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Rochester, NY 14607 S11110	_	• • ===					ostal code				1		
H Enter the number of the organization surveilated trades or businesses. ▶ 1 Describe the only (or Yirst) unrelated trade or businesses here ▶ See Statement 1 If only one, complete Parts I.V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, fine Complete Parts I.V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, fine Complete Parts I.V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, fine the name and identifying number of the parent corporation. ▶ 1 burges the name and end informing number of the parent corporation. ▶ 1 burges are name of ▶ The Organization 1 a Gross receipts or sales 2 Less returns and allowancies 3 Less returns and allowancies 4 Less returns and allowancies 5 Less returns and allowancies 6 Less returns and allowancies 7 Less returns and allowancies 8 Less returns and allowancies 9 Less returns and allowancies 9 Less returns and allowancies 9 Less returns and allowancies 1 Less returns and allowancies 2 Less returns and allowancies 1 Less returns and allowancies		529(a)		Rochester,	NY 14607						511	110	
H Enter the number of the organization's investigated trades or businesses. ▶ 1	C Book at end	d of vear	1Ω		 _	rnoration	501	(c) trust		401/a	\ trust		Other trust
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. I During the tax year, was the corporation a subsidary in an affiliated group or a parent-subsidiary controlled group? If Yes:	H Enter							'	he only (or				
business, fleen complete Parts III-V. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?			-				[1					than one	€,
During the tax year, was the corporation a subsidiary in an affidiated group or a parent-subsidiary controlled group? ▼es No If Yes, enter the name and identifying number of the parent corporation. ▼es Telephone number \$585-244-8640	descr	ribe the first in the b	lank spa	ice at the end of the previou	us sentence, complete l	Parts I and I	I, complete	a Schedule	M for each	additio	nal trade	e or	
If Yes, enter the name and identifying number of the parent corporation. I he books are in care of ▶ The Organization Telephone number ▶ 585-244-8640 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances 2 Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line to: 4 Capital and net income (attach Schedule D) 4 A Capital and net income (attach Schedule D) 5 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 6 Capital loss deduction for trasts 6 Income (Schedule C) 6 Unrelated debt-financed uncome (Schedule E) 1 Investment income of a section 501 (c)(7), (9), or (17) organization (Schedule F) 10 Exploide exempla cturity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (Semination and trast schedule) 13 Total. Combine lims 3 inrough 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 17 Received US Bank- USB 18 Interest (attach schedule) (see instructions) 20 Deprecation (attach form 4582) 10 Expenses (C) Met Interest (attach schedule) (see instructions) 21 Less deprecation (attach form 4582) 22 Depletion 9 Contributions to deferred compensation plains 19 Depletion 9 Contributions to deferred compensation plains 10 Excess exempt expenses (Schedule I) 10 Contributions to deferred compensation plains 11 Catal deductions (attach schedule) 12 Total deductions (attach schedule) 13 Total deductions (attach schedule) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Begain and maintenance 17 Bed detices 18 Interest (attach schedule) (see instructions) 19 Depletion 9 Contributions to deferred compensation plains 10 Depletion 10 Compensation of the form 4562) 11 Expense and maintenance 12 Compensation of the form 4562) 13 Total deductions (attach schedule) 14 Compensation of the form 4562) 15 Salaries and wages 16 Begain and maint													
