3/18/13	138	138	34	20	20	0
39	Computer for Front Desk	8/02/13	430	430	122	86	86	0
40	Computer	11/01/13	1,088	1,088	254	217	217	0
41	Computer	11/13/13	2,111	2,111	493	422	422	0
42	7 Book Shelves	1/25/13	1,645	1,645	450	235	235	0
43	14 Folding Tables & Cart	2/05/13	2,375	2,375	650	340	340	0
44	4 Charis for Toddler Area	2/18/13	191	191	50	27	27	0
45	Activity Table for Toddler Area	2/18/13	713	713	187	102	102	0
46	4 Operable Partitions	1/17/13	36,344	36,344	9,951	5,192	5,192	0

NV Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	NV Prior	NV Current	Federal Current	Difference Fed - NV
47	2 Crystal Planters	1/30/13	441	441	121	63	63	0
48	4 Stainless Steel Trashcans	2/08/13	5,827	5,827	1,595	833	833	0
49	2 CD Storage Towers	2/13/13	672	672	184	96	96	0
50	Concrete Patio Furniture	3/04/13	11,411	11,411	2,989	1,630	1,630	0
51	Commercial Kitchen Ventilation	1/16/13	7,322	7,322	2,005	1,046	1,046	0
52	Telephone Data Equipment	1/16/13	12,188	12,188	3,337	1,741	1,741	0
53	Equipment for Youth Cyber Center	1/19/13	212	212	58	30	30	0
54	Telephone Data Equipment	1/21/13	7,333	7,333	2,008	1,047	1,047	0
55	5 Thinkcenteres	1/27/13	7,150	7,150	2,741	1,430	1,430	0
56	Telephone/Data Equipment	2/06/13	1,436	1,436	393	205	205	0
57	6 Heat Lamps	2/20/13	1,307	1,307	342	187	187	0
58	Telephone/Data Equipment	3/06/13	183	183	48	26	26	0
59	Alarm Installation	3/08/13	3,775	3,775	989	539	539	0
60	Telephone/Data Equipment	6/05/13	1,189	1,189	269	170	170	0
61	2 Ipads and Covers	12/23/13	1,416	1,416	283	283	283	0
62	Furniture	2/15/13	25,192	25,192	6,898	3,599	3,599	0
63	Building	3/01/13	2,154,201	2,154,201	101,266	55,236	55,236	0
64	Building	3/01/13	768	768	36	20	20	0
65	Xerox Printer (Cap Lease)	6/24/13	5,004	5,004	1,501	1,001	1,001	0
66	Landscaping	11/01/13	26,386	26,386	789	677	677	0
67	Lockers	1/18/13	10,755	10,755	4,123	2,151	2,151	0
Total Other Depreciation			<u>4,596,837</u>	<u>4,596,837</u>	<u>298,858</u>	<u>140,443</u>	<u>140,643</u>	<u>200</u>
Total ACRS and Other Depreciation			<u>4,596,837</u>	<u>4,596,837</u>	<u>298,858</u>	<u>140,443</u>	<u>140,643</u>	<u>200</u>
Grand Totals			4,614,308	4,605,572	307,495	143,647	143,847	200
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>4,614,308</u>	<u>4,605,572</u>	<u>307,495</u>	<u>143,647</u>	<u>143,847</u>	<u>200</u>

Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
68	Flooring	4/30/14	2,122		0	0	1,061	1,061
69	Signage	4/04/14	900		0	0	450	450
70	Signage	3/10/14	762		0	0	381	381
71	CirKish Equipment	9/17/14	2,783		0	0	1,391	1,392
72	CirKish Rigging Equipment	9/18/14	625		0	0	313	312
73	Plants and Bushes	2/01/14	2,010		0	0	1,005	1,005
74	Safe	7/18/14	757		0	0	378	379
75	Projector	8/08/14	539		0	0	270	269
76	Projector	9/18/14	539		0	0	270	269
77	Projector	11/12/14	710		0	0	355	355
78	SurfaceBook Pro3	12/11/14	1,640		0	0	820	820
79	Lenovo ThinkCentre	12/12/14	1,688		0	0	844	844
80	2 Lenovo Computers	11/17/15	1,582		0	791	0	791
81	Lenovo H50 Desktop & Netgear AC12	2/12/15	814		0	407	0	407
Form 990, Page 1			<u>17,471</u>		<u>0</u>	<u>1,198</u>	<u>7,538</u>	<u>8,735</u>
Grand Total			<u>17,471</u>		<u>0</u>	<u>1,198</u>	<u>7,538</u>	<u>8,735</u>

