FOR TAX YEAR 2020

ALI FORNEY CENTER, INC.

Padilla and Company LLP

175-61 Hillside Avenue Ste 200

Jamaica, NY 11432

(718)558-5858

Padilla and Company LLP

175-61 Hillside Avenue Ste 200 Jamaica, NY 11432 info@padillacpa.com Phone: (718)558-5858 | Fax: (718)206-1040

February 10, 2022

ALI FORNEY CENTER, INC. 224 West 35th Street, STE 1500 New York, NY 10001

ALI FORNEY CENTER, INC.:

Enclosed is the 2020 amended federal return for a tax-exempt organization, prepared for ALI FORNEY CENTER, INC. from the information provided. This return was e-filed with the IRS and was accepted on February 10, 2022.

The organization's amended federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at (718)558-5858.

Sincerely,

Jose Paolo Espiritu Padilla and Company LLP

	Acknowledgement and General Information for Entities That File Returns Electronically	2020
Name(s) as shown on return		Employer Identification Number
ALI FORNEY CENT Entity address 224 West 35th New York, NY 2	Street	1
1. x 2020 990		lectronically.
2. 🕱 990 an electronic sigr	ng services were provided by <u>Padilla and Company LLP</u> income tax retum was accepted on11-12-2021 using a Person ature. The entity entered a PIN or authorized the Electronic Retum Originator (ERO) to en D assigned to this retum is11512120213164d414c4	

Acknowledgement and General Information for Entities That File Returns Electronically	2020
Name(s) as shown on return	Employer Identification Number
ALI FORNEY CENTER, INC.	**-***4507
224 West 35th Street	
<u>New York, NY 10001</u> Thank you for participating in IRS e-file.	
1. x 2020 8868-01 income tax retum for Federal was filed el The electronic filing services were provided by Padilla and Company LLP	ectronically.
2. x 8868-01 income tax return was accepted on 03-09-2021 using a Personal using a Persona using a Personal using a Personal using a Per	
IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RET	URN.

Acknowledgement and General Information for Entities That File Returns Electronically	2020
	Employer Identification Number
ALI FORNEY CENTER, INC.	**-***4507
224 West 35th Street	
<u>New York, NY 10001</u> Thank you for participating in IRS e-file.	
1. x 2020	I Identification Number (PIN) as
an electronic signature. The entity entered a PIN or authorized the Electronic Retum Originator (ERO) to enter The submission ID assigned to this retum is <u>1151212022041a5hxok2</u>	er or generate a PIN signature.
IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RET	URN.