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	923701	01-27-20 LHA FC	r Pape	rwork Reduction Act Notice	e, see instructions.		<u></u>			ì	11	Form	990-T (2019

Part III	9 Gay Alliance of	the Genesee Valley	Inc.			<u> </u>	106640
• 7	Total Unrelated Business 1						
32 Total	of unrelated business taxable income con	nputed from all unrelated trades or busines	sses (see in	structions)	1	32	-20,
33 Amou	ints paid for disallowed fringes					33	
34 Charit	table contributions (see instructions for lii	mitation rules)				34	_
35 Total	unrelated business taxable income before	e pre-2018 NOLs and specific deduction s	Subtract line 3	4 from the su	m of lines 32 and 33	5 35	-20,
36 Deduc	ction for net operating loss arising in tax y	years beginning before January 1, 2018 (se	ee instructio	ons)	Stmt 4	36	
37 Total	of unrelated business taxable income before	ore specific deduction. Subtract line 36 fro	m line 35		_	Z 37	-20,
38 Specif	fic deduction (Generally \$1,000, but see I	ine 38 instructions for exceptions)			(38	1,
-	· · · ·	line 38 from line 37. If line 38 is greater th	nan line 37,		1:		
	the smaller of zero or line 37					39	-20,
Part IV	Tax Computation						
40 Organ	nizations Taxable as Corporations Multi	ply line 39 by 21% (0.21)			>	40	
41 Trusts	Taxable at Trust Rates See instruction	is for tax computation. Income tax on the a	amount on I	ne 39 from	1:		
	Tax rate schedule or Schedule D	(Form 1041)			>	41	
42 Proxy	tax See instructions				>	42	
43 Altern	ative minimum tax (trusts only)					43	
44 Tax or	n Noncompliant Facility Income See ins	structions				44	
	Add lines 42, 43, and 44 to line 40 or 41					45	
Part V	Tax and Payments						
46a Foreig	in tax credit (corporations attach Form 11	118; trusts attach Form 1116)		46a			
	credits (see instructions)			46b			
c Gener	al business credit. Attach Form 3800			46c			
d Credit	t for prior year minimum tax (attach Form	8801 or 8827)		46d		7	
e Total	credits. Add lines 46a through 46d	,	_			46e	
	act line 46e from line 45					47	
48 Other	taxes. Check if from: Form 4255	Form 8611 Form 8697	Form 8866	otr	16f (attach schedule)	48	
	tax. Add lines 47 and 48 (see instructions					49	
	· · · · · · · · · · · · · · · · · · ·	A or Form 965-B, Part II, column (k), line 3				50	
	ents: A 2018 overpayment credited to 20	• • • • • • • • • • • • • • • • • • • •	1	51a			
-	estimated tax payments		<u> </u>	51b		7	
	eposited with Form 8868		Ī	51c		7	
	n organizations: Tax paid or withheld at s	source (see instructions)	T	51d		7 i	
_	ip withholding (see instructions)	source (see instructions)	<u> </u>	51e		7	
	t for small employer health insurance prer	muums (attach Form 80/1)	<u> </u>	51f		┦	
	credits, adjustments, and payments:	Form 2439	<u> </u>	311		7	
	Form 4136		_ fotal ▶	E 4 -			
		Other I	otal 🚩 📙	51g		ا چ ⊢	
	payments Add lines 51a through 51g	(5 0000 washed >				52	
	ated tax penalty (see instructions). Check				_	53	
	ue. If line 52 is less than the total of lines					54	
-	_	of lines 49, 50, and 53, enter amount over	paio			55	
	the amount of line 55 you want: Credited			7 /	Refunded >	56	
		tain Activities and Other Info					
		the organization have an interest in or a sig					Yes
		her) in a foreign country? If "Yes," the orga					
	N Form 114, Report of Foreign Bank and	Financial Accounts. If "Yes," enter the name	e of the fore	ign country	y		
				<u> </u>			
FinCEI here			of, or transf	eror to, a fo	oreign trust?		<u> </u>
FinCEI here	g the tax year, did the organization receive	e a distribution from, or was it the grantor (
FinCEI here 58 During If "Yes	s," see instructions for other forms the org	ganization may have to file.					
