(Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
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/Form990 for instructions and the latest information.

OMB No. 1545-0047 2019 Open to Public Inspection

A	For th	ne 2019 calendar year, or tax year beginning , and ending							
В	Check if a	applicable: C Name of organization Affirmations Lesbian and Gay		D Employe	r identification number				
Ш	Address	The state of the s							
	Name cha	ange Doing business as			882823				
П	Initial retu	Number and street (or P.O. box if mail is not delivered to street address) 290 W. Nine Mile Road	Room/suite	E Telephor	398-7105				
H	Final retu		1	240-	390-1103				
Ц	terminate				640 065				
	Amended			G Gross rec	eipts\$ 648,865				
П	Application	on pending David Garcia	H(a) Is this a gr	oup return for s	subordinates? Yes X No				
		David Galcia	H(b) Are all sul	ordinates inc	luded? Yes No				
					(see instructions)				
-	Tay ava	mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	_		1				
÷	Website								
_			Year of formation: 1		M State of legal domicile: MI				
	Part I	Summary	rear or formation: 1	303	M State of legal domicile: MI				
-	1	Briefly describe the organization's mission or most significant activities:							
ø	• •	Provide support in the development of a positive se	lf-image v	rithin	~~···				
auc		lesbian, bisexual, and transgender people and the o	ommunity	,	944/				
Ĕ	1		Ommuna cy e	.s. a. m.	1016.				
Activities & Governance	2	Check this box ▶ if the organization discontinued its operations or disposed of more that	n 25% of its not						
9				1	15				
S	4 1	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			15				
¥	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	9				
ŧ	6 -			1 - 1	240				
4		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0				
	bi	Net unrelated business taxable income from Form 990-T, line 39		7b	0				
-		Not different business taxable income from Form 550-1, line 55	Prior Yea		Current Year				
9	8 (Contributions and grants (Part VIII, line 1h)		5,417	469,372				
Revenue	9 1	Program service revenue (Part VIII, line 2g)		5,167	12,583				
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,258	3,497				
œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,636	84,989				
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,478	570,441				
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0				
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0				
S	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 29,161	496	5,261	265,706				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0				
å	b d	Total fundraising expenses (Part IX, column (D), line 25) ▶ 29,161							
Ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	302	2,041	241,689				
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		3,302	507,395				
	19 F	Revenue less expenses. Subtract line 18 from line 12	-225	5,824	63,046				
SOF	2		Beginning of Cur		End of Year				
Net Assets or	20	Total assets (Part X, line 16)	2,750		2,835,709				
A	21	Total liabilities (Part X, line 26)		7,525	104,224				
		Net assets or fund balances. Subtract line 21 from line 20	2,618	3,658	2,731,485				
	art II								
U	nder pe	nalties of perjury, I declare that I have examined this return, including accompanying schedules and s	tatements, and to t	he best of n	ny knowledge and belief, it is				
	ue, com	ect, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any know	rledge.					
٠.		N. San Alan San Alan San San San San San San San San San S							
Sig		Signature of officer		Date					
He	re		<u>utive</u> Di	recto	r				
10		Type or print name and title							
Dai		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN				
Pai		May Kue May Kue	02/21	/20 self-em					
	parer	Firm's name Davison & Associates, C.P.A.		irm's EIN 🕨	38-3212773				
US	e Only	Deater Mode, built 54)						
-		Firm's address > Troy, MI 48084		hone no.	248-643-0026				
		RS discuss this return with the preparer shown above? (see instructions)	*****						
For DAA	Paperv	work Reduction Act Notice, see the separate instructions.			Form 990 (2019)				

mm 990 (2019) Affirmations	Lesbian and Gay	38-2882823	Page
	m Service Accomplishments contains a response or note to any	ine in this Part III	X
Briefly describe the organization's mis		mo m uno r arem	
Provide support in t	the development of a p	ositive self-image wi	Lthin gay,
lesbian, bisexual, a	and transgender people	and the community as	s a whole.
*		*************************************	
Did the organization undertake any sign	gnificant program services during the year w	hich were not listed on the	
	5		Yes X No
If "Yes," describe these new services	on Schedule O.		
	g, or make significant changes in how it cond	lucts, any program	
services?			Yes X No
If "Yes," describe these changes on S			
Describe the organization's program s	service accomplishments for each of its three	largest program services, as measured by	<i>'</i>
expenses. Section 501(c)(3) and 501((c)(4) organizations are required to report the	amount of grants and allocations to others	3,
the total expenses, and revenue, if an	y, for each program service reported.		
a (Code: \() (Eypenses \$	383,160 including grants of\$	\ (Revenue \$	
caa cabadula o			
•			
·			
72.		\ D	
	including grants of\$) (Revenue \$	
N/A			
*			
÷			

* *************************************	**********************		
//			
* *************************************			
*			
(Code:) (Expenses \$	including grants of\$) (Revenue \$	
I/A			
* *************************************			
Y	,		
Other program services (Describe on	Schedule (C.)		
(Expenses \$	including grants of\$) (Revenue \$	1
	383,160	/ (Notelline w	
le Total program service expenses ▶	303,100		Form 990 (201

