

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CENTERLINK, INC.		D Employer identification number 52-2292725
	Doing business as		E Telephone number (954) 765-6024
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	P.O. BOX 24490		G Gross receipts \$ 3,294,000.
	City or town, state or province, country, and ZIP or foreign postal code FORT LAUDERDALE, FL 33307		
F Name and address of principal officer: DENISE SPIVAK P.O. BOX 24490, FORT LAUDERDALE, FL 33307		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

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

J Website: ▶ **WWW.LGBTCENTERS.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **2001** **M** State of legal domicile: **FL**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	11
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,302,932.	Current Year 3,230,375.
	9 Program service revenue (Part VIII, line 2g)	157,184.	48,459.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,306.	7,466.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,950.	7,700.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,471,372.	3,294,000.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	594,500.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		814,367.	750,585.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 86,575.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		607,100.	505,328.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,015,967.	2,672,760.
19 Revenue less expenses. Subtract line 18 from line 12	455,405.	621,240.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,276,699.	End of Year 2,101,769.
	21 Total liabilities (Part X, line 26)	60,217.	264,047.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,216,482.	1,837,722.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date	
	DENISE SPIVAK, CEO Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name DEREK M. WEBB	Preparer's signature DEREK M. WEBB	Date 11/09/21	Check if self-employed <input type="checkbox"/> PTIN P00389509
	Firm's name ▶ LIGGETT & WEBB P.A.	Firm's EIN ▶ 51-0452188		Phone no. (561) 752-1721
Firm's address ▶ 1901 SOUTH CONGRESS AVENUE, SUITE 110		BOYNTON BEACH, FL 33426		

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III []

1 Briefly describe the organization's mission:
CENTERLINK HELPS DEVELOP STRONG, SUSTAINABLE LGBT COMMUNITY CENTERS AND BUILDS A THRIVING CENTER NETWORK THAT CREATES HEALTHY, VIBRANT COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,559,932. including grants of \$ 1,416,847.) (Revenue \$ 56,159.)
CENTERLINK PROVIDES TECHNICAL ASSISTANCE AND TRAINING, CROSS-TRAINING, REGIONAL AND NATIONAL NETWORKING OPPORTUNITIES FOR 324 COMMUNITY CENTERS NATIONWIDE. A FUNDAMENTAL GOAL IS TO HELP BUILD THE CAPACITY OF CENTERS TO MEET THE SOCIAL, CULTURAL, HEALTH AND POLITICAL ADVOCACY NEEDS OF THE LGBT COMMUNITY MEMBERS ACROSS THE COUNTRY.

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

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

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,559,932.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 16		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **►**
DENISE SPIVAK - (954) 765-6024
1001 W. CYPRESS CREEK RD, FT LAUDERDALE, FL 33309

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DENISE SPIVAK CEO	50.00			X			118,234.	0.	0.	
(2) DEBORAH LEVINE DIRECTOR OF LGBT YOUTHLINK	50.00				X		103,565.	0.	0.	
(3) LORRI L. JEAN DIRECTOR	3.00	X					0.	0.	0.	
(4) SARAH ANDERSON DIRECTOR	3.00	X					0.	0.	0.	
(5) PAUL MOORE DIRECTOR	3.00	X					0.	0.	0.	
(6) LORRAINE LANGLOIS DIRECTOR	3.00	X					0.	0.	0.	
(7) CHRIS BARTLETT DIRECTOR	3.00	X					0.	0.	0.	
(8) CECE COX DIRECTOR	3.00	X					0.	0.	0.	
(9) GLENDA TESTONE DIRECTOR	3.00	X					0.	0.	0.	
(10) MARVIN WEBB TREASURER	4.00	X		X			0.	0.	0.	
(11) STACIE WALLS CO-CHAIR	4.00	X		X			0.	0.	0.	
(12) MICHELLE KRISTEL DIRECTOR	3.00	X					0.	0.	0.	
(13) ROBERT BOO CO-CHAIR	4.00	X		X			0.	0.	0.	
(14) DAVID GARCIA DIRECTOR	3.00	X					0.	0.	0.	
(15) LANCE TOMA DIRECTOR	3.00	X					0.	0.	0.	
(16) JAY MADDOCK DIRECTOR	3.00	X					0.	0.	0.	
(17) MODESTO TICO VALLE DIRECTOR	3.00	X					0.	0.	0.	