FinCEI here 58 During If "Yes 59 Enter	s," see instructions for other forms the org the amount of tax-exempt interest receive	ganization may have to file. ed or accrued during the tax year > \$					
FinCEI here 58 During If "Yes 59 Enter	s," see instructions for other forms the org the amount of tax-exempt interest receive Under penalties of perjury, I declare that I have ex	ganization may have to file. ed or accrued during the tax year \$ xamined this return, including accompanying sche				owledge and	belief, it is true,
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FinCEI here 58 During If "Yes 59 Enter Sign Here	s," see instructions for other forms the org the amount of tax-exempt interest receive Under penalties of perjury, I declare that I have ex correct, and complete Declaration of preparer (of Signature of officer Print/Type preparer's name	ganization may have to file. ed or accrued during the tax year sxamined this return, including accompanying sche ther than taxpayer) is based on all information of w Odte Preparer's signature	easure	has any kno	Check	May the IRS d the preparer st instructions)?	liscuss this retui
FinCEI here 58 During If "Yes 59 Enter Sign Here	s," see instructions for other forms the org the amount of tax-exempt interest receive Under penalties of perjury, I declare that I have ex- correct, and complete Declaration of preparer (of Signature of officer Print/Type preparer's name Stephanie	ganization may have to file. ed or accrued during the tax year \$\ \sim \\$ xamined this return, including accompanying sche ther than taxpayer) is based on all information of w Tre Oate Preparer's signature Stephanie	easure Date	has any kno	Check self- employed	May the IRS dithe preparer sinstructions)? If PTIN	hown below (se
FinCEI here 58 During If "Yes 59 Enter if Sign Here Paid Preparer	s, see instructions for other forms the organization of tax-exempt interest receive Under penalties of perjury, I declare that I have excorrect, and complete Declaration of preparer (of Signature of officer Print/Type preparer's name Stephanie Annunziata	ganization may have to file. ed or accrued during the tax year xamined this return, including accompanying sche ther than taxpayer) is based on all information of w Tree Title Preparer's signature Stephanie Annunziata	Date	has any kno	Check self- employed	May the IRS d the preparer si instructions)? If PTIN	liscuss this return hown below (see X Yes 019547
FinCEI here 58 During If "Yes 59 Enter Sign Here	the amount of tax-exempt interest receive Under penalties of perjury, I declare that I have excorrect, and complete Declaration of preparer (of Signature of officer Print/Type preparer's name Stephanie Annunziata Firm's name Heveron &	ganization may have to file. ed or accrued during the tax year \$\ \sim \\$ xamined this return, including accompanying sche ther than taxpayer) is based on all information of w Tre Oate Preparer's signature Stephanie	Date	has any kno	Check self- employed	May the IRS d the preparer si instructions)? If PTIN	hown below (se

Schedule A - Cost of Good	s Sold. Enter	method of invei	ntory va	aluation N/A					_
1 Inventory at beginning of year	6	Inventory at end of year		6		_			
2 Purchases	Purchases 2				ubtract l	ine 6			
3 Cost of labor	3		from line 5. Enter here and in Part I,						
4a Additional section 263A costs				line 2	7				
(attach schedule)	4a		8	Do the rules of section	with respect to		Yes No	1	
b Other costs (attach schedule)	4b		╛	property produced or a	l for resale) apply to			٠	
5 Total Add lines 1 through 4b	5			the organization?		 		X	_
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Per	sonal Property	Lease	ed With Real Pro	per	ty) 	_
1 Description of property									
(1)									_
(2)									
(3)									
(4)						,			_
		ed or accrued			_	3(a) Deductions directly	v conn	ected with the income in	
 (a) From personal property (if the per rent for personal property is more 10% but not more than 50% 	than	of rent for	personal	onal property (if the percent) property exceeds 50% or if ed on profit or income)	age			(attach schedule)	
(1)									_
(2)				 					
(3)									_
(4)									
Total	0.	Total			0.				_
(c) Total income Add totals of columns		ter				(b) Total deductions Enter here and on page 1.			
here and on page 1, Part I, line 6, column		<u> </u>			0.	Part I, line 6, column (B)	<u> </u>	0	•
Schedule E - Unrelated Det	ot-Financed	Income (see	instru	ctions)					_
			2	Gross income from	}	 Deductions directly cor to debt-finance 			
1. Description of debt-fir	nanced property		or allocable to debt- financed property		(a) Straight line depreciation (attach schedule)			(b) Other deductions (attach schedule)	_
(1)									_
(2)				- · · · - ·					
(3)									
(4)									_
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property i schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	i
(1)				%					_
(2)				%					
(3)				%					
(4)				%					_
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)	
Totals				•		0		0	
Total dividends-received deductions in	cluded in column	8		•				0	_
					-			F 400 7 (004)	Ť

Comparison of the controlled	Schedule F - Interest, /				Controlled O				(000		
(2) (3) (4) (4) (5) (5) (6) (7) (6) (8) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	1. Name of controlled organizat	ıden	tification					include	ed in the conti	rolling	6 Deductions directly connected with income in column 5
