

**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)

**2006**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2006 calendar year, or tax year beginning 7/01, 2006, and ending 6/30, 2007

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

Please use IRS label or print or type See specific instructions

**C**  
Gay & Lesbian Community Center of Southern Nevada  
P.O. Box 3902  
Las Vegas, NV 89127

**D** Employer Identification Number  
94-3192750

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

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

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

H and I are not applicable to section 527 organizations

**H (a)** Is this a group return for affiliates?  Yes  No

**H (b)** If Yes enter number of affiliates \_\_\_\_\_

**H (c)** Are all affiliates included?  Yes  No  
(If 'No' attach a list See instructions)

**H (d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G** Web site: www.thecenter-lasvegas.com

**J** Organization type (check only one)  501(c) 3 (insert no.)  4947(a)(1) or  527

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

**I** Group Exemption Number \_\_\_\_\_

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

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 305,659

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)**

REVENUE	1 Contributions, gifts grants and similar amounts received:			
	a Contributions to donor advised funds	1a		
	b Direct public support (not included on line 1a)	1b	183,117.	
	c Indirect public support (not included on line 1a)	1c		
	d Government contributions (grants) (not included on line 1a)	1d		
	e Total (add lines 1a through 1d) (cash \$ <u>183,117.</u> noncash \$ _____)	1e		183,117.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		103,242.
	3 Membership dues and assessments	3		14,495.
	4 Interest on savings and temporary cash investments	4		120.
	5 Dividends and interest from securities	5		
	6a Gross rents	6a	4,685.	
	b Less: rental expenses	6b		
c Net rental income or (loss) Subtract line 6b from line 6a	6c		4,685.	
7 Other investment income (describe _____)	7			
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	8a			
	8b			
	8c			
d Net gain or (loss) Combine line 8c, columns (A) and (B)	8d			
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
b Less: direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events Subtract line 9b from line 9a	9c			
10a Gross sales of inventory, less returns and allowances	10a			
b Less: cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII line 103)	11			
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		305,659.	
EXPENSES	13 Program services (from line 44, column (B))	13		176,700.
	14 Management and general (from line 44, column (C))	14		35,514.
	15 Fundraising (from line 44, column (D))	15		10,219.
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses. Add lines 16 and 44, column (A)	17		222,433.
ASSETS	18 Excess or (deficit) for the year Subtract line 17 from line 12	18		83,226.
	19 Net assets or fund balances at beginning of year (from line 73 column (A))	19		2,877.
	20 Other changes in net assets or fund balances (attach explanation)	20		
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		86,103.

## 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)

Section 501(c)(3) corporations 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 section 501(c)(3) corporations 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> File by the due date for filing your 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>P.O. Box 3902</b>	state ZIP code
	City town or post office For a foreign address see instructions <b>Las Vegas, NV 89127</b>	

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

<input checked="" 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 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 section 501(c)(3) corporation required to file Form 990-T) extension of time until 2/15, 20 08, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20\_\_ or
- ▶  tax year beginning 7/01, 20 06, and ending 6/30, 20 07

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.
3b 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.
3c <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.

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

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch)	25a	46,250.	37,925.	4,625.	3,700.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26	30,167.	25,944.	4,223.	
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29	9,785.	8,178.	1,133.	474.
30 Professional fundraising fees	30				
31 Accounting fees	31	1,500.		1,500.	
32 Legal fees	32				
33 Supplies	33	4,830.	3,332.	1,498.	
34 Telephone	34	3,290.	2,599.	691.	
35 Postage and shipping	35	1,052.	579.	148.	325.
36 Occupancy	36	52,000.	42,120.	4,160.	5,720.
37 Equipment rental and maintenance	37				
38 Printing and publications	38	8,519.	8,519.		
39 Travel	39	1,781.	1,781.		
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	7,591.		7,591.	
43 Other expenses not covered above (itemize):					
a See Statement 1	43a	55,668.	45,723.	9,945.	
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).	44	222,433.	176,700.	35,514.	10,219.