-	00			Doturn	of Organizati	on Exampt I	From Ino	omo	Toy		OMB No. 1545-0047
Form	Return of Organization Exempt From Income Tax										2020
			Under s	ection 501(c),	527, or 4947(a)(1) of	the Internal Reven	ue Code (ex	cept pri	vate found	ations)	
Depart	ment of tl	he Treasury		Do not en	ter social security n	umbers on this for	m as it may l	be made	e public.		Open to Public
		e Service		► Go to v	vww.irs.gov/Form99	0 for instructions	and the lates	st inforr	nation.		Inspection
A F	or the	2020 calend	ar year, or	tax year begin	ning		, 2020, a	nd endi	ng		, 20
B c	heck if ap	pplicable:	C Nam	e of organizationAL	I FORNEY CENTE	ER, INC.				D Emplo	yer identification number
A	ddress cł	hange	Doin	g business as							30-0104507
<u> </u>	ame cha	nge	Num	ber and street (or P.	O. box if mail is not delivered	d to street address)		Room/sui	ite	E Teleph	one number
lr Ir	itial retur	'n	224	West 35th	Street				1500		(212)222-3427
🗌 F	inal returi	n/terminated	City	or town, state or prov	vince, country, and ZIP or fo	reign postal code				G Gross	receipts
X A	mended	return	New	York, NY 1	.0001					\$	17,250,373
<u> </u>	pplicatior	n pending	F Nam	e and address of pri	ncipal officer: Alexand	er Roque			H(a) Is this a g	group return fo	or subordinates? Yes X No
				as C abov	re				H(b) Are all s	subordinate	s included? Yes No
<u>і т</u>	ax-exemp	pt status: X	501(c)(3)	501(c) () < (insert no.)	4947(a)(1) or	527		lf "No,"	attach a list	. See instructions
JΝ	/ebsite:	► www	.alifor	neycenter.	org				H(c) Group e	exemption n	umber 🕨
		ganization: X	Corporation	Trust Ass	ociation 🗌 Other 🕨		L Year of formati	on: 200) 2 м s	State of lega	al domicile: NY
Par	tl	Summar	у								
	1	Briefly descri	ibe the orga	anization's miss	ion or most significant	activities: Ali	Forney C	enter	, Inc.'	s miss	sion is to
		protect :	LGBTQ y	outh from	the harm of ho	omelessness a	and to su	pport	them in	n becc	ming safe and
Governance		independ	ent as	they move	from adolescen	nce to adulth	nood.				
rna											
Nel	2	Check this bo	ox ► 🗌 if	the organizatior	discontinued its oper	ations or disposed	of more than 2	25% of i	ts net asse	ts.	
õ	3	Number of v	oting memb	pers of the gove	rning body (Part VI, li	ne 1a)				3	24
Activities &	4	Number of ir	dependent	voting member	s of the governing bo	dy (Part VI, line 1b)				4	24
itie	5	Total numbe	r of individu	als employed ir	calendar year 2020 ((Part V, line 2a)				5	277
ćţ	6	Total numbe	r of volunte	ers (estimate if	necessary)					6	
Ă	7a	Total unrelat	ed busines	s revenue from	Part VIII, column (C),	line 12				7a	0
	b	Net unrelate	d business	taxable income	from Form 990-T, Pa	rt I, line 11				7b	0
									Prior Year		Current Year
	8	Contributions	and grants	s (Part VIII, line	1h)				14,070	,419	17,233,632
e			-		e 2g)				-		0
Revenue		•			A), lines 3, 4, and 7d)					92	1,197
Rev	11	Other revenu	e (Part VII	l, column (A), lir	nes 5, 6d, 8c, 9c, 10c,	and 11e)			6	,068	15,544
_	12	Total revenue	e - add line	s 8 through 11 (must equal Part VIII, o	column (A), line 12)			14,076	-	17,250,373
	13	Grants and s	imilar amo	unts paid (Part I	X, column (A), lines 1	-3)				,625	681,377
						· · · · · · · · · ·					0
					benefits (Part IX, col	lumn (A), lines 5-10)		9,336	,375	10,321,013
ses	16a	Professional	fundraising	g fees (Part IX, o	column (A), line 11e)				-		0
Ģ	b	Total fundrai	sing expen	ses (Part IX, col	lumn (D), line 25) 🕨		395,982				
Expenses					nes 11a-11d, 11f-24e)				4,025	,721	4,274,485
_	18	Total expens	es. Add lin	ies 13-17 (must	equal Part IX, column	n (A), line 25)			14,101		15,276,875
	19	Revenue les	s expenses	. Subtract line	18 from line 12					,142)	1,973,498
ž									nning of Curre		End of Year
Net Assets or Fund Balances	20	Total assets	(Part X, lin	e16)					4,137		6,979,306
Asse I Bal	21	Total liabilitie	s (Part X, I	ine 26)					4,039		4,907,580
Pund	22	Net assets o	r fund bala	nces. Subtract	line 21 from line 20 .				98	,228	2,071,726
Par		Signatu									
					rn, including accompanying			of my knov	vledge and bel	ief, it is	
true,	correct, a	ind complete. Dec	claration of pre	parer (other than off	icer) is based on all informat	ion of which preparer has	any knowledge.				
		Alexa	ander R	oque							
Sig	ר ו	Signatur	e of officer							Date	9
Here	e	Alexa	ander R	oque, Exec	utive Director	r					
		D	print name and								
		Print/Type pre	parer's name		Preparer's signature		Date		Check	if	PTIN
Paic	ł	Jose Pa	olo Esr	iritu	Jose Paolo Esp	piritu	02-10-20	22	self-em	ployed	P01304010
	barer		•		and Company Ll	-			irm's EIN 🕨	-	
-	Only		s 🕨		illside Avenue				hone no.		
	,			Jamaica						718-5	58-5858
May	the IRS	discuss this	return with		own above? (see inst	tructions)		<u></u> .			