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	\vdash
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	^	-
J	candidates for public office? If "Yes," complete Schedule C, Part I			v
4	1 *** *** *** *** *** *** *** *** *** *	3	-	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	0/24		
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			223
5757	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	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? If			
	"Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	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 regetiation convices? If "Vee " complete School de D. Det IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9	-	
10	or in quari andowmente? If "Ves " complete Schedule D. Red V.	40		v
44	***************************************	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		555	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			4.000
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	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? If "Yes," complete Schedule D, Part VIII	11c		Х
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? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
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)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	120	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		
D		40.		v
12	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
14-	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	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			122
COMMIT	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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? If "Yes," complete Schedule F, Parts II and IV	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? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule G, Part I (see instructions)	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? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
10.000000	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			
21		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule 1, Parts I and II	21	000	X
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_Pa	art IV Checklist of Required Schedules (continued)			
00	Did the accomination around wave they \$5,000 of grants or other applicance to be for democial individuals on		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? If "Yes," complete Schedule I, Parts I and III	22		х
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
		23		х
04-	employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		7	
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a		х
	through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	<u>240</u>		
С	to defense anything exempt hands?	24c		
	to defease any tax-exempt bonds?		7	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a		250		x
2000	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	0.51		v
	If "Yes," complete Schedule L, Part I	25b		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%	The State of the S		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key		P10	
	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			1442024
	persons? If "Yes," complete Schedule L, Part III	27	2	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	S-35-5000-100		
	IV instructions, for applicable filing thresholds, conditions, and exceptions):	100		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			di.
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			Carrie
	"Yes," complete Schedule L, Part IV	28c	3 = 1	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			W
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-	consolida Cabadida N. Bad II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			-
33		33		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
34		34		х
250	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
b		35b		
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			4
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	36		х
	related organization? If "Yes," complete Schedule R, Part V, line 2			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Λ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		v	
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	art 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			
	(lal ' i =		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	X25.54		
	reportable gaming (gambling) winnings to prize winners?		X	
DAA		For	n 990	(2019

_Pa	art 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 9	-	٠.	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			122
b	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	_	X
4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		_
→ a	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)?			
b	If "Yes," enter the name of the foreign country	4a		X
~	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 tay shalter transaction at any time during the tay year?			v
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		X
c	If "Ves" to line 5a or 5b, did the organization file Form 8886 T2	5b		_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c	_	
- Cu	organization solicit any contributions that were not tay deductible as charitable contributions?	6-		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		^
•	gifts were not toy deductible?	e.		
7	Organizations that may receive deductible contributions under section 170(c).	6b	-	-
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
•		7-	х	
b	If "Yes " did the organization notify the densy of the value of the goods as particle associated as	7a	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
-	required to file Form 8282?	7.		v
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization during the year new promitions dispaths as indirectly on a personal banefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		^
	and the control of th	8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	l °		
а	Did the energying organization make any tayable distributions under casting 40000	9a		
b	Did the engagaring organization make a distribution to a dense dense dense advises as related assess	9b		
10	Section 501(c)(7) organizations. Enter:	30		
а	Initiation force and genital contributions included as Dest VIII. Ites 40			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1 1		
11	Section 501(c)(12) organizations. Enter:	1 1		
а	Gross income from members or charabelders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them)			
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	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	100		
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			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
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 personute payment(a) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.	,,,		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.	10		
	the state of the s			

Ec-	n 990 (2019) Affirmations Lesbian and Gay 38-2882823		Р	age 6
_	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and fo		_
ГС	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction A. Governing Body and Management		es avece.	
-			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			v
9220	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		х
	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5		6		X
6 72	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		
7a	one or more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		inde	
~	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	ng:		
а	The governing body?	8a	X	10.0
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			J. T. Servate
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	de.)	
			Yes	-
10a	The state of the s	10a	100	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	401		
0.000	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
540.0	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	^	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy?!f "Yes,"	120		
C		12c		x
13	describe in Schedule O how this was done Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			Ti T
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	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			000
	with a taxable entity during the year?	16a		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		_
	tion C. Disclosure	_		
17	List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)			
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X 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			
7.5	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▶			
D	avid Garcia 290 W. Nine Mile Road	D 606		112725

MI 48220

Ferndale

Form 990 (2019) Affirmations Lesbian and Gav

38-2882823

Page 7

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 org	ganization nor a	ny re	late	d org	gani	zation o	ompensated any current of	ficer, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for	offi	c, unle cer a	Pos check ess pe nd a d	erson lirecto	than one	from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		,	related organizations
(1)David Garcia	40.00								11,000
Executive Director	0.00	Х		Х	_	\vdash	74,989	0	0
(2) Nancy Cummins	5.00								
Treasurer	0.00	x		х			0	o	0
(3) Cheryl Czach	5.00							Ŭ	U
President	0.00	x		х			0	o	0
(4) Syeda Davidson	0.00	**		-				0	
Director	2.00								
(5)Angela Gabridge	0.00	х					0	0	0
(3)Angera Gabridge	2.00								
Director	0.00	x					0	0	0
(6)Donnie Johnson									
Director	2.00	x					0	o	0
(7) Paula Kirsch				200					
	2.00								
Director	0.00	Х					0	0	0
(8) Tim Lantzy									
Director	2.00	x					0	o	0
(9) Katherine Loren		1					-	0	<u> </u>
0.489235.5000000000000	2.00								
Director	0.00	X					0	0	0
(10) Phil Nardone									
RETURNS	2.00	.,							_
Director (11)Karl De Nazaret	0.00	Х					0	0	0
(II)NALL DE NAZAFEL	2.00								
Director	0.00	х					0	ol	0
2.		_		_	_				