(2) (3) (4) Nonexempt Controlled Organizations 7. Taxable income 8 Not unabled income (oss) (circle restructions) 9. Total of specified payments (1) (2) (3) (4) Add columns 8 and 10 (fine five and on page 1, Pirt.) (ine 8, column (7)) (ine 8, column (8)) 1 Description of noone 2 Amount of income 2 Amount of income (size instructions) 1 Description of noone 2 Amount of income (size instructions) 2 Amount of income (size instructions) 3 Deductions (size instructions) 5 Total descriptions (size instructions) 1 Description of noone 2 Amount of income (size instructions) 2 Amount of income (size instructions) 5 Total descriptions (size instructions) 7 Totals 8 Deductions (size instructions) 1 Description of noone 2 Amount of income (size instructions) 5 Total descriptions (size instructions) 6 Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of noone 1 Description of noone (see instructions) 1 Description of noone 2 Amount of income (see instructions) 5 Causa income (see instructions) 6 Sepanses (see instructions) 1 Description of noone (see instructions) 2 Ones 3 Description of noone (see instructions) 6 Sepanses (solution in its or one in its or	(1)						<u></u>				
Add columns 5 and 10 Enter here and on page 1, Part 1, time 8, column (8)											
Nonexempt Controlled Organizations 7. Taxable Income 8 Net unrelated income foss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the centrolled payments in t											
7. Taxable income 8 Net unestable more loss (see instructions) 9. Total of repetited payments in the controlling organization's gross income Add columns 9 and 10 Enter here and to page 1, Part 1. Enter here and on page 1, Part 1. E	(4)										
(de naturations) (des naturations) (de naturat	Nonexempt Controlled Organia	zations					<u> </u>				
(4) Add columns 5 and 10 Enter here and on page 1, Part I, Inne 8, column (A) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Description of income 2 Amount of income 3 Deductions directly connected (articles schedule) (2) (3) (4) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exemptions of schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2 Cross or unrelated factor of furnished columns and on page 1, Part I, Inne 8, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4 Nel mocree (see) 5 Cross recome from activity that for incurrence (see) 4 Nel mocree (see) 5 Cross recome 6 Expenses attributable to column 5 6 Expenses attributable to column 5 7 Exclos axes 1 Neme of percodical 2 Cross advertising Income (see instructions) 2 Cross advertising Income (see instructions) 5 Cross recome 6 Expenses attributable to column 5 7 Exclos axes 7 Exclos axes 8 Schedule J - Advertising Income 8 Enter here and on page 1, Part I, Inne 9, Column 5 1 Neme of percodical 1 Neme of percodical 1 Neme of percodical 2 Cross advertising advertising advertising costs 3 Direct advertising gain or advertising gain or advertising gain or advertising as advertising and advertising as advertisin	7. Taxable Income			9. Total (ments	in the controlli	ng organ	is included ization's		ductions directly connected i income in column 10
Add columns 5 and 10 Enter here and on page 1, Part 1, line 8, column (A) 1 Description of income 2 Amount of income 2 Amount of income 3 Deductions 1 Description of income 2 Amount of income 2 Amount of income 3 Deductions 4 Set-asides (attach schedule) (attach schedule) (attach schedule) (b) 5 Total deductions 5 Total deductions (c) (1) (2) (3) (4) Enter here and on page 1, Part 1, line 9, column (B) 1 Description of explored burness income longer income long											
Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (A) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Description of income 2 Amount of income 3 Deductions directly connected (attach schedule) (1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (A) Enter here and on page 1, Part I, line 9, column (A) Enter here and on page 1, Part I, line 9, column (A) Enter here and on page 1, Part I, line 9, column (A) Enter here and on page 1, Part I, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4 Net income (ease) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4 Net income (ease) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 5 Gross income 1 Neme of periodical Enter here and on page 1, Part I, line 9, column (A) 1 Neme of periodical 2 Gross expenses column (B) 7 Excess exempts expenses column (B) 1 Neme of periodical 2 Gross exempts expenses column (B) 1 Neme of periodical 2 Gross exempts (Column (B) 7 Excess reader 1 Neme of periodical 2 Gross exempts (Column (B) 7 Excess reader 2 Gross exempts (Column (B) 8 Ored (Column (B) 1 Neme of periodical 2 Gross exempts (Column (B) 1 Neme of periodical 2 Gross exempts (Column (B) 1 Neme of periodical 2 Gross exempts (Column (B) 1 Neme of periodical 2 Gross exempts (Column (B) 3 Dred exempts (Column (B) 4 Advertising (Column (B) 5 Cocustion (B) 6 Expenses attractable to ordinary 8 ordinary 9 Gross exempts (Column (B) 9 Gross exempts (Column (B) 9 Gross exempts (Column (B) 1 Neme of periodical 1 Neme of periodical 2 Gross exempts (Column (B) 1 Neme of periodical 2 Gross exempts (Column (B) 1 Neme of periodical 2 Gross exempts (Column (B) 2 Gross exempts (Column (B) 2 Gr											
Add column 5 and 10 Enter here and on page 1 Part I, less 4, column (A) I Enter here and on page 1 Par											
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Description of income 2 Amount of income 3 Deductions directly connected (altach schedule) (altach schedule	_(4)						Enter here and	on page	1, Part I,	Enter h	ere and on page 1, Part I,
(see instructions) 1 Description of income 2 Amount of income 2 Amount of income 2 Amount of income 3 Deductions directly connected (attach schedule) (attach s						>			0.		0 .
