

<b>CHAR500 Online</b>  For new annual filings, and amendments	<b>Annual Filing for Charitable Organizations</b> New York State Office of the Attorney General Charities Bureau - Registration Section 28 Liberty Street New York, NY 10005 <a href="http://charitiesnys.com">charitiesnys.com</a>	<b>Open to Public Inspection</b>
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Filing Type:	<input checked="" type="radio"/> New Filing	<input type="radio"/> Amendment	Filing Year: <u>2022</u>
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General Information			
Current Organization Name:	<u>GAY ALLIANCE OF THE GENESEE VALLEY INC</u>	Updated Name:	<u>N/A</u>
NY Registration Number:	<u>03-75-56</u>	Registration Category:	<u>DUAL</u>
Organization Type:	<u>Corporation</u>	EIN:	<u>161066400</u>
Current Fiscal Year End:	<u>12/31</u>	Updated Fiscal Year End:	<u>N/A</u>
Organization Email:	<u>info@outalliance.org</u>	Organization's Phone:	<u>585-244-8640</u>
Tax Exempt Status:	<u>501(c)(3)</u>	Website:	<u>www.outalliance.org</u>
Organization Address			
Mailing Address	Principal Address	NY State Address	
<u>50 Prince St Rochester NY 14607 United States</u>	<u>50 Prince St Rochester NY 14607 United States</u>	<u>NA</u>	
Primary Contact Information			
First Name:	<u>Peter</u>	Last Name:	<u>Mohr</u>
Phone:	<u>585-244-8640</u>	Title:	<u>Treasurer</u>
		Email:	<u>peter@bachelor4m.com</u>
Organization Type			
Type of IRS document filed with IRS:	<u>IRS990EZ</u>	Organization Type:	<u>Public</u>
Third Party Preparer Information			
First Name:	<u>Daniel</u>	Last Name:	<u>O'Dea</u>
Firm Name:	<u>Heveron &amp; Company CPAs, PLLC</u>	Title:	<u>Partner</u>
		Phone:	<u>5852322956</u>
		Email:	<u>dodea@heveroncpa.com</u>
Third Party Address			
Street:	<u>260 Plymouth Ave. S.</u>		
City:	<u>Rochester</u>	State:	<u>NY</u>
Zip:	<u>14608</u>	Country:	<u>United States</u>

## Registration Category

1. Does the organization conduct activity in New York State other than soliciting? This may include, but is **not limited to**, maintaining an office, having employees or staff, or running a program.  
☒ Yes   ☐ No
2. Does the organization have assets in New York State?  
☒ Yes   ☐ No
3. Is the organization incorporated or formed in New York State?  
☒ Yes   ☐ No
4. Does the organization solicit, or plan to solicit, or receive \$25,000 or more annually in total contributions from New York State residents, foundations, corporations, or government agencies, etc.?  
☒ Yes   ☐ No
5. Does the organization use a professional fundraiser or fundraising counsel?  
☐ Yes   ☒ No

Based on your responses to the above questions, this organization's registration category remains as DUAL

## Public Charity

1. Did the organization solicit or receive contributions during the fiscal year in New York State?  
☒ Yes   ☐ No
3. Choose the total contributions in New York State this fiscal year:    \$25,000-\$99,999

## Annual Exemptions

1. Were the total contributions from New York State, including residents, foundations, government agencies, etc. under \$25,000 during the fiscal year?  
☐ Yes   ☐ No   N/A
2. Did the organization use a professional fundraiser or fundraising counsel during the fiscal year?  
☐ Yes   ☐ No   N/A
3. Were the organization's gross receipts under \$25,000 and the market value of its assets under \$25,000 during the fiscal year?  
☐ Yes   ☒ No

Based on your responses to annual exemption questions, this organization is required to file under DUAL during this fiscal year.

Financial Information

Type of IRS document filed with IRS

IRS990EZ

Organization's total revenue:

38,910

Organization's total contributions:

38,910

Organization's total assets:

N/A

Organization's net assets:

12,531

Organization's total revenue and contributions:

N/A

Organization's total liabilities:

N/A

Organization's total assets/worth:

N/A

Organization's total income:

N/A

For this filing year, does your organization plan to complete any of the following with the New York State Charities Bureau?

☐Closing    ☐Withdrawing    ☐Dissolving    ☒None

Is this your final filing with New York State?    ☐Yes    ☐No    N/A

Filing Information

Did your organization use a professional fundraiser or fundraising counsel for fundraising activity in New York State?

☐Yes    ☒No

General Information	Description of Services	Description of Compensation
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Reg Number: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u> <u>  </u>		

N / A

N / A

Did the organization receive government grants during this fiscal year?

☐ Yes    ☒ No

Government Grant Agency	Grant Amount
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A

Documents

Attached organization's required documents:

- ☒ IRS document
- ☐ Certified Public Accountant's Audit Report
- ☐ Certified Public Accountant's Review Report
- ☐ Complete Certificate of Amendment or other document amending the name
- ☐ Other documents

Signatures

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

Role	First Name	Last Name	Email
President	Andrew	Moran	andrewm@outalliance.org
Treasurer	Peter	Mohr	peter@bachelor4m.com

Signature of President

DocuSigned by:

Andrew Moran

700000610B2D461...

Date: 10/31/2023

Signature of Treasurer

DocuSigned by:

Peter Mohr

AD4A80B8918041B...

Date: 11/1/2023