Form 990	Tax Return History	2015
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Name Gay & Lesbian Community Center of Southern Nevada	Employer Identification Number 94-3192750
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	2011	2012	2013	2014	2015	2016
Contributions, gifts, grants		2,288,301	2,425,826	1,066,938	1,595,747	
Membership dues						
Program service revenue						
Capital gain or loss						
Investment income						
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue			31,764	132,705	179,859	
Total revenue		2,288,301	2,457,590	1,199,643	1,775,606	
Grants and similar amounts paid		3,000	43,333			
Benefits paid to or for members						
Compensation of officers, etc.		70,116	111,540	125,680	106,203	
Other compensation		324,649	554,531	589,505	615,636	
Professional fees		10,455	76,869	121,297	287,999	
Occupancy costs		79,052	48,543	86,601	138,499	
Depreciation and depletion		4,654	130,302	152,396	143,850	
Other expenses		243,921	497,325	324,001	448,412	
Total expenses		735,847	1,462,443	1,399,480	1,740,599	
Excess or (Deficit)		1,552,454	995,147	-199,837	35,007	
Total exempt revenue		2,288,301	2,457,590	1,199,643	1,775,606	
Total unrelated revenue						
Total excludable revenue		2,288,301	31,764	132,705	179,859	
Total Assets		5,378,712	6,231,974	5,422,113	5,127,269	
Total Liabilities		3,061,184	2,919,299	2,309,275	1,979,424	
Net Fund Balances		2,317,528	3,312,675	3,112,838	3,147,845	

Form 990T	Tax Return History	2015
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Name Gay & Lesbian Community Center of Southern Nevada	Employer Identification Number 94-3192750
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	2011	2012	2013	2014	2015	2016
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

Form 990T	Tax Return History	2015
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Name Gay & Lesbian Community Center of Southern Nevada	Employer Identification Number 94-3192750
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	2011	2012	2013	2014	2015	2016
Other deductions						
Net operating loss deduction						
Specific deduction		1,000	1,000			
Income after expense and deductions		-1,000	-1,000			
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
Other	\$ 219,925	\$ 165,203	\$ 22,304	\$ 32,418
Total	\$ 219,925	\$ 165,203	\$ 22,304	\$ 32,418

Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
MGM Resorts	\$ 300,000	\$ 119,520
Engelstad Family Foundation	1,073,811	893,331
Wynn Resorts	150,000	
Caesars Entertainment	250,000	69,520
Harrah's Foundation	100,000	
Elizabeth Hunter Solomaon	200,000	19,520
Stephen Wynn	100,000	
Station Casinos	100,000	
Zuffa, LLC	100,000	
Boyd Gaming Corp	100,000	
Diana Bennett	200,000	19,520
Nevada Dental Fenefits, Ltd	100,000	
Caesars Foundation	173,200	
Cirque Du Soleil	39,765	
Cox Las Vegas	97,500	
Jacobs, William R	50,000	
Rosol, Stephanie	30,410	
Walls, Scott U,	31,100	
Q Vegas Magazine	40,000	
Kish Foundation	389,200	208,720
Elaine Wynn	250,000	69,520
Robert Forbuss	100,000	
Las Vegas Sands	100,000	
Wells Fargo Foundation	130,000	
Nevada Envergy	50,000	
Cosmopolitan	50,000	
Klai, John	29,225	
Bronze Cafe & Gelato	49,553	
Total	<u>\$ 4,383,764</u>	<u>\$ 1,399,651</u>

Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
Facility rental	\$ 179,859
Total	\$ 179,859

Schedule A, Part II, Line 9(e)

Description	Amount
Honorarium	\$ 1
Less: Deductions	-1,000
Total	\$ -999

Schedule A, Part II, Line 12

Description	Amount
ARTrageous Vegas!	\$ 20,480
Total	\$ 20,480

Federal Statements

Honorarium

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
Professional Fees	\$ 2,933
Trophies	290
Total	<u>\$ 3,223</u>

Federal Statements

ARTrageous Vegas!

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
	\$ <u>4,353</u>
Total	\$ <u><u>4,353</u></u>