	Jamaica NY 11432	718-558-58
May the IRS	discuss this return with the preparer shown above? (see instructions)	 [

Form	990 (2020) ALI FORNEY CENTER, INC. 30-0104507	Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	Ali Forney Center, Inc.'s mission is to protect LGBTQ youth from the harm of homelessness	and to
	support them in becoming safe and independent as they move from adolescence to adulthood.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
Ũ	services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
40	(Code:) (Expenses \$ 4,114,628 including grants of \$) (Revenue \$	
4a	(Code:) (Expenses \$ 4,114,628 including grants of \$) (Revenue \$) Drop-In Center. The year 2020 came with many challenges that we were able to work through)
	together to ensure that we were available to our clients while operating throughout the part	ndemia
	To name some of our achievements were: Providing Covid testing on site for all clients as	
	creating protocols for us all to do that work safely together with our clients We have 3	
	able to get clients approved and moved into supportive housing Organizing COVID/Vaccine	
	for all clients and staff, as well eliminating barriers to getting vaccinatedIncreased	
	mental health team as we observed that this need increased during the pandemic.	
4b	(Code:) (Expenses \$ 3,816,823 including grants of \$) (Revenue \$))
	See SERVICES page for a description of this program service.	
4c	(Code:) (Expenses \$2,940,980 including grants of \$) (Revenue \$))
	Emergency Housing Program. The Emergency Housing Program successfully minimized the	
	exposure/potential exposure to COVID 19 throughout the city lockdown utilizing the following	
	tactics: regular testing events on site beginning early December, keeping a strong and ste	
	flow of PPE/sanitizing supplies on a weekly basis and designated isolation rooms in multip	le
	locations. The Emergency Housing Program increased resident engagement with Mental Health	
	Services via Telehealth remote connection. Emergency Housing has experienced a spike in po	
	discharges for our residents within the following categories: residents securing their own apartments/units, TIL placements (AFC TIL and third party providers) and family reunificat	
	apartments/units, Til placements (AFC Til and third party providers) and ramily reunificat an agency, AFC and it's Emergency Housing Program has experienced a huge increase in third	
	communication with other RHY providers, and continues to foster deeper relationships with	
	Crisis and TIL programs.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 10,872,431	

	n 990 (2020) ALI FORNEY CENTER, INC. 30-01045	07	F	2 age
Pa	Int IV Checklist of Required Schedules			
			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	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
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 negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
k	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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
C	I 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
e	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	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b				
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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		х
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		х
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		х
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	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20 a		20a		х
k	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Form	990 (2020) ALI FORNEY CENTER, INC. 30-0104	507	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			I
			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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	051		
	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%			
07	controlled entity or family member or 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			
	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	27		v
20	persons? If "Yes," complete Schedule L, Part III	21		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
2	IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV.	28a		v
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	20a		x
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		x
С	"Yes," complete Schedule L, Part IV	28c		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	200		x x
25 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		~
50	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 required, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	51		~
02	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV. and Part V. line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	-		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	-		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	x	

	990 (2020) ALI FORNEY CENTER, INC. 30-01045	07	F	Page 5
Par	Tt 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 returm 2a 277			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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)?	4a		x
b	If "Yes," enter the name of the foreign country			
	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 tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
u	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Va		
b	gifts were not tax deductible?	6b		
7	•	do		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	x	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	х	L
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		x
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	Tou		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
5	the organization is licensed to issue qualified health plans			
~		-		
C	Enter the amount of reserves on hand	140		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	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		x
	If "Yes," complete Form 4720, Schedule O.			

Form	990 (2020) ALI FORNEY CENTER, INC. 30-0104	507	Ρ	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructio	ns.		
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-		
-	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct	-		~
3		3		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	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,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this was done.	12c	x	
13	Did the organization have a written whistleblower policy?	13	x	
14	Did the organization have a written document retention and destruction policy?	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by		Λ	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b		
U.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130	х	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
ıud	with a taxable entity during the year?	16a		v
L		Tua		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	4.01		
<u> </u>	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 New York			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website 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 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			