(A) Name and title		(B) Average hours per week (list any	bo:	x, unle	Pos check ess pe	erson	than is boti or/trus	h an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	cor	of oth mpens from t	amount ner sation the	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)			ion and anization	
(12 Di:	2) Gregory Rice	2.00	x						0	0				0
(13	3) Anthony Sher		x		x				0	0				0
(14 Di	4) John Stanasz		x						0	0		u :		0
	5) Cass Varner rector	2.00	x						0	0				0
													TE.	n r
											Sec.		, in	
										140 140 - 1 11	19 14		T (
1b c d	Total from continuation sh Total (add lines 1b and 1c)	eets to Part VII	l, Se	ctio	n A		• • •	A A	74,989 74,989	III III			- 1	W.
2	Total number of individuals (i reportable compensation from	n the organization	on ▶	0						L no r	Г		Yes	No
4	Did the organization list any f employee on line 1a? If "Yes, For any individual listed on lin organization and related organization	" complete School ne 1a, is the sur anizations greate	e <i>dule</i> n of i er tha	e J for report an \$1	or su rtabl 150,	ch ii e co 000'	ndivion mpe ? If "Y	dual _. nsati 'es,"	on and other compensation complete Schedule J for so	n from the		3		x
5	individual Did any person listed on line for services rendered to the o	1a receive or ac organization? If '	ccrue	con	nper	ısatı	on tr	om a	ny unrelated organization (or individual	27.002	5		x
1	Complete this table for your f compensation from the organ	ive highest com	pens com	atec	ind atio	epei n for	nden the	t con	ndar year ending with or wi	e than \$100,000 of thin the organization's tax (B) on of services	k year.		(C) ompensa	
	Name and	d biusîness address							Description	on of services	11	Co	mpensa	ation
_										<u> </u>				
2	Total number of independent	contractors (inc	ludir	ng bi	ut no	t lim	ited :	to the	ose listed above) who	la f				1
-	received more than \$100,000								i.	0		Core	. 990	12040

Form 990 (2019) Affirmations Lesbian and Gay 38-2882823 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (B) Related or exempt function revenue (C) Unrelated (D) Revenue excluded from tax under sections 512-514 business revenue 1a Federated campaigns b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 469,372 1f 18,388 Q Noncash contributions included in lines 1a-1f 1g \$ h Total. Add lines 1a-1f 469,372 Business Cod Program Service Revenue 2a Class Fees 12,583 12,583 f All other program service revenue g Total. Add lines 2a-2f. 12,583 Investment income (including dividends, interest, and other similar amounts) 3,497 3,497 Income from investment of tax-exempt bond proceeds Royalties (ii) Personal 6a Gross rents 6a 10,237 b Less: rental expenses 10,237 6c C Rental inc. or (loss) d Net rental income or (loss) 10,237 10,237 7a Gross amount from (i) Securities (ii) Other sales of assets 7a other than inventory b Less: cost or other 7b basis and sales exps. c Gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 153,176 8a **b** Less: direct expenses 78,424 8b c Net income or (loss) from fundraising events 74,752 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10a 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 **Business Code** d All other revenue e Total. Add lines 11a-11d \blacktriangleright 570,441 0 0 26,317

Statement of Functional Expenses Part IX

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 (B) Program service expenses (C) Management and (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 20,245 7,446 trustees, and key employees 74,989 47,298 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 156,660 98,809 42,295 15,556 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 8,814 3,773 1,387 13,974 Other employee benefits 5,422 1,994 20,083 12,667 Payroll taxes 10 Fees for services (nonemployees): 185 111 15,894 15,598 a Management b Legal 16,064 20,230 4,166 Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees q Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 3,131 3,131 Advertising and promotion 12 151 91 14,927 14,685 13 Office expenses 4,379 114 68 4,561 Information technology 14 15 Royalties 24,070 627 376 25,073 16 Occupancy 5,558 5,002 556 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 4,971 427 5,398 Conferences, conventions, and meetings 19 Payments to affiliates 21 88,101 2,294 1,377 91.772 Depreciation, depletion, and amortization 22 22,623 21,718 566 339 23 Insurance 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.) 17,740 443 17,031 266 Maintenance & Repairs 9,270 9,270 General Program Costs 1,845 1,845 3,690 Merch/Bank Service Fees Contributions 1,000 1,000 150 605 67 e All other expenses 822 95,074 29,161 507,395 383,160 25 Total functional expenses. Add lines 1 through 24e . 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) Form 990 (2019)