Joint Costs. Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If Yes, enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>See Statement 2</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>HEALTH OUTREACH, PREVENTION, AND REFERRAL SERVICES INCLUDING HIV TESTING, AIDS AND BREAST CANCER PREVENTION, EDUCATION AND REFERRALS TO SERVICE AGENCIES</u> ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	53,010.
b <u>COMMUNITY EDUCATION AND ACTIVITY PROGRAMS INCLUDING SOCIAL AND SUPPORT GROUPS, PUBLIC SERVICE INFORMATION, AND REFERRALS TO OTHER COMMUNITY-BASED AGENCIES</u> ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	90,117.
c <u>OFFICE SPACE AVAILABLE FOR RENT TO OTHER GLBT SUPPORT ORGANIZATIONS TO PROVIDE A COMMUNITY RESOURCE CENTER</u> ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	33,573.
d ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ..... ▶	176,700.

BAA

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
ASSETS	45 Cash – non-interest-bearing	14,137.	45	58,927.	
	46 Savings and temporary cash investments		46		
	47a Accounts receivable				
	b Less: allowance for doubtful accounts	13,893.	47c		
	48a Pledges receivable				
	b Less: allowance for doubtful accounts		48c		
	49 Grants receivable		49		
	50a Receivables from current and former officers, directors, trustees and key employees (attach schedule)		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b		
	51a Other notes and loans receivable (attach schedule)				
	b Less: allowance for doubtful accounts		51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	4,046.	53	7,898.	
	54a Investments – publicly-traded securities		54a		
	b Investments – other securities (attach sch)		54b		
	55a Investments – land, buildings, & equipment: basis				
	b Less: accumulated depreciation (attach schedule)		55c		
	56 Investments – other (attach schedule)		56		
	57a Land, buildings, and equipment: basis	35,960.			
	b Less: accumulated depreciation (attach schedule) <b>Statement 3</b>	16,006.	21,694.	57c	19,954.
58 Other assets including program-related investments (describe _____)			58		
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58		53,770.	59	86,779.	
LIABILITIES	60 Accounts payable and accrued expenses	50,893.	60	676.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe _____)		65		
	66 <b>Total liabilities.</b> Add lines 60 through 65		50,893.	66	676.
	NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
		67 Unrestricted	2,877.	67	86,103.
68 Temporarily restricted			68		
69 Permanently restricted			69		
<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74					
70 Capital stock, trust principal or current funds			70		
71 Paid-in or capital surplus or land, building, and equipment fund			71		
72 Retained earnings, endowment, accumulated income, or other funds			72		
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		2,877.	73	86,103.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		53,770.	74	86,779.	





**Part VI Other Information (continued)**

		Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
<b>b</b>	If Yes, you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
<b>82 b</b>	N/A		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>83 b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>84 b</b>	If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
<b>85 a</b>	<b>501(c)(4), (5), or (6) organizations</b> Were substantially all dues nondeductible by members?	N/A	
<b>85 b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
	If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>85 c</b>	Dues, assessments, and similar amounts from members	N/A	
<b>85 d</b>	Section 162(e) lobbying and political expenditures	N/A	
<b>85 e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
<b>85 f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
<b>85 g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
<b>85 h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
<b>86 a</b>	<b>501(c)(7) organizations</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12	N/A	
<b>86 b</b>	Gross receipts, included on line 12 for public use of club facilities	N/A	
<b>87 a</b>	<b>501(c)(12) organizations</b> Enter: <b>a</b> Gross income from members or shareholders	N/A	
<b>87 b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
<b>88 a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.		X
<b>88 b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI.		X
<b>89 a</b>	<b>501(c)(3) organizations</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
<b>89 b</b>	<b>501(c)(3) and 501(c)(4) organizations</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.		X
<b>89 c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
<b>89 d</b>	Enter: Amount of tax on line 89c above reimbursed by the organization <u>0.</u>		
<b>89 e</b>	<b>All organizations</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
<b>89 f</b>	<b>All organizations</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
<b>89 g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds:</b> Did the supporting organization or a fund maintained by a sponsoring organization have excess business holdings at any time during the year?		X
<b>90 a</b>	List the states with which a copy of this return is filed <u>None</u>		
<b>90 b</b>	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)		0
<b>91 a</b>	The books are in care of <u>Candice Nichols</u> Telephone number <u>702-733-9800</u> Located at <u>953 East Sahara Ave., Las Vegas, NV,</u> ZIP + 4 <u>89104</u>		
<b>91 b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country <u></u>		X