Alexander Roque (212)222-3427, 224 West 35th Street, New York, NY 10001	Alexander	Roque	(212)222-3427,	224	West	35th	Street,	New	York,	NY	10001
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Form 990 (2020	ALI FORNEY CENTER, INC.	30-0104507	Page 7
	Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	Compensated Employee	es, and
	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 th	is table for all persons required to be listed. Report compensation for the calendar year ending w	vith or within the	
organization's ta	ax 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 organization nor any related organization compensated any current officer, director, or trustee.

	iou organizat	0				, oui				
				((C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average					han one s both ai		Reportable	Reportable	Estimated amount
	hours					r/trustee)		compensation	compensation	of other
	per week						_	from the organization	from related organizations	compensation from the
	(list any hours for	or d	Inst	Officer	Key	emp	Forme	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	recto	tutio	Per	emp	loye	ner			related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				
	below dotted line)	stee	uste		e e	bens				
	dotted line)		e			ated				
(1) Alexander Roque	35.00									
Executive Director				x				249,996	0	0
(2) Carlos Ruisanchez								-		
Member		x						0	0	0
(3) John Quinn										
Member		x						0	0	0
(4) Louis Miller										
Member		х						0	0	0
(5) Julie O'Shaughnessy	L									
Member		х						0	0	0
(6) Ana Beatriz Sani										
Member		х						0	0	0
(7) Pete Vujasin										
Member		х						0	0	0
(8) Seth_Stuhl										
Member		х						0	0	0
(9) Peter Soares										
Member		х						0	0	0
(10)Keith_Vessell										
Member		х						0	0	0
(11)Marie_McKenna	1.00									
Member		х						0	0	0
(12)Tom_Ogletree	<u>1.0</u> 0									
Member		х						0	0	0
(13)Ed Wells	1.00									
Member		x						0	0	0
(14)Alberto Arelle	1.00									
Member		х						0	0	0 Form 990 (2020)

Form 990 (2020) ALI FORNEY CENTER, INC.

<u>`</u>	_	
Part VII		Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours	box	, unles	s perso	e than one n is both a	an	(D) Reportable	(E) Reportable		Estim	(F) nated am of other	
	liburs per week (list any hours for related organizations below dotted line)	or director		d a direc			compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)		compensati from the organization related organiz		tion and
(15)Mark_Lane	1.00						0		0			•
Member (16)Marti_Gould_Cummings	·	x					0		0			0
Member (17)Anthony Hird		x				-	0		0			0
Member		x					0		0			0
18)Mariam Adams Member		x					0		0			0
19)Dan_Sternberg	1.00						-					-
fember 20)Billy_Dume	1.00	x					0		0			0
lember	<u>_</u>	x					0		0			0
21)												
22)												
23)	·											
[24]												
[25]												
1b Subtotal	tion A .	•••			· · · · ·	· •	249,996		0			0
2 Total number of individuals (including but not lim	ited to those li							of				
reportable compensation from the organization									ſ		Yes	No
3 Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedu		•			-		•			3		x
4 For any individual listed on line 1a, is the sum of i										-		
organization and related organizations greater t												
<i>individual</i>									•••	4	X	
for services rendered to the organization? If "Ye	•									5		x
Section B. Independent Contractors												
 Complete this table for your five highest compensation from the organization. Report com 									ar			
(A)				ii yoai	chung		(B)		<i>а</i> г.	(C)		
Name and business addre	SS						Description of servic	es	C	ompens	ation	
						-						
	<u></u> _											