1 Description of income 2 Amount of income 3 Desturbing contended description of section of the contended (attach schedule) (1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (A) Totals Case instructions 2 Gross unrelated business income (see instructions) 4 Net income (ass) for unrelated or business income (see instructions) 5 Gross income (see instructions) 4 Net income (ass) for unrelated rade or business (actumn 2 and activity) and introduced or column 3 and activity a			Section	n 501(c)(7), (9), or	(17) Or	ganization				
(1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 2. Gross archeolated activity 2. Gross income from activity that a not unrelated trade or business income 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 3. Exponses developed from activity that ground in an unrelated trade or business income 1. Description of exploited Exempt Activity Income, or for unrelated business income 1. Description of exploited Exempt Activity Income, or for unrelated business income 1. Description of exploited Exempt Activity Income, or for unrelated business income 2. Gross income from activity that ground in an unrelated trade or business income 3. Exponses (column 2) 4. Not income from activity that ground in an unrelated trade or business income 5. Gross income from activity that ground in an unrelated business income 6. Exponses activity and provided activity in an unrelated trade or business income 1. Name of periodical 2. Gross activity in a service activity in an unrelated trade or business income 2. Gross activity in an unrelated trade or business income 2. Gross income from trade or business income 3. Direct activity in an unrelated trade or business income 2. Gross income from activity that ground in an unrelated trade or business income 3. Description or income 4. Activity in the income from activity that ground in an unrelated trade or business income					2 Amount of	ıncome	directly conne	cted			5 Total deductions and set-asides (col 3 plus col 4)
(2) (3) (4) Enter here and on page 1, Part I, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Gross uncerted activity unrelated business income from trade or business income from depth (but not more it obtains a formation of the page 1, Part I, line 10, cot (A) (3) (4) Enter here and on page 1, Part I, line 10, cot (B) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising and advertising gain or (sign) and page 1, Part I, line 2, Gast advertising costs advertising costs of 1 a gain, compute costs 5 through 7 Enter here and on page 1, Part I, line 2, Gast advertising gain or (sign) and (a) 4 Advertising gain or (sign) and (a) 1 Name of periodical 2 Gross advertising costs advertising gain or (sign) and (cost) and (c	(1)						,				(== 3 p.== 4)
(3) (4) Enter here and on page 1, Part I, line 9, colum (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Gross unrelated business income from trade or business income frade or business income frade or business income frade or business income frade or business income from trade or business income from general form activity that is not unrelated business income from activity that is not unrelated business income from page 1, Part I, line 10, col (A) (1) (2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) D. Schedule J - Advertising Income (see instructions) Part I I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising costs advertising costs advertising costs advertising costs of strough 7 Enter here and on page 1, Part I, line 2: A divertising gain or (9) (9) (2) (2) (3) (3) (4) (4) (4) (5) (4) (5) (6) (7) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7											
Enter here and on page 1, Part 1, line 9, column (A)											
Totals Part I, line 9, column (A) Concess (see instructions) 1. Description of exploited activity Income (see instructions) 2. Gross income (see instructions) 1. Description of exploited activity Income (see instructions) 4. Net income (loss) from unrelated trade or business (column 2 gain, compute cols 5 through 7 thr	(4)										
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income 1. Description of exploited activity 2. Gross uncertain business directly connected with production of unrelated trade or business income from activity that is and unrelated from activity that is											Enter here and on page of Part I, line 9, column (B)
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income 1. Description of exploited activity 2. Gross uncertain business directly connected with production of unrelated trade or business income from activity that is and unrelated from activity that is	Totals			•		0.					0.