Part X	Balance Sheet
raitA	Dalance Sheet

				(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing			83,979	1	225,247
2	Savings and temporary cash investments		136,345	2	133,563	
3	Pledges and grants receivable, net		8,750	3	5,595	
4	Accounts receivable, net			4	***************************************	
5	Loans and other receivables from any current or fo					
	trustee, key employee, creator or founder, substan	r, or 35%				
	controlled entity or family member of any of these		5			
6	Loans and other receivables from other disqualified	defined				
	under section 4958(f)(1)), and persons described in	B(c)(3)(B)		6		
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			10,206	9	7,592
10	a Land, buildings, and equipment: cost or other		SEE CONTROL CONTROL	37		
	basis. Complete Part VI of Schedule D	. 10a	3,835,714	SONOTO STANDARDO AND SONO SONO		
b	Less: accumulated depreciation	10b	1,482,682	2,425,036	10c	2,353,032 70,222
11	Investments—publicly traded securities			56,086	11	70,222
12	Investments—other securities. See Part IV, line 11		ON THE PROPERTY OF THE PROPERT		12	
13	Investments—program-related. See Part IV, line 11			13		
14	Intangible assets			14		
15	Other assets. See Part IV, line 11	35,781	15	40,458		
16	Total assets. Add lines 1 through 15 (must equal I	ne 33)		2,756,183	16	2,835,709
17	Accounts payable and accrued expenses	62,525	17	29,224		
18	Grants payable		18			
19	Deferred revenue			19		
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Par	IV of Schedu	ıle D		21	
22	Loans and other payables to any current or former		100			
	trustee, key employee, creator or founder, substant			1 2 1		
	controlled entity or family member of any of these p	ersons	,		22	
23	Secured mortgages and notes payable to unrelated	third parties			23	
24	Unsecured notes and loans payable to unrelated the	ird parties			24	
25	Other liabilities (including federal income tax, payat					
	parties, and other liabilities not included on lines 17			75 000		75 000
26	of Schedule D		*******	75,000		75,000
20	Total liabilities. Add lines 17 through 25			137,525	26	104,224
	Organizations that follow FASB ASC 958, checand complete lines 27, 28, 32, and 33.	(nere A				
27				2 420 020	0.7	2 560 022
28	Net assets without donor restrictions Net assets with donor restrictions			2,439,930 178,728	27	2,568,022
20	Organizations that do not follow FASB ASC 95	<u></u>	1/0,/20	28	163,463	
	and complete lines 29 through 33.	, check nere	*F			
29	Capital stock or trust principal, or current funds			20		
30	Paid-in or capital surplus, or land, building, or equip			29		
00	Poteined comings and assess to accomplete the	ne or other f	unde		30	
31				I	200	
31 32	Retained earnings, endowment, accumulated incommon Total net assets or fund balances	ie, or other it		2,618,658	32	2,731,485

Form 990 (2019)

Forn	n 990 (2019) Affirmations Lesbian and Gay 38-2882823			Pa	ge 12
Pa	art 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			441
2	Total expenses (must equal Part IX, column (A), line 25)	2			395
3	Revenue less expenses. Subtract line 2 from line 1	3			046
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,6		
5	Net unrealized gains (losses) on investments	5			<u>639</u>
6	Donated services and use of facilities	6		39,	142
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2,7	31,	485
Pa	art 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: Cash X Accrual Other				mili
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				A
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Sort S	X
	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:		- 1	- 1	14.5
	Separate basis Consolidated basis Both consolidated and separate basis		See Miles	- 11	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	, L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		A.1.6	EU =	117
	separate basis, consolidated basis, or both:			1.6	
	X Separate basis Consolidated basis Both consolidated and separate basis		(1)		34
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		- 1	25.0	
7	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.			-	-
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 OMR Circular A-1332		3a		Х
Ь	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		Зь		
				m 990	(2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

QUIS
Open to Public
Inspection

OMB No. 1545-0047

Name of the organization

Affirmations Lesbian and Gay Community Center

Employer identification number 38-2882823

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described insection 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E)

10%-facts-and-circumstances test—2018. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

instructions Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

m 990 or 990-EZ) 2019 Affirmations Lesbian and Gay Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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.)

Sec	ction A. Public Support	y quanty artaor	the tests listee	below, please	e complete i a	11.11.)	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0)	(4) 25 15	(0) 2010	(i) Total
	received. (Do not include any "unusual grants.")	691,404	510,531	745,865	386,417	469,372	2,803,589
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	139,114	101,635	220,887	201,007	153,176	815,819
3	Gross receipts from activities that are not an unrelated trade or business under section 513	28,809	16,414	41,593	35,167	12,583	134,566
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	859,327	628,580	1,008,345	622,591	635,131	3,753,974
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	530,923	221,630	120,443	105,461	30,000	1,008,457
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		1 1			=	37 13
С	Add lines 7a and 7b	530,923	221,630	120,443	105,461	30,000	1,008,457
8	Public support. (Subtract line 7c from line 6.)						2,745,517
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	859,327	628,580	1,008,345	622,591	635,131	3,753,974
10a	payments received on securities loans, rents, royalties, and income from similar sources .	21,873	12,377	14,869	14,087	13,734	76,940
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	21,873	12,377	14,869	14,087	13,734	76,940
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.)	881,200	640,957	1,023,214	636,678	648,865	3,830,914
14	First five years. If the Form 990 is for the organization, check this box and stop her			(A) 1950)		01(c)(3)	▶ □
Sec	tion C. Computation of Public S	upport Percei	ntage				
15	Public support percentage for 2019 (line 8	3, column (f), divide	ed by line 13, colur	mn (f))	distance energy	15	71.67%
16	Public support percentage from 2018 Sch	edule A, Part III, Iir	ne 15,		· · · · · · · · · · · · · · · · · · ·	16	63.48%
Sec	tion D. Computation of Investm	ent Income Pe	ercentage				
17	Investment income percentage for 2019 (line 10c, column (f)	, divided by line 1	3, column (f))		17	2 %
18	Investment income percentage from 2018	Schedule A, Part	III, line 17			18	2 %
19a	33 1/3% support tests—2019. If the orga		neck the box on lin	e 14, and line 15	is more than 33 1/	3%, and line	process of the same of the sam
b	17 is not more than 33 1/3%, check this b 33 1/3% support tests—2018. If the orga						> X
100	line 18 is not more than 33 1/3%, check the						N
20	Private foundation. If the organization di						