received more than \$100,000 of compensation from the organization ►

Form 9	<u>`</u>			EY CENTE	ER, 1	INC.			30-01045	607 Page 9
Part	VIII	Statement of Rev								
		Check if Schedule O co	ontair	ns a respons	e or n	ote to any line in th	is Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
		- - - - - - - - - -				1				sections 512-514
	1a	1.3.			1a		-			
nts Its	b	Membership dues Fundraising events			1b	1 014 200	-			
Grai	c d				1c 1d	1,814,368	-			
fts, (Am	e	Government grants (conti			1u	9,463,263	-			
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gif				571057205	-			
ions Sin		and similar amounts not i	-		1f	5,956,001				
ibut	g	Noncash contributions inc	clude	d in			-			
ontr od O		lines 1a-1f			1g	\$				
a C	h	Total. Add lines 1a-1f					17,233,632			
						Business Code				
Ø	2a									
	b									
Program Service Revenue	С									
am	d									
1go L	e	All - 11								
Ē		All other program service								
		Total. Add lines 2a-2f .								
	3	Investment income (includ other similar amounts) .					1,197	1,197		
	4	Income from investment of					1,197	1,197		
	5	Royalties		•	•					
			<u> </u>	(i) Real		(ii) Personal				
	6a	Gross rents	6a	()			-			
	b	Less: rental expenses	6b				-			
	с	Rental income or (loss)	6c				-			
	d	Net rental income or (loss)) .			>				
	7a	Gross amount from		(i) Securiti	es	(ii) Other	_			
		sales of assets								
		other than inventory	7a				_			
	b	Less: cost or other basis								
nue		and sales expenses					_			
sver		Gain or (loss)								
Other Revenue		Net gain or (loss)			•••	· · · · · · •				
the	oa	Gross income from fundra events (not including \$	-							
0		of contributions reported of			-					
		1c). See Part IV, line 18			8a					
	b	Less: direct expenses .			8b		-			
		Net income or (loss) from			s.	• • • • • •				
		Gross income from gaming		•						
		activities, See Part IV, line	19		9a					
	b	Less: direct expenses .	••		9b	1				
	С	Net income or (loss) from	gami	ng activities	<u></u>	▶				
	10a	Gross sales of inventory, I								
		returns and allowances .			10a		_			
		Less: cost of goods sold			10k					
	C	Net income or (loss) from	sales	s of inventory	/					
						Business Code				
e		Other				900099	15,544	15,544		
lan enu	b									
Miscellanous Revenue	C d	All other revenue								
Σi F		Total. Add lines 11a-11d				L	15,544			
		Total revenue. See instru						16,741	0	0

ALI FORNEY CENTER, INC.

30-0104507

and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic ndividuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and oreign individuals. See Part IV, lines 15 and 16 Banefits paid to or for members Compensation of current officers, directors, rustees, and key employees Compensation not included above, to disqualified bersons (as defined under section 4958(f)(1)) and bersons described in section 4958(c)(3)(B) Other salaries and wages Company complan accruals and contributions (include	681,377 249,996	Program service expenses 681,377 199,228	general expenses	expenses
and domestic governments. See Part IV, line 21 Grants and other assistance to domestic ndividuals. See Part IV, line 22			50,768	
Individuals. See Part IV, line 22 Image: See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and oreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, rustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages			50,768	
oreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, rustees, and key employees Compensation not included above, to disqualified bersons (as defined under section 4958(f)(1)) and bersons described in section 4958(c)(3)(B) Other salaries and wages	249,996	199,228	50,768	
Compensation of current officers, directors, rustees, and key employees	249,996	199,228	50,768	
rustees, and key employees	249,996	199,228	50,768	
Compensation not included above, to disqualified bersons (as defined under section 4958(f)(1)) and bersons described in section 4958(c)(3)(B) Dther salaries and wages	243,330	199,220	50,700	
bersons described in section 4958(c)(3)(B)		1		
Other salaries and wages				
e				
Ponsion plan accruals and contributions (include	8,052,434	6,417,193	1,635,241	
ension plan accruais and contributions (include				
ection 401(k) and 403(b) employer contributions)				
Other employee benefits	1,412,955	1,126,021	286,934	
Payroll taxes	605,628	482,640	122,988	
ees for services (nonemployees):				
Nanagement				
egal				
Accounting				
obbying				
Professional fundraising services. See Part IV, line 17 .				
nvestment management fees				
Other. (If line 11g amount exceeds 10% of line 25, column				
	1,162,380	355,358	529,313	277,70
		,		
		108.601	-	
· · ·				
	1 481 899	1 113 186	368 713	
	1/101/055	1/115/100	5007715	
	162.055	11 450	151 700	
	103,255	11,456	101,/99	
-	7 3,030		83.030	
· · · · · ·		1 004		
	75,481	1,884	73,597	
· · ·				
,				
, , , , , , , , , , , , , , , , , , , ,				
				118,27
			-	
		135,223		
All other expenses				
, , , , , , , , , , , , , , , , , , ,	15,276,875	10,872,431	4,008,462	395,98
organization reported in column (B) joint costs				
	Dether employee benefits	Dther employee benefits 1,412,955 Payroll taxes 605,628 Payroll taxes 605,628 Pees for services (nonemployees): 1,412,955 Aanagement	Dther employee benefits 1,412,955 1,126,021 ayroll taxes 605,628 482,640 iees for services (nonemployees): 605,628 482,640 anagement	Dther employee benefits 1,412,955 1,126,021 286,934 ayroll taxes 605,628 482,640 122,988 esc for services (nonemployees):

