**Return of Organization Exempt From Income Tax**

**for the 2015 calendar year, or tax year beginning and ending**

**Name of organization**

**GAY AND LESBIAN COMMUNITY CENTER OF UTAH**

**Employer identification number**

87-0504077

**Website**

WWW.UTAHPRIDECENTER.ORG

**Tax-exempt status**

- 501(c)(3)
- 501(c)(4)
- 501(c)(6)
- 501(c)(25)
- 501(c)(26)
- 501(c)(27)
- 501(c)(28)
- 501(c)(29)
- 501(c)(30)

**Year of formation**

1992

**State of legal domicile**

UT

### Part I Summary

1. **Briefly describe the organization's mission or most significant activities:**
   - COMMUNITY-BASED ORGANIZATION THAT PROVIDES SUPPORT, EDUCATION

2. **Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.**

3. **Number of voting members of the governing body (Part VI, line 1a)**

4. **Number of independent voting members of the governing body (Part VI, line 1b)**

5. **Total number of individuals employed in calendar year 2015 (Part V, line 2a)**

6. **Total number of volunteers (estimate if necessary)**

7. **Total unrelated business revenue from Part VIII, column (C), line 12**

8. **Prior Year**

9. **Current Year**

10. **Contributions and grants (Part VIII, line 1h)**

11. **Program service revenue (Part VIII, line 2g)**

12. **Investment income (Part VIII, column (A), lines 3, 4, and 7d)**

13. **Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**

14. **Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**

### Expenses

15. **Grants and similar amounts paid (Part IX, column (A), lines 1-3)**

16. **Benefits paid to or for members (Part IX, column (A), line 4)**

17. **Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**

18. **Professional fundraising fees (Part IX, column (A), line 11e)**

19. **Total fundraising expenses (Part IX, column (D), line 25)**

20. **Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)**

21. **Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)**

22. **Total revenue less expenses. Subtract line 18 from line 12**

### Part II Signature Block

**Signature of officer**

MICHAEL AGUILAR, TREASURER

**Preparer's signature**

TED L. HILL CPA

**PTIN**

00097426

**Form 990 (2015)**

**For Paperwork Reduction Act Notice, see the separate instructions.**

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION