

990EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047

2021

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.

Form 990EZ
Department of the Treasury
Internal Revenue Service

- A For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021
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. \$ 143,021

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 9 rows for Revenue. Columns include description, sub-rows (5a-5c, 6a-6d, 7a-7c), and total amounts. Total revenue is 143,021.

Table with 7 rows for Expenses. Columns include description and total amounts. Total expenses are 106,723.

Table with 3 rows for Net Assets. Columns include description and total amounts. Net assets at end of year are 134,843.

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	101,169	135,757
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	101,169	135,757
26 Total liabilities (describe in Schedule O).	2,624	914
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	98,545	134,843

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		
SHAUNELLIA FERGUSON 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. Includes questions about significant activities, changes to documents, unrelated business income, liquidation, political expenditures, loans, tax shelter transactions, and foreign accounts.

	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	2022-11-15 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 2022-10-18	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)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

2021**Open to Public
Inspection**Name of the organization
BROWARD COUNTY AFL-CIO

Employer identification number

59-6194398

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	REFUNDS AND REIMBURSEMENTS 2,054 TOTAL 2,054
FORM 990-EZ, PART I, LINE 10	NAME: A PHILIP RANDOLPH INSTITUTE ADDRESS: 815 16TH STREET NW WASHINGTON, DC 20006 CASH CONTRIBUTION: 6,500 NAME: BROWARD DEMOCRATIC PARTY ADDRESS: 8320 W SUNRISE BLVD 203 PLANTATION, FL 33322 CASH CONTRIBUTION: 8,460
FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE EXPENSES 33,554 EVENT EXPENSES 3,237 TOTAL 36,791
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 2,624 914

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