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	116,205.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	419,532.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,694,638.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			3,230,375.			
Program Service Revenue	2 a CENTER TRAINING	Business Code					
		561000	27,325.	27,325.			
	b CONFERENCE FEES	561000	21,134.	21,134.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			48,459.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		7,466.			7,466.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	7,700.			
			(ii) Personal				
	b Less: rental expenses	6b	0.				
	c Rental income or (loss)	6c	7,700.				
	d Net rental income or (loss)			7,700.	7,700.		
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			3,294,000.	56,159.	0.	7,466.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,416,847.	1,416,847.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	221,799.	200,517.	11,823.	9,459.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	387,407.	330,590.	1,925.	54,892.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	93,424.	85,373.	1,611.	6,440.
10 Payroll taxes	47,955.	41,481.	1,356.	5,118.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	8,500.	7,225.	850.	425.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	232,864.	230,527.		2,337.
12 Advertising and promotion	23,382.	22,546.	670.	166.
13 Office expenses	16,833.	16,833.		
14 Information technology				
15 Royalties				
16 Occupancy	29,668.	27,255.	1,689.	724.
17 Travel	19,300.	18,550.		750.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,179.	5,930.		249.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,641.	1,395.	164.	82.
23 Insurance	9,777.	8,653.	728.	396.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TECHNICAL ASSISTANCE	43,107.	38,140.	3,348.	1,619.
b BAD DEBT	35,606.	35,606.		
c DUES & SUBSCRIPTIONS	32,571.	31,026.	682.	863.
d MISCELLANEOUS	18,668.	17,048.	407.	1,213.
e All other expenses	27,232.	24,390.	1,000.	1,842.
25 Total functional expenses. Add lines 1 through 24e	2,672,760.	2,559,932.	26,253.	86,575.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	546,071.	1	2,002,956.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	706,331.	4	74,138.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	13,907.	9	10,926.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 32,557.		
	b Less: accumulated depreciation	10b 25,249.	10c	7,308.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,441.	15	6,441.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,276,699.	16	2,101,769.	
Liabilities	17 Accounts payable and accrued expenses	59,046.	17	264,047.
	18 Grants payable		18	
	19 Deferred revenue	1,171.	19	0.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	60,217.	26	264,047.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	445,130.	27	958,122.
	28 Net assets with donor restrictions	771,352.	28	879,600.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,216,482.	32	1,837,722.
33 Total liabilities and net assets/fund balances	1,276,699.	33	2,101,769.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,294,000.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,672,760.
3	Revenue less expenses. Subtract line 2 from line 1	3	621,240.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,216,482.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,837,722.

Part XII Financial Statements and Reporting

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1253016.	1475092.	2296489.	2464063.	3286534.	10775194.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1253016.	1475092.	2296489.	2464063.	3286534.	10775194.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						10775194.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	1253016.	1475092.	2296489.	2464063.	3286534.	10775194.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,819.	1,760.	4,162.	11,256.	15,166.	34,163.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,819.	1,760.	4,162.	11,256.	15,166.	34,163.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	1254835.	1476852.	2300651.	2475319.	3301700.	10809357.

14 First 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	99.68 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	99.76 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	.32 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	.24 %

19a 33 1/3% support tests - 2020. 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 - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization CENTERLINK, INC.	Employer identification number 52-2292725
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		6,499.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)		6,499.													
d Other exempt purpose expenditures		2,666,261.													
e Total exempt purpose expenditures (add lines 1c and 1d)		2,672,760.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		283,638.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		70,910.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	223,735.	247,207.	250,799.	283,638.	1,005,379.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,508,069.
c Total lobbying expenditures	9,932.	5,334.	5,000.	6,499.	26,765.
d Grassroots nontaxable amount	55,934.	61,802.	62,700.	70,910.	251,346.
e Grassroots ceiling amount (150% of line 2d, column (e))					377,019.
f Grassroots lobbying expenditures	9,932.	5,334.	5,000.	6,499.	26,765.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, 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 1c through 1i)? ..			
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 similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (See instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **CENTERLINK, INC.** Employer identification number **52-2292725**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		32,557.	25,249.	7,308.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,308.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,295,640.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	1,640.	
e	Add lines 2a through 2d		2e	1,640.
3	Subtract line 2e from line 1		3	3,294,000.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	3,294,000.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,674,400.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	1,640.	
e	Add lines 2a through 2d		2e	1,640.
3	Subtract line 2e from line 1		3	2,672,760.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,672,760.

Part XIII Supplemental Information.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

IN KIND CONTRIBUTIONS

PART XII, LINE 2D - OTHER ADJUSTMENTS:

IN KIND CONTRIBUTIONS

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **CENTERLINK, INC.** Employer identification number **52-2292725**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PRIDE CENTER SAN ANTONIO 1303 MCCULLOUGH AVE SUITE 160 SAN ANTONIO, TX 78212	27-4917227	501C3	54,750.	0.			TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND
PRIDE COMMUNITY SERVICES ORGANIZATION - 389 WALLER AVENUE SUITE 100 - LEXINGTON, KY 40504	31-0994061	501C3	50,000.	0.			TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND
IMPERIAL VALLEY LGBT RESOURCE CENTER - 1079 ROSS AVENUE SUITE E - EL CENTRO, CA 92243	47-3799558	501C3	25,000.	0.			TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND
METRO TRANS UMBRELLA GROUP 3133 OREGON AVE ST LOUIS, MO 63118	47-1427310	501C3	25,000.	0.			TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND
STAND WITH TRANS. 36520 SAXONY ROAD FARMINTONG, MI 48335	47-3135745	501C3	50,500.	0.			TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND
WE ARE FAMILY 1801 REYNOLDS AVE., UNIT B NORTH CHARLESTON, SC 29405	57-4008020	501C3	50,000.	0.			TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **25.**