Part IV Supporting Ord

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

	ion A. All Supporting Organizations	10	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	10500		
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	3a		
5400	(b) and (c) below.	Ja		
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)? If "Yes," describe in Part VI when and how the	3ь		
10.000	organization made the determination.	30	-	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	3с	har f	
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	30		
4a	Was any supported organization not organized in the United States ("foreign supported organization")?//	4a		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	-+a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? 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.	4b		
12	Did the organization support any foreign supported organization that does not have an IRS determination	46		
C	under sections 501(c)(3) and 509(a)(1) or (2)? 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)			- 11
	purposes.	4c	+ =	110
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		Time	
Ja	answer (b) and (c) 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already		That is	-
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	Ti coltain		
	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		Town	
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			4
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			- 6
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		V T	
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	1 1 1		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which		m.	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	-		
02:01	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	-	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	[- 1]		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	40-		
3- 2 -12	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10b		
	determine whether the organization had excess business holdings.)	100		

	ule A (Form 990 or 990-EZ) 2019 Affirmations Lesbian and Gay 38-28828 rt IV Supporting Organizations (continued)	23		Page 5
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1 /		
	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 directors or trustees were allocated among the supported			l
	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		
Sect	ion 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	1 1		
	or management of the supporting organization was vested in the same persons that controlled or managed	1 1		
	the supported organization(s).	1		
Sect	ion 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	1 1		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1 1		
	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	1 1		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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	1 1		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1 1		
	supported organizations played in this regard.	3		
Secti	ion 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 instruction	ns).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ruction	s).	
		The state of the s		
2 A	Activities Test. Answer (a) and (b) below.		Yes	No
а	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	1 1		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1 1		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) 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 (a) and (b) below.			-
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- Ju		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019 Affirmations Lesbian and		38-2882	2823 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	22/12		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust			
instructions. All other Type III non-functionally integrated supporting organization	ns must con	nplete Sections A through	ηh E.
Section A - Adjusted Net Income	111	(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	landala da	
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			out Tree is not,
maintenance of property held for production of income (see instructions)	6	DW T T STEW	marantisi.
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)
Aggregate fair market value of all non-exempt-use assets (see		The Later	1-111 The FL
instructions for short tax year or assets held for part of year):	-0 V3		
a Average monthly value of securities	1a	وورسال برياء أو برايع	
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	and the self-us in a	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			<u> </u>
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 1-1/2% of line 3 (for greater amount,		200 7. 10	E-CI TUT
see instructions).	4		La Transport
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		de safringerin
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 85% of line 1.	2	e 1	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	was in the	
4 Enter greater of line 2 or line 3.	4	eldi dellake 🖦	
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 Check here if the current year is the organization's first as a non-functionally integral	prated Type	III supporting organizati	on (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Sched Par	ule A (Form 990 or 990-EZ) 2019 Affirmations Les t V Type III Non-Functionally Integrated 509(a)(bian and Gay (3) Supporting Organ	38-2882	823 Page 7
Sec	tion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	Irposes		
2	Amounts paid to perform activity that directly furthers exempt purpo			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the orga	nization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			· · · · · · · · · · · · · · · · · · ·
	(reasonable cause required-explain in Part VI). See		1	
3	instructions.			
_	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			<u> </u>
	From 2017			
	F 0010			
9891	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
÷	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
10.00	Section D, line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
7007	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
20	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Fo	orm 990 or 990-EZ) 2019 Supplemental In	Affirmation formation. Provide	ns Lesbia the explanati	an and Gay ons required by	y Part II, line 1	8-2882823 0; Part II, line 17a o	Page 8 r 17b; Parl
	III, line 12; Part I\ B, lines 1 and 2; I 3a, and 3b; Part \	/, Section A, lines 1 Part IV. Section C. l	, 2, 3b, 3c, 4b ine 1; Part IV, ction B, line 1	o, 4c, 5a, 6, 9a, Section D, line e; Part V, Secti	9b, 9c, 11a, 1 es 2 and 3; Pa on D, lines 5,	1b, and 11c; Part IV rt IV, Section E, line 6, and 8; and Part V	′, Section s 1c, 2a, 2
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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 Open to Public

Inspection

Name of the organization Employer identification number Affirmations Lesbian and Gay Community Center 38-2882823 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 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 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? 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?. Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 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 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 \$ Assets included in Form 990, Part X ...