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



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17 2006 covering the interest rents royalties, and annuities described in question 107 above?

Yes	No
	X

**Please Sign Here**

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.

Signature of officer: John J. Wall, CPA Date: \_\_\_\_\_

Type or print name and title: \_\_\_\_\_

---

**Paid Preparer's Use Only**

Preparer's signature	John J. Wall, CPA	Date	1-25-08	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction W)
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

BAA

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

**Organization Exempt Under  
Section 501(c)(3)**

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**2006**

Supplementary Information -- (See separate instructions.)

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

Gay & Lesbian Community Center of  
Southern Nevada

Employer identification number

94-3192750

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(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				
Total number of other employees paid over \$50,000		0		

**Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services		0

**Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services		0

**Part III** Statements About Activities (See instructions)

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u></p> <p>(Must equal amounts on line 38 Part VI-A, or line i of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>		X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes' attach a detailed statement explaining the transactions)</p>		
a Sale exchange or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods services or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1 000)?		X
e Transfer of any part of its income or assets?		X
3a Did the organization make grants for scholarships, fellowships student loans, etc? (If 'Yes' attach an explanation of how the organization determines that recipients qualify to receive payments)		X
b Did the organization have a section 403(b) annuity plan for its employees?		X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes' attach a detailed statement		X
d Did the organization provide credit counseling debt management credit repair, or debt negotiation services?		X
4a Did the organization maintain any donor advised funds? If 'Yes' complete lines 4b through 4g If 'No', complete lines 4f and 4g		X
b Did the organization make any taxable distributions under section 4966?		X
c Did the organization make a distribution to a donor, donor advisor, or related person?		X
d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____		
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____		

**Part IV Reason for Non-Private Foundation Status** (See instructions)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶

- Type I     Type II     Type III-Functionally Integrated     Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					0.