3 Enter total number of other organizations listed in the line 1 table **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LGBTQ CENTER 1522 MISHAWAKA AVENUE SOUTH BEND, IN 46615	20-3906347	501C3	25,000.	0.			TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND
TRIANGLE COMMUNITY CENTER 650 WEST AVENUE, SUITE 2 NORWALK, CT 06850	22-3079559	501C3	25,000.	0.			TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND
AFFIRMATIONS 290 WEST NINE MILE ROAD FERNDALE, MI 48220	38-2882823	501C3	9,250.	0.			ENGAGE IN OUTREACH, EDUCATION AND AWARENESS ACTIVITIES TO EXPLAIN AND PROMOTE THE NATIONAL
THE LGBT COMMUNITY CENTER OF THE DESERT - 1301 N PALM CANYON DR ST301 - PALM SPRINGS, CA 92262	33-0937301	501C3	25,000.	0.			TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND
BRADBURY SULLIVAN LGBT COMMUNITY CENTER - 522 W MAPLE ST - ALLEN TOWN, PA 18101	20-1443960	501C3	15,500.	0.			TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND
OUT YOUTH 909 E 49TH 1/2 STREET AUSTIN, TX 78751	74-2732971	501C3	20,000.	0.			TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND
PRIDE CENTER OF STATEN ISLAND, INC 25 VICTORY BLVD STATEN ISLAND, NY 10301	46-3358895	501C3	15,000.	0.			TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND
SIDE BY SIDE VA, INC. PO BOX 5542 RICHMOND, VA 23230	54-1572424	501C3	5,000.	0.			BUILD A NATIONALLY ACCESSIBLE, MONITORED DIGITAL CHAT SUPPORT GROUP FOR LGBTQ+ YOUTH.
THE ATTIC YOUTH CENTER 255 SOUTH 16TH STREET PHILADELPHIA, PA 19102	23-3020071	501C3	25,000.	0.			TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LGBT DETROIT 20025 GREENFIELD ROAD DETROIT, MI 48235	56-2393981	501C3	30,828.	0.			ENGAGE IN OUTREACH, EDUCATION AND AWARENESS ACTIVITIES TO EXPLAIN AND PROMOTE THE NATIONAL
UTAH PRIDE CENTER 1380 MAIN STREET SALT LAKE CITY, UT 84115	87-0504077	501C3	25,000.	0.			TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND
TIME OUT YOUTH, INC. 3800 MONROE ROAD CHARLOTTE, NC 28205	56-1755564	501C3	60,000.	0.			BUILD A NATIONALLY ACCESSIBLE, MONITORED DIGITAL CHAT SUPPORT GROUP FOR LGBTQ+ YOUTH.
THE SAN DIEGO LESBIAN, GAY, BISEXUAL, TRANSGENDER COMMUNITY CENTER - 3909 CENTRE STREET - SAN DIEGO, CA 92103	23-7332048	501C3	14,500.	0.			BUILD A NATIONALLY ACCESSIBLE, MONITORED DIGITAL CHAT SUPPORT GROUP FOR LGBTQ+ YOUTH.
NEW HAVEN PRIDE CENTER 84 ORANGE STREET NEW HAVEN, CT 06510	06-1458869	501C3	25,000.	0.			TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND
YOUTH PRIDE, INC. 743 WESTMINSTER STREET PROVIDENCE, RI 02903	05-0478645	501C3	10,000.	0.			BUILD A NATIONALLY ACCESSIBLE, MONITORED DIGITAL CHAT SUPPORT GROUP FOR LGBTQ+ YOUTH.
CENTER ON HALSTED 3656 N. HALSTED CHICAGO, IL 60613	51-0178807	501C3	40,831.	0.			ENGAGE IN OUTREACH, EDUCATION AND AWARENESS ACTIVITIES TO EXPLAIN AND PROMOTE THE NATIONAL
BROOKLYN COMMUNITY PRIDE CENTER, INC. - 1360 FULTON ST, GROUND FLOOR - BROOKLYN, NY 11216	26-2214534	501C3	30,828.	0.			ENGAGE IN OUTREACH, EDUCATION AND AWARENESS ACTIVITIES TO EXPLAIN AND PROMOTE THE NATIONAL
MILWAUKEE LESBIAN, GAY, BISEXUAL TRANSGENDER COMMUNITY CENTER - 1110 N MARKET STREET, 2ND FLOOR - MILWAUKEE, WI 53202	39-1893808	501C3	12,498.	0.			ENGAGE IN OUTREACH, EDUCATION AND AWARENESS ACTIVITIES TO EXPLAIN AND PROMOTE THE NATIONAL

Schedule I (Form 990)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

AT THE END OF EACH GRANT PERIOD EACH GRANTEE MUST PROVIDE CENTERLINK WITH A REPORT THAT PROVIDES:

A. A NARRATIVE OF HOW THE SUPPORT WAS USED, NOTING BOTH ACHIEVEMENTS AND UNANTICIPATED CHALLENGES.

B. A FINANCIAL REPORT SHOWING ACTUAL EXPENDITURES AND REVENUES FOR THE PROJECT AND A LIST OF FUNDERS FOR THE TERM OF THE GRANT.