Sche	dule D (Form 990) 2019 Affirma	tions Lesb	ian and Ga		8-2882823	Page 2
Pa	rt III Organizations Maintai	ning Collections	of Art, Historic	al Treasures,		
3	Using the organization's acquisition, accollection items (check all that apply):	cession, and other rec	ords, check any of th	e following that ma	ake significant use o	of its
а	Public exhibition	d	Loan or exchange	program		
b	Scholarly research	e	Other			
С	Preservation for future generations			****************		
	Provide a description of the organization XIII.	n's collections and exp	plain how they further	the organization's	exempt purpose in	Part
	During the year, did the organization so	licit or receive donatio	ns of art, historical tr	easures, or other s	imilar	
	assets to be sold to raise funds rather th					Yes No
	rt IV Escrow and Custodial					u la la une un
	Complete if the organiza	ation answered "\	es" on Form 99	0, Part IV, line	9, or reported a	n amount on Form
	Is the organization an agent, trustee, cu	stodian or other interr				Yes No
	If "Yes," explain the arrangement in Par					MOMANIA
					III VIII	Amount
C	Beginning balance				1c	
	Additions during the year					la chamble III.
	Distributions during the year					
	Ending balance					
2a	Did the organization include an amount	on Form 990, Part X,	line 21, for escrow o	custodial account	t liability?	Yes No
b	If "Yes," explain the arrangement in Par	t XIII. Check here if th	e explanation has be	en provided on Pa	rt XIII	
	rt V Endowment Funds.	1200				
	Complete if the organiza	ation answered "\	es" on Form 990	0, Part IV, line	10.	
	Contract whether the terms of the contract of	(a) Current year	(b) Prior year	(c) Two years b	ack (d) Three yea	rs back (e) Four years back
1a	Beginning of year balance				Manager 17 All	
	Contributions				es a control and the	
C	Net investment earnings, gains, and losses		y. Lipeac A		THE STATE OF THE	minged to 8 mm _ T
	Grants or scholarships					
е	Other expenditures for facilities and programs	dik Amora a	name - ame		N-12/11	to produce allegations of
	Administrative expenses		The second second			بالوافيا بالرابا
	End of year balance					
	Provide the estimated percentage of the	current year end bala	ance (line 1g, column	(a)) held as:		and the state of
	Board designated or quasi-endowment					
		%				
C	Term endowment ▶ %					
	The percentages on lines 2a, 2b, and 2c	should equal 100%.				
	Are there endowment funds not in the p		nization that are held	and administered	for the	
	organization by:					Yes No
						3a(i)
	(II) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					20(ii)
	If "Yes" on line 3a(ii), are the related org					
	Describe in Part XIII the intended uses	of the organization's e				Annual Co. C. Hilley
Pai	rt VI Land, Buildings, and E Complete if the organization	Equipment. ation answered "\	es" on Form 99), Part IV, line	11a. See Form	990, Part X, line 10.
	Description of property	(a) Cost or other		or other basis	(c) Accumulated	(d) Book value
		(investmen	nt) (other)	depreciation	
1a	Land			95,700		95,700
	Buildings		3,	740,014	1,482,68	2 2,257,332
	Leasehold improvements					
	Equipment	(0)*(0)				
	Other					
	. Add lines 1a through 1e. (Column (d) n		Part X, column (B), li	ne 10c.)		2,353,032

(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.

DAA

Schedule D (Form 990) 2019

Sche	edule D (Form 990) 2019 Affirmations Lesbian and Gay		38-288282		Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial States			Return	
	Complete if the organization answered "Yes" on Form 990,	Part IV, I	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	620,222
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	8 H2			
а	Net unrealized gains (losses) on investments	2a	10,639 39,142		
b	Donated services and use of facilities	2b	39,142		
С	Recoveries of prior year grants	2c			
d		2d			
е	Add lines 2a through 2d			2e	49,781
3	Subtract line 2e from line 1			3	570,441
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	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	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	570,441
Pa	art XII Reconciliation of Expenses per Audited Financial State	ements W	ith Expenses p	er Retu	rn.
	Complete if the organization answered "Yes" on Form 990,	, Part IV, I	ine 12a.		
1	Total expenses and losses per audited financial statements			1	507,395
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	E E			
а	Donated services and use of facilities	2a			
b		2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	507,395
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	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	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	507,395
Pa	art XIII Supplemental Information.				
Provi	ide 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, li	ne
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	e any additio	onal information.		
12/11/27/27/27					
• • • • • • • • • • • • • • • • • • • •					
• • • • • • • • • • • • • • • • • • • •					

Schedule D	(Form 990) 2019	Affirmat ental Information	ions Le	sbian a	and Gay		38-2882823	Page 5
Part XIII	Suppleme	ental Information	on (continue	ed)				
					• • • • • • • • • • • • • • • • • • • •		****************	
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Affirmations Le Community Cente	r			Employer Identifica 38-28828	23
Part I Fundraising Activities. Comp Form 990-EZ filers are not req	lete if the organiz	ation ans this part.	swered "Yes" on Fo	orm 990, Part IV,	line 17.
1 Indicate whether the organization raised funds the				<i>.</i>	
a Mail solicitations	e Solicitation	n of non-go	overnment grants		
b Internet and email solicitations	f Solicitation	n of govern	nment grants		
c Phone solicitations	g Special fo	undraising e	events		
d In-person solicitations					
2a Did the organization have a written or oral agree or key employees listed in Form 990, Part VII) or	entity in connection w	ith profess	ional fundraising service	es?	Yes No
b If "Yes," list the 10 highest paid individuals or encompensated at least \$5,000 by the organization		suant to ag	reements under which t	he fundraiser is to be	
(I) Name and address of individual or enlity (fundraiser)	(II) Activity	(iii) Did fund raiser have custody or control of contributions	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes No			
1					
2					
3					6
4					
5					
6					
7					
8					
9					
0					
List all states in which the organization is registe registration or licensing.			ions or has been notifie	d it is exempt from	