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

BAA

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) .....	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) .....	140,317.	131,376.	103,741.	27,962.	403,396.
<b>16</b> Membership fees received .....	16,375.	6,450.	4,885.	4,935.	32,645.
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose .....	60,025.	29,325.	32,458.	11,774.	133,582.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 .....	21.	9.	141.		171.
<b>19</b> Net income from unrelated business activities not included in line 18 .....					0.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf .....					0.
<b>21</b> 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.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. See Stmt. 6. ....	11,901.	8,525.			20,426.
<b>23</b> Total of lines 15 through 22 .....	228,639.	175,685.	141,225.	44,671.	590,220.
<b>24</b> Line 23 minus line 17 .....	168,614.	146,360.	108,767.	32,897.	456,638.
<b>25</b> Enter 1% of line 23 .....	2,286.	1,757.	1,412.	447.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e) line 24 .....					<b>26a</b> 9,133.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts .....					<b>26b</b>
c Total support for section 509(a)(1) test: Enter line 24, column (e) .....					<b>26c</b> 456,638.
d Add: Amounts from column (e) for lines: <b>18</b> 171. <b>19</b> _____					<b>26d</b> 20,597.
<b>22</b> 20,426. <b>26b</b> _____					
e Public support (line 26c minus line 26d total) .....					<b>26e</b> 436,041.
f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b> .....					<b>26f</b> 95.49 %
<b>27 Organizations described on line 12:</b> N/A					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines: <b>15</b> _____ <b>16</b> _____					<b>27c</b>
<b>17</b> _____ <b>20</b> _____ <b>21</b> _____					
d Add: Line 27a total _____ and line 27b total _____					<b>27d</b>
e Public support (line 27c total minus line 27d total) .....					<b>27e</b>
f Total support for section 509(a)(2) test: Enter amount from line 23 column (e) .....					<b>27f</b>
g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b> .....					<b>27g</b> %
h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b> .....					<b>27h</b> %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See instructions)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures catalogues, and other written communications with the public dealing with student admissions, programs and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program in a way that makes the policy known to all parts of the general community it serves? If Yes please describe; if No, please explain (If you need more space, attach a separate statement ) ----- ----- -----		
32	Does the organization maintain the following:		
	a Records indicating the racial composition of the student body faculty and administrative staff?	32 a	
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b	
	c Copies of all catalogues brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c	
	d Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered 'No' to any of the above please explain (If you need more space attach a separate statement ) ----- -----	32 d	
33	Does the organization discriminate by race in any way with respect to:		
	a Students rights or privileges?	33 a	
	b Admissions policies?	33 b	
	c Employment of faculty or administrative staff?	33 c	
	d Scholarships or other financial assistance?	33 d	
	e Educational policies?	33 e	
	f Use of facilities?	33 f	
	g Athletic programs?	33 g	
	h Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain (If you need more space attach a separate statement ) ----- -----	33 h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34 a	
	b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b please explain using an attached statement	34 b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C B 587 covering racial nondiscrimination? If 'No,' attach an explanation.	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions )  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked 'a' and 'limited control' provisions apply.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for <b>all</b> electing organizations
(The term expenditures means amounts paid or incurred )			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)		
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)		
41	Lobbying nontaxable amount Enter the amount from the following table —		
	<b>If the amount on line 40 is —</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is —</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		
<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720.			

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots non-taxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (See instructions )  
 (For reporting only by organizations that did not complete Part VI-A)

N/A

During the year, did the organization attempt to influence national, state or local legislation including any attempt to influence public opinion on a legislative matter or referendum through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount

If Yes to any of the above, also attach a statement giving a detailed description of the lobbying activities.



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

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2006

Name of organization Gay & Lesbian Community Center of  
Southern Nevada

Employer identification number  
94-3192750

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 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 organizations 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 Form 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 \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ or on line 2 of their Form 990-PF to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization

Gay & Lesbian Community Center of

Employer identification number

94-3192750

**Part I** Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CLARK COUNTY HEALTH DISTR. P.O. BOX 3902 LAS VEGAS, NV 89127,	\$ 51,215.	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 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

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Row 1 contains 'N/A' in column (a).

Table with 2 columns: (e) Transfer of gift, Relationship of transferor to transferee. Sub-headers: Transferee's name, address, and ZIP + 4.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table with 2 columns: (e) Transfer of gift, Relationship of transferor to transferee. Sub-headers: Transferee's name, address, and ZIP + 4.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table with 2 columns: (e) Transfer of gift, Relationship of transferor to transferee. Sub-headers: Transferee's name, address, and ZIP + 4.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table with 2 columns: (e) Transfer of gift, Relationship of transferor to transferee. Sub-headers: Transferee's name, address, and ZIP + 4.

1/26/08

05:01PM

Statement 1  
Form 990, Part II, Line 43  
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
ADVERTISING	1,457.	1,457		
BANK CHARGES	2,571.		2,571.	
DUES	1,438.		1,438.	
EQUIPMENT RENTAL	379.	379		
EVENT COSTS	5,684.	5,684.		
HONORARIUM	810.	810.		
INSURANCE	10,842.	8,674.	2,168.	
LICENSES	566.		566.	
MEALS AND ENTERTAINMENT	101.	101.		
Miscellaneous	499.	499.		
PAYROLL PROCESSING FEES	410.		410.	
PROGRAMS	18,242.	18,242.		
REPAIRS	5,354.	4,283.	1,071.	
SECURITY	1,100.		1,100.	
UTILITIES	6,215.	5,594.	621.	
<b>Total</b>	<b>\$ 55,668.</b>	<b>\$ 45,723.</b>	<b>\$ 9,945.</b>	<b>\$ 0.</b>