PART II, LINE 1, COLUMN (H):

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PRIDE CENTER SAN ANTONIO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND ACCESSIBILITY OF ALL SERVICES OFFERED AT, AS WELL AS THE INFRASTRUCTURE OF, LGBT COMMUNITY CENTERS.

NAME OF ORGANIZATION OR GOVERNMENT: PRIDE COMMUNITY SERVICES ORGANIZATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND ACCESSIBILITY OF ALL SERVICES OFFERED AT, AS WELL AS THE INFRASTRUCTURE OF, LGBT COMMUNITY CENTERS.

NAME OF ORGANIZATION OR GOVERNMENT: IMPERIAL VALLEY LGBT RESOURCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND ACCESSIBILITY OF ALL SERVICES OFFERED AT, AS WELL AS THE INFRASTRUCTURE OF, LGBT COMMUNITY CENTERS.

NAME OF ORGANIZATION OR GOVERNMENT: METRO TRANS UMBRELLA GROUP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND ACCESSIBILITY OF ALL SERVICES OFFERED AT, AS WELL AS THE INFRASTRUCTURE OF, LGBT COMMUNITY CENTERS.

NAME OF ORGANIZATION OR GOVERNMENT: STAND WITH TRANS.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND ACCESSIBILITY OF ALL SERVICES OFFERED AT, AS WELL AS THE INFRASTRUCTURE OF, LGBT COMMUNITY

Part IV Supplemental Information

CENTERS.

NAME OF ORGANIZATION OR GOVERNMENT: WE ARE FAMILY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND ACCESSIBILITY OF ALL SERVICES OFFERED AT, AS WELL AS THE INFRASTRUCTURE OF, LGBT COMMUNITY CENTERS.

NAME OF ORGANIZATION OR GOVERNMENT: THE LGBTQ CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND ACCESSIBILITY OF ALL SERVICES OFFERED AT, AS WELL AS THE INFRASTRUCTURE OF, LGBT COMMUNITY CENTERS.

NAME OF ORGANIZATION OR GOVERNMENT: TRIANGLE COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND ACCESSIBILITY OF MENTAL HEALTH SERVICES OFFERED AT LGBT COMMUNITY CENTERS

NAME OF ORGANIZATION OR GOVERNMENT: AFFIRMATIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: ENGAGE IN OUTREACH, EDUCATION AND AWARENESS ACTIVITIES TO EXPLAIN AND PROMOTE THE NATIONAL INSTITUTES OF HEALTH ALL OF US RESEARCH PROGRAM INVITING PEOPLE ACROSS THE U.S. TO HELP BUILD ONE OF THE MOST DIVERSE HEALTH DATABASES IN HISTORY. CENTERLINK IS PART OF A NATIONAL NETWORK OF PARTNER ORGANIZATIONS SERVING AS TRUSTED INTERMEDIARIES AND MESSENGERS TO ASSIST IN REACHING THE NIH GOAL.

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

THE LGBT COMMUNITY CENTER OF THE DESERT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND ACCESSIBILITY OF MENTAL HEALTH SERVICES OFFERED AT LGBT COMMUNITY CENTERS

NAME OF ORGANIZATION OR GOVERNMENT:

BRADBURY SULLIVAN LGBT COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND ACCESSIBILITY OF MENTAL HEALTH SERVICES OFFERED AT LGBT COMMUNITY CENTERS

NAME OF ORGANIZATION OR GOVERNMENT: OUT YOUTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND ACCESSIBILITY OF MENTAL HEALTH SERVICES OFFERED AT LGBT COMMUNITY CENTERS

NAME OF ORGANIZATION OR GOVERNMENT: PRIDE CENTER OF STATEN ISLAND, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND ACCESSIBILITY OF MENTAL HEALTH SERVICES OFFERED AT LGBT COMMUNITY CENTERS

NAME OF ORGANIZATION OR GOVERNMENT: SIDE BY SIDE VA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD A NATIONALLY ACCESSIBLE, MONITORED DIGITAL CHAT SUPPORT GROUP FOR LGBTQ+ YOUTH. THIS INCLUDES: * OPERATING REAL-TIME FACILITATED ONLINE SUPPORT GROUPS FOR LGBTQ+ YOUTH; ** PROVIDING ACCESS TO ESSENTIAL RESOURCES SUCH AS SEXUAL HEALTH INFORMATION AND LINKS TO OTHER ORGANIZATIONS' WEBSITES.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: THE ATTIC YOUTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND ACCESSIBILITY OF MENTAL HEALTH SERVICES OFFERED AT LGBT COMMUNITY CENTERS