•••••••••••••••••••••••••••••••••••••••					

Schedule G (Form 990 or 990-EZ) 2019 Affirmations Lesbian and Gay 38-2882823 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Events None (add col. (a) through (event type) (event type) (total number) col. (c)) Revenue 1 Gross receipts 153,176 153,176 2 Less: Contributions 3 Gross income (line 1 minus line 2) 153,176 153,176 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment 78,424 9 Other direct expenses 78,424 10 Direct expense summary. Add lines 4 through 9 in column (d) 78,424 11 Net income summary. Subtract line 10 from line 3, column (d)...... Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant Revenue (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)..... 9 Enter the state(s) in which the organization conducts gaming activities:
a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes." explain:

Sche	edule G (Form 990 or 990-EZ) 2019	Affirmation	s Lesbian	and	Gay	38-288	2823	3	Page 3
11	Does the organization conduct gamin	ng activities with nonmemb	pers?					Ye	s No
12	Is the organization a grantor, benefic formed to administer charitable gamin		r a member of a pa	artnership	p or other entity			Ye	s No
42	Indicate the percentage of gaming ac						• •		<u> Б</u> 140
13	그림에 들어가 하다 살아 살아가면 들어 있는데 하는데 얼마를 하는데						13a		%
a	The organization's facility						13b		%
14	An outside facility Enter the name and address of the p	erson who prepares the o	rganization's gamir	ng/specia	al events books an	d	100		
	records:								
	Name ►							o.	
	Address ▶		*********						
15a	Does the organization have a contract							Ye	s No
b	revenue? If "Yes," enter the amount of gaming	revenue received by the c	organization▶ \$			and the			5 HO
-	amount of gaming revenue retained l								
C	If "Yes," enter name and address of t	he third party:							
	Name ▶		************						
	Address ▶								
16	Gaming manager information:								
	Name ▶	• • • • • • • • • • • • • • • • • • • •					ě		
	Gaming manager compensation ▶ \$		2						
	Description of services provided ▶								
	Director/officer En	nployee Ind	lependent contracto	or					
	A A CONTRACTOR AND A PROPERTY OF THE PROPERTY								
17 a	Mandatory distributions: Is the organization required under sta	ate law to make charitable	distributions from	the gami	ing proceeds to				
•	retain the state gaming license?							Ye	s No
b	Enter the amount of distributions requ	uired under state law to be	e distributed to other	er exemp	ot organizations or		300		
17740	spent in the organization's own exem	not activities during the tax	vear▶\$				-14		
Pa	rt IV Supplemental Inform	nation. Provide the	explanations re	quired	by Part I, line	2b, columns (iii) an	d (v);	and
	Part III, lines 9, 9b, 10)b, 15b, 15c, 16, and	l 17b, as applic	able. A	Also provide an	y additional ir	ıforma	ation.	
	See instructions.								
								• • • • • • •	
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	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*********							•••••
								• • • • • • •	
									E7\ 0040
					S	chedule G (Forr	n 990 (or 990-	드८) 2019

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. Name of the organization Affirmations Lesbian and Gay

OMB No. 1545-0047

Open to Public Inspection Employer identification number

Community Center	38-2882823
Form 990, Part III, Line 4a - First Accomplishment	
Current Programs/Projects/Activities:	
- Crisis intervention, help-line and support service	s.
- Counseling for both individuals and groups.	
- Youth Services- Provides support, discussion, lead	lership developement,
and social opportunities for LGBT youth.	
- Health and Human Services- Promoting health and we	llness in the LGBT
community by providing support, education, and preve	ntion services.
- Social and recreation services.	
- Volunteer and leadership services.	
- Cyber Center- featuring public computers, computer	classes, and job
training programs.	
- LGBT job expo	
- Faith initiative	
- LGBT advocacy	

Form 990, Part VI, Line 7a - Election of Members and	Their Rights
Members of the board are elected at the annual meeti	ng held in May. The
board is elected by a majority of the total votes ca	st by members at the
annual meeting, either by mail or in person.	
Form 990, Part VI, Line 11b - Organization's Process	to Review Form 990
Form 990 is reviewed by management and members of th	e Board of Directors
before being filed.	***************************************

