

CLIENT GLCCSN2

MARTIN & WALL, P.C.  
1633 Q STREET, NW, SUITE 230  
WASHINGTON, DC 20009  
(202) 332-3566

November 12, 2010

Gay & Lesbian Community Center of  
Southern Nevada  
953 East Sahara Avenue Suite B-31  
Las Vegas, NV 89104

Dear Client:

Enclosed is your 2009 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page four. No tax is payable with the filing of this return. Mail your Federal return on or before November 15, 2010 to:

DEPARTMENT OF TREASURY  
INTERNAL REVENUE SERVICE  
OGDEN, UT 84201-0027

Please be sure to call us if you have any questions.

Sincerely,

*Andrew B. Martin, CPA*  
Andrew B. Martin, CPA

Form **990-EZ**

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except black lung benefit trust or private foundation)

OMB No. 1545-1150

**2009**

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

**Open to Public Inspection**

**A** For the 2009 calendar year, or tax year beginning \_\_\_\_\_, 2009, and ending \_\_\_\_\_, 2009, and ending \_\_\_\_\_

**B** Check if applicable:  Address change  Name change  Initial return  Termination  Amended return  Application pending

**C** Please use IRS label or print or type. See Specific Instructions.  
 Gay & Lesbian Community Center of Southern Nevada  
 953 East Sahara Avenue B-31  
 Las Vegas, NV 89104

**D** Employer identification number: 94-3192750

**E** Telephone number: 702-733-9800

**F** Group Exemption Number: \_\_\_\_\_ ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
 Other (specify) ▶ \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ www.thecenter-lasvegas.com

**J** Tax-exempt status (check only one) —  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 446,821.

Part I		Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)	
R E V E N U E	1	Contributions, gifts, grants, and similar amounts received.....	1 273,034.
	2	Program service revenue including government fees and contracts.....	2 168,929.
	3	Membership dues and assessments.....	3
	4	Investment income.....	4 2,518.
	5a	Gross amount from sale of assets other than inventory.....	5a
	5b	Less: cost or other basis and sales expenses.....	5b
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).....	5c
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here. <input type="checkbox"/>	
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1).....	6a
	6b	Less: direct expenses other than fundraising expenses.....	6b
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a).....	6c	
7a	Gross sales of inventory, less returns and allowances.....	7a	
7b	Less: cost of goods sold.....	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).....	7c	
8	Other revenue (describe ▶ See Statement 1).....	8 2,340.	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. ▶	9 446,821.	
E X P E N S E S	10	Grants and similar amounts paid (attach schedule).....	10
	11	Benefits paid to or for members.....	11
	12	Salaries, other compensation, and employee benefits.....	12 186,726.
	13	Professional fees and other payments to independent contractors.....	13
	14	Occupancy, rent, utilities, and maintenance.....	14 66,000.
	15	Printing, publications, postage, and shipping.....	15 2,251.
	16	Other expenses (describe ▶ See Statement 2).....	16 190,787.
17	<b>Total expenses.</b> Add lines 10 through 16. ▶	17 445,764.	
A S S E T S	18	Excess or (deficit) for the year (Subtract line 17 from line 9).....	18 1,057.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).....	19 125,749.
	20	Other changes in net assets or fund balances (attach explanation).....	20
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20. ▶	21 126,806.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments.....	105,588.	22 93,257.
23 Land and buildings.....	9,367.	23 4,966.
24 Other assets (describe ▶ See Statement 3).....	11,628.	24 28,771.
25 <b>Total assets</b> .....	126,583.	25 126,994.
26 <b>Total liabilities</b> (describe ▶ See Statement 4).....	834.	26 188.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21).....	125,749.	27 126,806.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

## Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box.
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension -- check this box and complete Part I only.   
*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>Gay &amp; Lesbian Community Center of Southern Nevada</b>	Employer identification number <b>94-3192750</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. <b>953 East Sahara Avenue B-31</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Las Vegas, NV 89104</b>	

**Check type of return to be filed** (file a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of. ▶ Candice Nichols

Telephone No. ▶ 702-733-9800 FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box. ▶ . If it is for part of the group, check this box. ▶  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 2010, to file the exempt organization return for the organization named above.  
 The extension is for the organization's return for:

- ▶  calendar year 2009 or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

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

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).</b>	
Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>Gay &amp; Lesbian Community Center of Southern Nevada</b>
	Employer identification number <b>94-3192750</b>
	Number, street, and room or suite number. If a P.O. box, see instructions. <b>MARTIN &amp; WALL, P.C. 1633 Q Street, NW, Suite 230</b>
	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20009</b>

Check type of return to be filed (File a separate application for each return):

- |   |  |                                      |                                    |
|---|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-PF                                 | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 5227   |                                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of. ▶ Candice Nichols  
Telephone No. ▶ 702-733-9800 FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ... \_\_\_\_\_. If this is for the whole group, check this box .. . If it is for part of the group, check this box ..  and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 11/15, 20 10.
- For calendar year 2009, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.
- If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension .. Additional time is needed in order to gather the necessary documents that are required to file a complete and accurate return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. ....	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. ....	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs. ....	8c \$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ \_\_\_\_\_ Title ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See the instructions.)