NAME OF ORGANIZATION OR GOVERNMENT: LGBT DETROIT

(H) PURPOSE OF GRANT OR ASSISTANCE: ENGAGE IN OUTREACH, EDUCATION AND AWARENESS ACTIVITIES TO EXPLAIN AND PROMOTE THE NATIONAL INSTITUTES OF HEALTH ALL OF US RESEARCH PROGRAM INVITING PEOPLE ACROSS THE U.S. TO HELP BUILD ONE OF THE MOST DIVERSE HEALTH DATABASES IN HISTORY. CENTERLINK IS PART OF A NATIONAL NETWORK OF PARTNER ORGANIZATIONS SERVING AS TRUSTED INTERMEDIARIES AND MESSENGERS TO ASSIST IN REACHING THE NIH GOAL.

NAME OF ORGANIZATION OR GOVERNMENT: UTAH PRIDE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND CAPACITY BUILDING PROJECTS THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND ACCESSIBILITY OF MENTAL HEALTH SERVICES OFFERED AT LGBT COMMUNITY CENTERS

NAME OF ORGANIZATION OR GOVERNMENT: TIME OUT YOUTH, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD A NATIONALLY ACCESSIBLE, MONITORED DIGITAL CHAT SUPPORT GROUP FOR LGBTQ+ YOUTH. THIS INCLUDES: * OPERATING REAL-TIME FACILITATED ONLINE SUPPORT GROUPS FOR LGBTQ+ YOUTH; ** PROVIDING ACCESS TO ESSENTIAL RESOURCES SUCH AS SEXUAL HEALTH INFORMATION AND LINKS TO OTHER ORGANIZATIONS' WEBSITES.

NAME OF ORGANIZATION OR GOVERNMENT:

THE SAN DIEGO LESBIAN, GAY, BISEXUAL, TRANSGENDER COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD A NATIONALLY ACCESSIBLE,

Part IV Supplemental Information

MONITORED DIGITAL CHAT SUPPORT GROUP FOR LGBTQ+ YOUTH. THIS INCLUDES: *
OPERATING REAL-TIME FACILITATED ONLINE SUPPORT GROUPS FOR LGBTQ+ YOUTH;**
PROVIDING ACCESS TO ESSENTIAL RESOURCES SUCH AS SEXUAL HEALTH INFORMATION
AND LINKS TO OTHER ORGANIZATIONS' WEBSITES.

NAME OF ORGANIZATION OR GOVERNMENT: NEW HAVEN PRIDE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND CAPACITY BUILDING PROJECTS
THAT ARE DESIGNED TO EXPAND THE VARIETY, QUALITY AND ACCESSIBILITY OF ALL
SERVICES OFFERED AT, AS WELL AS THE INFRASTRUCTURE OF, LGBT COMMUNITY
CENTERS.

NAME OF ORGANIZATION OR GOVERNMENT: YOUTH PRIDE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD A NATIONALLY ACCESSIBLE,
MONITORED DIGITAL CHAT SUPPORT GROUP FOR LGBTQ+ YOUTH. THIS INCLUDES: *
OPERATING REAL-TIME FACILITATED ONLINE SUPPORT GROUPS FOR LGBTQ+ YOUTH;**
PROVIDING ACCESS TO ESSENTIAL RESOURCES SUCH AS SEXUAL HEALTH INFORMATION
AND LINKS TO OTHER ORGANIZATIONS' WEBSITES.

NAME OF ORGANIZATION OR GOVERNMENT: CENTER ON HALSTED

(H) PURPOSE OF GRANT OR ASSISTANCE: ENGAGE IN OUTREACH, EDUCATION AND
AWARENESS ACTIVITIES TO EXPLAIN AND PROMOTE THE NATIONAL INSTITUTES OF
HEALTH ALL OF US RESEARCH PROGRAM INVITING PEOPLE ACROSS THE U.S. TO HELP
BUILD ONE OF THE MOST DIVERSE HEALTH DATABASES IN HISTORY. CENTERLINK IS
PART OF A NATIONAL NETWORK OF PARTNER ORGANIZATIONS SERVING AS TRUSTED
INTERMEDIARIES AND MESSENGERS TO ASSIST IN REACHING THE NIH GOAL.

NAME OF ORGANIZATION OR GOVERNMENT: BROOKLYN COMMUNITY PRIDE CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ENGAGE IN OUTREACH, EDUCATION AND

Part IV Supplemental Information

AWARENESS ACTIVITIES TO EXPLAIN AND PROMOTE THE NATIONAL INSTITUTES OF HEALTH ALL OF US RESEARCH PROGRAM INVITING PEOPLE ACROSS THE U.S. TO HELP BUILD ONE OF THE MOST DIVERSE HEALTH DATABASES IN HISTORY. CENTERLINK IS PART OF A NATIONAL NETWORK OF PARTNER ORGANIZATIONS SERVING AS TRUSTED INTERMEDIARIES AND MESSENGERS TO ASSIST IN REACHING THE NIH GOAL.

