

990EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-

1150

2020

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

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

C Name of organization BROWARD COUNTY AFL-CIO
Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
1700 NW 66TH AVENUE SUITE 100
City or town, state or province, country, and ZIP or foreign postal code
PLANTATION, FL 33313

D Employer identification number 59-6194398
E Telephone number (954) 327-9007
F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify)

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

I Website: WWW.UNIONHALL.AFLCIO.ORG/BROWARDCOUNTY

J Tax-exempt status (check only one) 501(c)(3) 501(c)(5) (insert no. 4947(a)(1) or 527)

K Form of organization: Corporation Trust Association Other LABOR UNION

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 110,630

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Table with 3 columns: Line number, Description, Amount. Includes Revenue lines 1-9. Total revenue: 110,630.

Table with 3 columns: Line number, Description, Amount. Includes Expenses lines 10-17. Total expenses: 71,095.

Table with 3 columns: Line number, Description, Amount. Includes Net Assets lines 18-21. Total net assets at end of year: 98,545.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	70,050	101,169
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	70,050	101,169
26 Total liabilities (describe in Schedule O).	1,877	2,624
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	68,173	98,545

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
TO REPRESENT THE INTERESTS OF WORKING PEOPLE AT THE STATE AND LOCAL LEVEL.
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 N/A (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DANIEL REYNOLDS PRESIDENT	10.00	6,000		
SCOTT SINGER SECRETARY-TR	1.00	6,000		
WILLIE BAILEY SERGEANT-AT-	0.80	0		
MIKE D PAYNE TRUSTEE	0.80	0		
KEN GOODFRIEND TRUSTEE	0.80	0		
CHRIS ROLAND TRUSTEE	0.80	0		
KRIS HOPKINS DIVISION V.P	0.80	0		
J SCOTT BAYNE DIVISION V.P	0.80	0		
JAMES A SILVERNALE DIVISION V.P	0.80	0		
DAVID RENSHAW DIVISION V.P	0.80	0		
RICK HOYE FFLL	0.80	0		
SHARON GLICKMAN DIVISION V.P	0.80	0		
JOE PICCOLO DIVISION V.P	0.80	0		
SCOTT BAYNE DIVISION V.P	0.80	0		
RICHARD LOPEZ DIVISION V.P	0.80	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

Main form area containing questions 33 through 45b with corresponding Yes/No columns and input fields.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	No

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI Yes No

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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	2021-10-27 Date
DANIEL REYNOLDS PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name SEAN R CHAMBLESS CPA	Preparer's signature	Date 2021-11-02	Check <input type="checkbox"/> if self-employed	PTIN P02379007
Firm's name <input type="checkbox"/> BELLOWS ASSOCIATES PA			Firm's EIN <input type="checkbox"/> 65-0804414		
Firm's address <input type="checkbox"/> 5401 N UNIVERSITY DRIVE SUITE 201 CORAL SPRINGS, FL 33067			Phone no. (954) 838-7000		

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

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Form 990-EZ, Special Condition Description:

Special Condition Description

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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.**2020****Open to Public Inspection**

Department of the Treasury

Name of the organization
BROWARD COUNTY AFL-CIO

Employer identification number

59-6194398

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE EXPENSES 21,540 CONVENTION & TRAVEL EXPENSES 2,057 EVENT EXPENSES 4,533 TOTAL 28,130
FORM 990-EZ, PART I, LINE 20	TO MATCH BEGINNING BOOK NET ASSETS -9,163
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 1,877 2,624

Additional Data

Return to Form

Software ID:

Software Version:

TY 2020 IRS 990 e-File Render**Name:** BROWARD COUNTY AFL-CIO**EIN:** 59-6194398

Person Name	Explanation
DANIEL REYNOLDS	
SCOTT SINGER	
WILLIE BAILEY	
MIKE D PAYNE	
KEN GOODFRIEND	
CHRIS ROLAND	
KRIS HOPKINS	
J SCOTT BAYNE	
JAMES A SILVERNALE	
DAVID RENSHAW	
RICK HOYE	
SHARON GLICKMAN	
JOE PICCOLO	
SCOTT BAYNE	
RICHARD LOPEZ	