Name of the organization Affirmations Lesbian and Gay	Employer identification number 38-2882823
Form 990, Part VI, Line 15a - Compensation Proces	lu-ha i
The organization relies on the benefit compensati	
two years by the Michigan Nonprofit Association.	The Executive Committee
recommends the salary for the CEO to the Finance	Committee. The CEO's
salary is approved by the full board as part of t	he budget.
	The figure of the contraction of
Form 990, Part VI, Line 15b - Compensation Proces	s for Officers
The organization relies on the benefit compensati	on survey provided every
two years by the Michigan Nonprofit Association.	Employees' salaries are
proposed by the CEO and approved by the Finance C	commitee along with the
proposed by the CEO and approved by the rinance t	ooard.
budget. The budget is then approved by the full b	
budget. The budget is then approved by the full b	
budget. The budget is then approved by the full b	Disclosure Explanation
budget. The budget is then approved by the full be form 990, Part VI, Line 19 - Governing Documents Copies of governing documents, conflict of intere 990's are available upon written request sent to	Disclosure Explanation est policies, and Form the organization at its
budget. The budget is then approved by the full budget. The budget is then approved by the full budget. The budget is then approved by the full budget. The budget is then approved by the full budget. The budget is then approved by the full budget. The budget is then approved by the full budget. The budget is then approved by the full budget. The budget is then approved by the full budget. The budget is then approved by the full budget. The budget is then approved by the full budget. The budget is then approved by the full budget. The budget is then approved by the full budget. The budget is then approved by the full budget. The budget is then approved by the full budget. The budget is then approved by the full budget. The budget is then approved by the full budget. The budget is the budget	Disclosure Explanation est policies, and Form the organization at its
budget. The budget is then approved by the full be form 990, Part VI, Line 19 - Governing Documents Copies of governing documents, conflict of intere 990's are available upon written request sent to	Disclosure Explanation est policies, and Form the organization at its
budget. The budget is then approved by the full before 990, Part VI, Line 19 - Governing Documents. Copies of governing documents, conflict of intere 990's are available upon written request sent to business address. Form 990 is also available for	Disclosure Explanation est policies, and Form the organization at its
budget. The budget is then approved by the full before 990, Part VI, Line 19 - Governing Documents. Copies of governing documents, conflict of intere 990's are available upon written request sent to business address. Form 990 is also available for	Disclosure Explanation est policies, and Form the organization at its
budget. The budget is then approved by the full before 990, Part VI, Line 19 - Governing Documents. Copies of governing documents, conflict of intere 990's are available upon written request sent to business address. Form 990 is also available for	Disclosure Explanation est policies, and Form the organization at its
budget. The budget is then approved by the full before 990, Part VI, Line 19 - Governing Documents. Copies of governing documents, conflict of intere 990's are available upon written request sent to business address. Form 990 is also available for	Disclosure Explanation est policies, and Form the organization at its public inspection at the
budget. The budget is then approved by the full by Form 990, Part VI, Line 19 - Governing Documents Copies of governing documents, conflict of interes 990's are available upon written request sent to business address. Form 990 is also available for primary business office upon request.	Disclosure Explanation est policies, and Form the organization at its public inspection at the
budget. The budget is then approved by the full by Form 990, Part VI, Line 19 - Governing Documents Copies of governing documents, conflict of interest 990's are available upon written request sent to business address. Form 990 is also available for primary business office upon request.	Disclosure Explanation est policies, and Form the organization at its public inspection at the
budget. The budget is then approved by the full by Form 990, Part VI, Line 19 - Governing Documents Copies of governing documents, conflict of interest 990's are available upon written request sent to business address. Form 990 is also available for primary business office upon request.	Disclosure Explanation est policies, and Form the organization at its public inspection at the
budget. The budget is then approved by the full by Form 990, Part VI, Line 19 - Governing Documents Copies of governing documents, conflict of interes 990's are available upon written request sent to business address. Form 990 is also available for primary business office upon request.	Disclosure Explanation est policies, and Form the organization at its public inspection at the
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Page 1 of 1

382882823 Affirmations Lesbian and Gay
38-2882823 Federal Statements

FYE: 12/31/2019

2/21/2020 2:26 PM

Taxable Interest on Investments

Description							
		Amount	Unrelated E Business	xclusion Code	Postal A	Acquired after 6/30/75	US Obs (\$ or %)
Interest Income					Section 1		
	\$_	3,497		32			
Total	\$_	3,497					

	yrm 0.55	The second of th
2/21/2020 2:26 PM	Fund Raising	\$
	Managemen General	S
ements	rt IX, Line 24e - All Other Expenses Total Program Service Service 822 \$ 605	ত্র ৩০ ১
Federal Statements	Form 990, Part IX, Line 24e Total Expenses	8822
382882823 38-2882823 FYE: 12/31/2019	Description	Total

382882823 Affirmations Lesbian and Gay 38-2882823

FYE: 12/31/2019

Federal Statements

Schedule A, Part III, Line 1(e)

Description

Total

469,372

S

Amount

Schedule A, Part III, Line 2(e)

153,176

Amount

Description Total Events

Schedule A, Part III, Line 3(e)

Class Fees Total

12,583

Amount

Schedule A, Part III, Line 7a - Support from Disqualified Persons

105,461 105,461 2018 S 120,443 120,443 2017 S 221,630 221,630 2016 5 530,923 530,923 2015 S Nancy Katz General Motors Foundation Donor Name Total

10,000

2019

30,000

382882823 Affirmations Lesbian and Gay 38-2882823 FYE: 12/31/2019	Federal Statements	2/21/2020 2:26 PM
	Schedule A, Part III, Line 10a(e)	
Descr	Description	Amount
Interest Income Restaurant Rental Total		