NAME OF ORGANIZATION OR GOVERNMENT:

MILWAUKEE LESBIAN, GAY, BISEXUAL TRANSGENDER COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ENGAGE IN OUTREACH, EDUCATION AND AWARENESS ACTIVITIES TO EXPLAIN AND PROMOTE THE NATIONAL INSTITUTES OF HEALTH ALL OF US RESEARCH PROGRAM INVITING PEOPLE ACROSS THE U.S. TO HELP BUILD ONE OF THE MOST DIVERSE HEALTH DATABASES IN HISTORY. CENTERLINK IS PART OF A NATIONAL NETWORK OF PARTNER ORGANIZATIONS SERVING AS TRUSTED INTERMEDIARIES AND MESSENGERS TO ASSIST IN REACHING THE NIH GOAL.

NAME OF ORGANIZATION OR GOVERNMENT: OUTCENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ENGAGE IN OUTREACH, EDUCATION AND AWARENESS ACTIVITIES TO EXPLAIN AND PROMOTE THE NATIONAL INSTITUTES OF HEALTH ALL OF US RESEARCH PROGRAM INVITING PEOPLE ACROSS THE U.S. TO HELP BUILD ONE OF THE MOST DIVERSE HEALTH DATABASES IN HISTORY. CENTERLINK IS PART OF A NATIONAL NETWORK OF PARTNER ORGANIZATIONS SERVING AS TRUSTED INTERMEDIARIES AND MESSENGERS TO ASSIST IN REACHING THE NIH GOAL.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

CENTERLINK, INC.

Employer identification number

52-2292725

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

CENTERLINK HELPS DEVELOP STRONG, SUSTAINABLE LGBT COMMUNITY CENTERS AND
BUILDS A THRIVING CENTER NETWORK THAT CREATES HEALTHY, VIBRANT
COMMUNITIES.

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

A DRAFT COPY OF THE RETURN WAS FORWARDED TO MANAGEMENT AND THE BOARD FOR
REVIEW AND EDITORIAL COMMENTS. ONCE ALL COMMENTS WERE RESOLVED, A FINAL
VERSION WAS FORWARDED FOR SIGNATURE AND MAILING.

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

EACH BOARD MEMBER IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT
EACH YEAR. THESE STATEMENTS ARE REVIEWED EACH YEAR BY THE BOARD CO-CHAIR OR
THE EXECUTIVE DIRECTOR.

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

ALL CONTRACTS AND SALARIES OF OFFICERS ARE REVIEWED AND APPROVED BY THE
BOARD OF TRUSTEES.

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

ALL GOVERNING DOCUMENTATION IS KEPT ON FILE AND IS READILY AVAILABLE UPON
WRITTEN REQUEST.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4960, 4965, 4966, 4967, and 4968)

2020

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form4720 for instructions and the latest information.

For calendar year 2020 or other tax year beginning _____, 2020, and ending _____,

Name of organization, entity, or person subject to tax CENTERLINK, INC.	EIN or SSN 52-2292725
Number, street, and room or suite no. (or P.O. box if mail is not delivered to street address) P.O. BOX 24490	<input type="checkbox"/> Amended return Check box for type of annual return: <input checked="" type="checkbox"/> Form 990 <input type="checkbox"/> Form 990-EZ <input type="checkbox"/> Form 990-PF <input type="checkbox"/> Other <input type="checkbox"/> Form 5227
City or town, state or province, country, and ZIP or foreign postal code FORT LAUDERDALE, FL 33307	

	Yes	No	N/A
A Is the organization a foreign private foundation within the meaning of section 4948(b)? Show conversion rate to U.S. dollars. See instructions ▶ _____		X	
B Has corrective action been taken on any taxable event that resulted in Chapter 42 taxes being reported on this form? If "Yes," attach a detailed description of the corrective action taken and, if applicable, enter the fair market value of any property recovered as a result of the correction ▶ \$ _____. If "No," (that is, any uncorrected acts or transactions), attach an explanation (see instructions).			X

Part I Taxes on Organization (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4960(a), 4965(a)(1), 4966(a)(1), and 4968(a))

1 Tax on undistributed income - Schedule B, line 4	1
2 Tax on excess business holdings - Schedule C, line 7	2
3 Tax on investments that jeopardize charitable purpose - Schedule D, Part I, column (e)	3
4 Tax on taxable expenditures - Schedule E, Part I, column (g)	4
5 Tax on political expenditures - Schedule F, Part I, column (e)	5
6 Tax on excess lobbying expenditures - Schedule G, line 4	6
7 Tax on disqualifying lobbying expenditures - Schedule H, Part I, column (e)	7
8 Tax on premiums paid on personal benefit contracts	8
9 Tax on being a party to prohibited tax shelter transactions - Schedule J, Part I, column (h)	9
10 Tax on taxable distributions - Schedule K, Part I, column (f)	10
11 Tax on a charitable remainder trust's unrelated business taxable income. Attach statement	11
12 Tax on failure to meet the requirements of section 501(r)(3) - Schedule M, Part II, line 2	12
13 Tax on excess executive compensation - Schedule N	13
14 Tax on net investment income of private colleges and universities - Schedule O	14
15 Total (add lines 1 - 14)	15