1. Description of exploited activity unrelated business income from trade or business income from trade or business income from trade or business income of trade or business income from trade or business income of trade or business income or bus	Schedule I - Exploited	-	ty Incor	ne, Other	Than Ad		ng Income	•			
(2) (3) (4) Enter here and on page 1, Part 1, line 10, col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising income 3 Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3)	1. Description of	2. Gross unrelated business income from	directly with p of u	y connected production inrelated	from unrelated business (co minus colum gain, computi	I trade or olumn 2 n 3) If a e cols 5	from activity t is not unrelat	hat ed	attributa	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(2) (3) (4) Enter here and on page 1, Part 1, line 10, col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising income (see instructions) (1) (2) (3)	(1)		1								
(3) (4) Enter here and on page 1, Part 1, line 10, col (B) Totals O. Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising income 3 Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3)	(2)										
Enter here and on page 1, Part 1, line 10, col (A) Totals O. Col (B) Enter here and on page 1, Part 1, line 10, col (B) Col (B) Enter here and on page 1, Part 1, line 2: O. Col (B) O. Co	(3)				-						
Totals Dage 1, Part I, line 10, col (A) page 1, Part I, line 10, col (B)	(4)	·									
Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising income Incom		page 1, Part I, line 10, col (A)	page line 1	e 1, Parti, 0, col (B)							Part II, line 25
Part I Income From Periodicals Reported on a Consolidated Basis 2 Gross advertising income 3 Direct advertising costs 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute col 5 through 7 (1) (2) (3)									_		1 0.
1 Name of periodical advertising advertising costs advertising cos					solidated	Basis					
(1) (2) (3)	1. Name of periodical				or (loss) (co	ol 2 minus		ion			7 Excess readership costs (column 6 minus
(2) (3)	<u></u>		ac	ernsing costs			income		cost	•	than column 4)
(3)				_	4						
					\dashv		_		_		
(4)					-{						
	(4)										
Totals (carry to Part II, line (5)) ▶ 0. 0.	Totals (carry to Part II, line (5))	•	0.	0							0 . Form 990-T (2019

Form 990-T (2019) Gay Alliance of the Genesee Valley, Inc. 16-1066400

Form 990-T (2019) Gay Alliance of the Genesee Valley, Inc. 16-10664

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) Empty Closet		31,127.	38,021.	-6,894.			
(2)							
(3)							
(4)							
Totals from Part I	•	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	•	31,127.	38,021.	<i>.</i> .	•		0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2019)

								
Form 990-T		Statement	1					
Business Activity								

Advertising income derived from the distribution of the Organization's Publication.

To Form 99	0-T, Page 1					
Form 990-T		Other D	educti	ons	Statement	2
Description	n				Amount	
Other Indi:	- rect Costs				13,1	18.
Total to F	orm 990-T, Page 1,	line 27			13,1	18.
Form 990-T	Net	Operating :	Loss D	eduction	Statement	3
Tax Year	Loss Sustained	Loss Previous Applied		Loss Remaining	Available This Year	
12/31/18	21,547.		0.	21,547.	21,54	7.
NOL Carryo	ver Available This	Year		21,547.	21,54	7 .
Form 990-T	Net	Operating 1	Loss D	eduction	Statement	4
Tax Year	Loss Sustained	Loss Previous Applied	_	Loss Remaining	Available This Year	
12/31/07 12/31/08 12/31/09 12/31/10 12/31/11 12/31/12 12/31/13 12/31/14 12/31/15 12/31/16 12/31/17	6,066. 12,700. 12,673. 15,591. 16,706. 19,660. 8,205. 12,154. 9,743. 12,838. 13,913.		0. 0. 0. 0. 0. 0.	6,066. 12,700. 12,673. 15,591. 16,706. 19,660. 8,205. 12,154. 9,743. 12,838. 13,913.	19,666 8,209 12,154 9,743 12,836 13,913	5. 4. 3. 8.
NOL Carryo	ver Available This	Year		140,249.	76,51	3.