**Expenses**  
 (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? See Statement 5

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 Community education and activity programs including social and support groups, public service information, and referrals to other community-based agencies. (Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	28a	206,984.
29 Health outreach, prevention, and referral services including HIV testing, aids and breast cancer prevention, education and referrals to service agencies. (Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	29a	121,755.
30 Office space available for rent to other GLBT support organizations to provide a community resource center. (Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	30a	77,111.
31 Other program services (attach schedule). (Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a).	32	405,850.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
See Statement 6		54,000.	0.	0.

Part V Other Information (Note the statement requirements in the instrs for Part V.) See Statement 7

Table with 3 columns: Question, Yes, No. Rows include: 33 Did the organization engage in any activity not previously reported to the IRS? 34 Were any changes made to the organizing or governing documents? 35 If the organization had income from business activities... 36 Did the organization undergo a liquidation, dissolution, termination... 37a Enter amount of political expenditures... 37b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee... 38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 39 Section 501(c)(7) organizations. Enter: 39a Initiation fees and capital contributions... 39b Gross receipts... 40a Section 501(c)(3) organizations. Enter amount of tax imposed... 40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction... 40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers... 40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed... 40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 41 List the states with which a copy of this return is filed

42a The organization's books are in care of Candice Nichols Telephone no. 702-733-9800 Located at 953 East Sahara Ave. Las Vegas NV ZIP +4 89104

Table with 3 columns: Question, Yes, No. Row 42b: 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...

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

Table with 3 columns: Question, Yes, No. Row 42c: At any time during the calendar year, did the organization maintain an office outside of the U.S.?

Table with 3 columns: Question, Yes, No. Row 43: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

Table with 3 columns: Question, Yes, No. Row 44: Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.

Table with 3 columns: Question, Yes, No. Row 45: Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes,' was the related organization a section 527 organization?.....	<input type="checkbox"/>	<input type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000. .... ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ..... ▶

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 \_\_\_\_\_  
 ▶ Type or print name and title. \_\_\_\_\_

Paid Preparer's Use Only

Preparer's signature ▶ Andrew B. Martin, CPA Date 11/12/10 Check if self-employed  Preparer's Identifying Number (See instructions) N/A  
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MARTIN & WALL, P.C.  
1633 Q Street, NW, Suite 230  
WASHINGTON, DC 20009 EIN ▶ N/A  
 Phone no. ▶ (202) 332-3566

May the IRS discuss this return with the preparer shown above? See instructions. .... ▶  Yes  No

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2009**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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.)
- 3  A hospital or 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 carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III – Functionally integrated
  - d  Type III – Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11 g (i)	
(ii) a family member of a person described in (i) above? .....	11 g (ii)	
(iii) a 35% controlled entity of a person described in (i) or (ii) above? .....	11 g (iii)	

h Provide the following information about the supported organizations.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') . . .	156,692.	202,297.	118,660.	154,656.	273,034.	905,339.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. . . . .						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. . . . .						0.
4 <b>Total.</b> Add lines 1 through 3. . . . .	156,692.	202,297.	118,660.	154,656.	273,034.	905,339.
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). . . . .						0.
6 <b>Public support.</b> Subtract line 5 from line 4. . . . .						905,339.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4. . . . .	156,692.	202,297.	118,660.	154,656.	273,034.	905,339.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .		120.	345.	1,013.	2,518.	3,996.
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). See Part IV. . . . .					2,340.	2,340.
11 <b>Total support.</b> Add lines 7 through 10. . . . .						911,675.
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	0.

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. . . . .

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)). . . . .	14	99.3 %
15 Public support percentage from 2008 Schedule A, Part II, line 14. . . . .	15	99.8 %

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. . . . .

b **33-1/3 support test – 2008.** 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. . . . .

17a **10%-facts-and-circumstances test – 2009** 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . .

b **10%-facts-and-circumstances test – 2008.** 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . .

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. . . . .

**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.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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, 3 received from disqualified persons. . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 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 yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV.) . . . . .						
13 Total support. (add lns 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.  ▶

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). . . . .	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15. . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)). . . . .	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17. . . . .	18	%

19a 33-1/3 support tests – 2009. 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 – 2008. If the organization did not check a box on line 14 or 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 II, Line 10 - Other Income

Nature and Source	2009	2008	2007	2006	2005
Miscellaneous	2,340.				
Total	\$ 2,340.	\$ 0.	\$ 0.	\$ 0.	\$ 0.

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

**Schedule of Contributors**

**2009**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990, 990-EZ, or 990-PF

Name of the organization **Gay & Lesbian Community Center of  
Southern Nevada**

Employer identification number  
**94-3192750**

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Form 990-PF

Section:

- 501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule –**

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

**Special Rules –**

- For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.**

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

Gay & Lesbian Community Center of

94-3192750

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Clark County	\$ 145,919.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

Gay & Lesbian Community Center of

94-3192750

**Part II Noncash Property** (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization: **Gay & Lesbian Community Center of**  
 Employer identification number: **94-3192750**

**Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc, contributions of \$1,000 or less for the year. (Enter this information once - see instructions.) ..... \$ **N/A**

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Statement 1  
Form 990-EZ, Part I, Line 8  
Other Revenue

Sponsorship.....	\$ 2,340.
Total	<u>\$ 2,340.</u>

Statement 2  
Form 990-EZ, Part I, Line 16  
Other Expenses

Advertising and Promotion.....	\$ 240.
Automobile Expenses.....	20.
Bank Charges.....	131.
Computer & Website Expenses.....	11,551.
Credit Card Fees.....	4,696.
Depreciation.....	8,022.
Dues and Publications.....	1,289.
Equipment Rental.....	2,382.
Event Costs.....	82,955.
Insurance.....	6,709.
Licenses.....	438.
Meetings.....	180.
Miscellaneous.....	1,406.
Office Expenses.....	5,074.
Payroll Processing Fee.....	83.
Professional Fees.....	9,832.
Programs & Functions.....	33,677.
Promotional Expense.....	1,662.
Repairs and Maintenance.....	491.
Security.....	933.
Telephone.....	3,882.
Travel.....	7,119.
Utilities.....	8,015.
Total	<u>\$ 190,787.</u>

Statement 3  
Form 990-EZ, Part II, Line 24  
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable.....	\$ 6,925.	\$ 21,754.
Machinery and Equipment.....	3,309.	5,623.
Prepaid Expenses and Deferred Charges.....	1,394.	1,394.
Total	<u>\$ 11,628.</u>	<u>\$ 28,771.</u>

**Statement 4**  
 Form 990-EZ, Part II, Line 26  
 Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses.....	\$ 834.	\$ 188.
<b>Total</b>	<b>\$ 834.</b>	<b>\$ 188.</b>

**Statement 5**  
 Form 990-EZ, Part III  
 Organization's Primary Exempt Purpose

Support programs of the GLBT community and friends.

**Statement 6**  
 Form 990-EZ, Part IV  
 List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
Tom Kovach 953 E. Sahara Ave., # B-31 Las Vegas, NV 89104	President 10.00	\$ 0.	\$ 0.	\$ 0.
Candice S. Nichols 953 E. Sahara Ave., # B-31 Las Vegas, NV 89104	Executive Direc 50.00	54,000.	0.	0.
Paul G. De Vido 953 E. Sahara Ave., # B-31 Las Vegas, NV 89104	Treasurer 10.00	0.	0.	0.
Marcus Lidey 953 E. Sahara Ave., # B-31 Las Vegas, NV 89104	Director 5.00	0.	0.	0.
Christopher Morrow 953 E. Sahara Ave., # B-31 Las Vegas, NV 89104	Director 5.00	0.	0.	0.
Jennifer Bolton 953 E. Sahara Ave., # B-31 Las Vegas, NV 89104	Vice President 10.00	0.	0.	0.
Peter O'Neill 953 E. Sahara Ave., # B-31 Las Vegas, NV 89104	Director 5.00	0.	0.	0.

Statement 6 (continued)  
Form 990-EZ, Part IV  
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/Other
Stephanie Rosol 953 E. Sahara Ave., # B-31 Las Vegas, NV 89104	Director 5.00	\$ 0.	\$ 0.	\$ 0.
Desiree Duncan 953 E. Sahara Ave., # B-31 Las Vegas, NV 89104	Secretary 10.00	0.	0.	0.
Jon Sparer 953 E. Sahara Ave., # B-31 Las Vegas, NV 89104	Director 5.00	0.	0.	0.
David Parks 953 E. Sahara Ave., # B-31 Las Vegas, NV 89104	Director 5.00	0.	0.	0.
Laura Sussman 953 E. Sahara Ave., # B-31 Las Vegas, NV 89104	Director 5.00	0.	0.	0.
Karen Rubel 953 E. Sahara Ave., # B-31 Las Vegas, NV 89104	Director 5.00	0.	0.	0.
Tod Story 953 E. Sahara Ave., # B-31 Las Vegas, NV 89104	Director 5.00	0.	0.	0.
Bruce Wenger 953 E. Sahara Ave., # B-31 Las Vegas, NV 89104	Director 5.00	0.	0.	0.
Total		\$ 54,000.	\$ 0.	\$ 0.

Statement 7  
Form 990-EZ, Part V  
Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No

Rental Income Worksheet

Selected Rooms, 953 E. Sahara, LV, NV

Gross Rental Income.....	\$	2,086.
Expenses		
Total Expenses.....	\$	<u>0.</u>
Net Rental Income or Loss	\$	<u>2,086.</u>