Part II Taxes on a Manager, Self-Dealer, Disqualified Person, Donor, Donor Advisor, or Related Person (Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a))

Name and address of related organization; city or town, state or province, country, ZIP or foreign postal code	Employer identification number
1 Tax on self-dealing - Schedule A, Part II, column (d); and Part III, column (d)	1
2 Tax on investments that jeopardize charitable purposes - Schedule D, Part II, column (d)	2
3 Tax on taxable expenditures - Schedule E, Part II, column (d)	3
4 Tax on political expenditures - Schedule F, Part II, column (d)	4
5 Tax on disqualifying lobbying expenditures - Schedule H, Part II, column (d)	5
6 Tax on excess benefit transactions - Schedule I, Part II, column (d); and Part III, column (d)	6
7 Tax on being a party to prohibited tax shelter transactions - Schedule J, Part II, column (d)	7
8 Tax on taxable distributions - Schedule K, Part II, column (d)	8
9 Tax on prohibited benefits - Schedule L, Part II, column (d); and Part III, column (d)	9
10 Total - Add lines 1 through 9	10

Part III Tax Payments

1 Total tax (Part I, line 15 or Part II, line 10)	1	
2 Total payments including amount paid with Form 8868 (see instructions)	2	
3 Tax due. If line 1 is larger than line 2, enter amount owed (see instructions)	3	0.
4 Overpayment. If line 1 is smaller than line 2, enter the difference. This is your refund	4	

SCHEDULE A - Initial Taxes on Self-Dealing (Section 4941)

Part I Acts of Self-Dealing and Tax Computation			
(a) Act number	(b) Date of act	(c) Description of act	
1			
2			
3			
4			
5			
(d) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the act		(e) Amount involved in act	(f) Initial tax on self-dealer (10% of col. (e))

Part II Summary of Tax Liability of Self-Dealers and Proration of Payments			
(a) Names of self-dealers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Self-dealer's total tax liability (add amounts in col. (c)) (see instructions)

Part III Summary of Tax Liability of Foundation Managers and Proration of Payments			
(a) Names of foundation managers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE B - Initial Tax on Undistributed Income (Section 4942)

1	Undistributed income for years before 2019 (from Form 990-PF for 2020, Part XIII, line 6d)	1	
2	Undistributed income for 2019 (from Form 990-PF for 2020, Part XIII, line 6e)	2	
3	Total undistributed income at end of current tax year beginning in 2020 and subject to tax under section 4942 (add lines 1 and 2)	3	
4	Tax - Enter 30% of line 3 here and on Part I, line 1	4	

SCHEDULE C - Initial Tax on Excess Business Holdings (Section 4943)

Business Holdings and Computation of Tax

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions for each line item before making any entries.

Name and address of business enterprise

Employer identification number

Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, etc.)

		(a) Voting stock (profits interest or beneficial interest)	(b) Value	(c) Nonvoting stock (capital interest)
1	Foundation holdings in business enterprise			
2	Permitted holdings in business enterprise			
3	Value of excess holdings in business enterprise			
4	Value of excess holdings disposed of within 90 days; or, other value of excess holdings not subject to section 4943 tax (attach statement)			
5	Taxable excess holdings in business enterprise - line 3 minus line 4			
6	Tax - Enter 10% of line 5			
7	Total tax - Add amounts on line 6, columns (a), (b), and (c); enter total here and on Part I, line 2			

SCHEDULE D - Initial Taxes on Investments That Jeopardize Charitable Purpose (Section 4944)

Part I Investments and Tax Computation

(a) Investment number	(b) Date of investment	(c) Description of investment	(d) Amount of investment	(e) Initial tax on foundation (10% of col. (d))	(f) Initial tax on foundation managers (if applicable) - (lesser of \$10,000 or 10% of col. (d))
1					
2					
3					
4					
5					
Total - Column (e). Enter here and on Part I, line 3					
Total - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below					

Part II Summary of Tax Liability of Foundation Managers and Proration of Payments

(a) Names of foundation managers liable for tax	(b) Investment no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE E - Initial Taxes on Taxable Expenditures (Section 4945)

Part I Expenditures and Computation of Tax				
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Name and address of recipient	(e) Description of expenditure and purposes for which made
1				
2				
3				
4				
5				
(f) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the expenditure			(g) Initial tax imposed on foundation (20% of col. (b))	(h) Initial tax imposed on foundation managers (if applicable)- (lesser of \$10,000 or 5% of col. (b))
Total - Column (g). Enter here and on Part I, line 4				
Total - Column (h). Enter total (or prorated amount) here and in Part II, column (c), below				