Statement 2  
Form 990, Part III  
Organization's Primary Exempt Purpose

SUPPORT PROGRAMS OF THE GLBT COMMUNITY & FRIENDS

Statement 3  
Form 990, Part IV, Line 57  
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Machinery and Equipment	\$ 35,960.	\$ 16,006.	\$ 19,954.
<b>Total</b>	<b>\$ 35,960.</b>	<b>\$ 16,006.</b>	<b>\$ 19,954.</b>

Statement 4  
Form 990, Part V-A  
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
KENNETH SMITH P.O. BOX 3902 LAS VEGAS, NV 89127	President 10	\$ 0.	\$ 0.	\$ 0.

Client CGLCCSN

Gay & Lesbian Community Center of  
Southern Nevada

94-3192750

1/26/08

05:01PM

Statement 4 (continued)  
Form 990, Part V-A  
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
CANDICE S. NICHOLS P.O. BOX 3902 LAS VEGAS, NV 89127	Executive Direc 40	\$ 46,250.	\$ 0.	\$ 0.
TOM KOVACH P.O. BOX 3902 LAS VEGAS, NV 89127	Vice President 10	0.	0.	0.
GWEN MIGITA P.O. BOX 3902 LAS VEGAS, NV 89127	Treasurer 10	0.	0.	0.
PAUL SCOTT P.O. BOX 3902 LAS VEGAS, NV 89127	Secretary 10	0.	0.	0.
JENNIFER BOLTON P.O. BOX 3902 LAS VEGAS, NV 89127	MEMBER AT LARGE 10	0.	0.	0.
JOHN ARNOS P.O. BOX 3902 LAS VEGAS, NV 89127	Director 5	0.	0.	0.
ARLENE COOPER P.O. BOX 3902 LAS VEGAS, NV 89127	Director 5	0.	0.	0.
DESIREE DUNCAN P.O. BOX 3902 LAS VEGAS, NV 89127	Director 5	0.	0.	0.
CHRISTOPHER MORROW P.O. BOX 3902 LAS VEGAS, NV 89127	Director 5	0.	0.	0.
DAVID PARKS P.O. BOX 3902 LAS VEGAS, NV 89127	Director 5	0.	0.	0.
RANDY REINOSO P.O. BOX 3902 LAS VEGAS, NV 89127	Director 5	0.	0.	0.
KAREN RUBEL P.O. BOX 3902 LAS VEGAS, NV 89127	Director 5	0.	0.	0.

Client CGLCCSN

Gay & Lesbian Community Center of  
Southern Nevada

94-3192750

1/26/08

05:01PM

Statement 4 (continued)  
Form 990, Part V-A  
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
TOD STORY P.O. BOX 3902 LAS VEGAS, NV 89127	Director 5	\$ 0.	\$ 0.	\$ 0.
	Total	\$ 46,250.	\$ 0.	\$ 0.

Statement 5  
Form 990, Part VIII  
Relationship of Activities to the Accomplishment of Exempt Purposes

Line #	Explanation of Activities
93a	HIV OUTREACH AND AIDS PREVENTION EDUCATION
94	MEMBER INVOLVEMENT FOR MEMBER SERVICES AND PROGRAMS
95	INTEREST ON FUNDS HELD FOR OPERATIONS
97b	SPACE RENTED TO OTHER GLBT ORGANIZATIONS TO PROVIDE CENTRAL SOURCE OF COMMUNITY RESOURCES

Statement 6  
Schedule A, Part IV-A, Line 22  
Other Income

Description	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
Total	\$ 11,901.	\$ 8,525.	\$ 0.	\$ 0.	\$ 20,426.