Part II Summary of Tax Liability of Foundation Managers and Proration of Payments			
(a) Names of foundation managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (h), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE F - Initial Taxes on Political Expenditures (Section 4955)

Part I Expenditures and Computation of Tax					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of political expenditure	(e) Initial tax imposed on organization or foundation (10% of col. (b))	(f) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2½% of col. (b))
1					
2					
3					
4					
5					
Total - Column (e). Enter here and on Part I, line 5					
Total - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below					

Part II Summary of Tax Liability of Organization Managers or Foundation Managers and Proration of Payments			
(a) Names of organization managers or foundation managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE G - Tax on Excess Lobbying Expenditures (Section 4911)

1	Excess of grass roots expenditures over grass roots nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1h). (See the instructions before making an entry.)	1	
2	Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1i). (See the instructions before making an entry.)	2	
3	Excess lobbying expenditures - enter the larger of line 1 or line 2	3	
4	Tax - Enter 25% of line 3 here and on Part I, line 6	4	

SCHEDULE H - Taxes on Disqualifying Lobbying Expenditures (Section 4912)

Part I Expenditures and Computation of Tax					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbying expenditures	(e) Tax imposed on organization (5% of col. (b))	(f) Tax imposed on organization managers (if applicable) - (5% of col. (b))
1					
2					
3					
4					
5					
Total - Column (e). Enter here and on Part I, line 7					
Total - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below					

Part II Summary of Tax Liability of Organization Managers and Proration of Payments			
(a) Names of organization managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958)

Part I Excess Benefit Transactions and Tax Computation		
(a) Transaction number	(b) Date of transaction	(c) Description of transaction
1		
2		
3		
4		
5		
(d) Amount of excess benefit	(e) Initial tax on disqualified persons (25% of col. (d))	(f) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col. (d))

SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967).

See the instructions.

Part I Prohibited Benefits and Tax Computation		
(a) Item number	(b) Date of prohibited benefit	(c) Description of benefit
1		
2		
3		
4		
5		
(d) Amount of prohibited benefit	(e) Tax on donors, donor advisors, or related persons (125% of col. (d)) (see instructions)	(f) Tax on fund managers (if applicable) (lesser of 10% of col. (d) or \$10,000) (see instructions)

Part II Summary of Tax Liability of Donors, Donor Advisors, Related Persons, and Proration of Payments			
(a) Names of donors, donor advisors, or related persons liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (e) or prorated amount	(d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col. (c)) (see instructions)

Part III Summary of Tax Liability of Fund Managers and Proration of Payments			
(a) Names of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f) or prorated amount	(d) Fund manager's total tax liability (add amounts in col. (c)) (see instructions)

Schedule M - Tax on Hospital Organization for Failure to Meet the Community Health Needs Assessment Requirements (Sections 4959 and 501(r)(3)). (See instructions.)

Part I Failures to Meet Section 501(r)(3)				
(a) Item number	(b) Name of hospital facility	(c) Description of the failure	(d) Tax year hospital facility last conducted a CHNA	(e) Tax year hospital facility last adopted an implementation strategy
1				
2				
3				
4				
5				

Part II Computation of Tax	
1	Number of hospital facilities operated by the hospital organization that failed to meet the Community Health Needs Assessment requirements of section 501(r)(3) 1
2	Tax - Enter \$50,000 multiplied by line 1 here and on Part I, line 12 2

SCHEDULE N - Tax on Excess Executive Compensation (Section 4960). (See instructions.)

(a) Item number	(b) Name of covered employee	(c) Excess remuneration	(d) Excess parachute payment	(e) Total. Add column (c) and (d)
1				
2				
3				
4				
5				
6	Attachment, if necessary. See instructions			
Total (add column (e) items 1 - 6)				
Tax. Enter 21% of the amount above here and on Part I, line 13				

SCHEDULE O - Excise Tax on Net Investment Income of Private Colleges and Universities
(Section 4968)

	(a) Name	(b) EIN	(c) Gross investment income (See instructions.)	(d) Capital gain net income	(e) Administrative expenses allocable to income included in cols. (c) and (d)	(f) Net investment income (See instructions.)
1	Filing Organization					
2	Related Organization					
3	Related Organization					
4	Related Organization					
5	Total from attachment, if necessary					
6	Total					
7	Excise Tax on Net Investment Income. Enter 1.4% of the amount in 6(f) here and on Part I, line 14					

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer or trustee _____ **CEO** _____
Signature Title Date

Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person _____
Signature Date

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
DEREK M. WEBB	DEREK M. WEBB	11/09/21		P00389509
Firm's name ▶ LIGGETT & WEBB P.A.			Firm's EIN ▶ 51-0452188	
Firm's address ▶ 1901 SOUTH CONGRESS AVENUE, SUITE 110 BOYNTON BEACH, FL 33426			Phone no. (561) 752-1721	