	90 (20		30	0-0104	507 Page 11
Part	X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	1,059,287	1	2,434,063
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	2,228,479	3	3,557,711
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	40,081	9	115,765
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,305,302			
	b	Less: accumulated depreciation 10b 717,703	542,852	10c	587,599
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	267,268	15	284,168
	16	Total assets. Add lines 1 through 15 (must equal line 33)	4,137,967	16	6,979,306
	17	Accounts payable and accrued expenses	1,166,981	17	1,425,599
	18	Grants payable		18	
	19	Deferred revenue	193,327	19	142,248
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,102,681	23	400,000
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	1,576,750	25	2,939,733
	26	Total liabilities. Add lines 17 through 25	4,039,739	26	4,907,580
		Organizations that follow FASB ASC 958, check here 🕞 🗴			
Ś		and complete lines 27, 28, 32, and 33.			
Š	27	Net assets without donor restrictions	(221,772)	27	1,811,726
alaı	28	Net assets with donor restrictions	320,000	28	260,000
d D		Organizations that do not follow FASB ASC 958, check here			
ņ		and complete lines 29 through 33.			
or F	29	Capital stock or trust principal, or current funds		29	
sts (30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
et A	32	Total net assets or fund balances	98,228	32	2,071,726
Ž	33	Total liabilities and net assets/fund balances	4,137,967	33	6,979,306

EEA

Form 990 (2020)

Form	990 (2020) ALI FORNEY CENTER, INC.	30-01045	07	Pa	age 12	
Pa	rt 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	17,	250,	373	
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	15,	15,276,875		
3	Revenue less expenses. Subtract line 2 from line 1	. 3	1,	1,973,498		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		98,	228	
5	Net unrealized gains (losses) on investments	. 5				
6	Donated services and use of facilities	. 6				
7	Investment expenses	. 7				
8	Prior period adjustments	. 8				
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9			0	
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,	071,	726	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. </u>	
				Yes	No	
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🖾 Accrual 🗌 Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		. 2b		х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c			
	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 OMB Circular A-133?		. 3a	x		
b	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	• • • • • •	. 3b	x		
EEA			Form	990 (2020)	

								I	OMB No. 1545-0047
		OULE A 10 or 990-EZ)	P	ublic Charit	y Status and Pu	ublic S	upport		2020
			Complete if the organiz		01(c)(3) organization or a s		7(a)(1) none	exempt charitable trus	Open to Public
		of the Treasury enue Service	► Got		to Form 990 or Form orm990 for instructions		atest info	rmation.	Inspection
-		e organization		e in in orgen i				Employer identifica	
ALI	FO	RNEY CENTE	R, INC.					30-01045	07
Pa	rt I	Reason	for Public Charity	y Status. (All o	rganizations must c	complete	this par	t.) See instructior	าร.
The	orga	nization is not a	private foundation bec	ause it is: (For line	s 1 through 12, check onl	y one box.)		
1					urches described in sect	• •			
2	Ц		-		Schedule E (Form 990 c				
3				•	n described in section 1				
4			earch organization ope e, city, and state:	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(III). Enter the	
5	\square	•		afit of a college or u	university owned or opera	ated by a c	overnmen	tal unit described in	
-		-)(1)(A)(iv). (Complete	-		, , , , , , , , , , , , , , , , , , , ,			
6		A federal, stat	e, or local government	or governmental u	init described in section	170(b)(1)	(A)(v).		
7	х	An organizatio	n that normally receive	s a substantial part	t of its support from a gov	/ernmental	unit or fror	m the general public	
			ection 170(b)(1)(A)(vi		,				
8		-	rust described in secti		, , ,			with a law down of a di	
9		•	•		ion 170(b)(1)(A)(ix) ope		•	-	ege
		university:	r a non-ianu-grani cone	ge of agriculture (s	see instructions). Enter th	e name, cu	y, and siai	e of the conege of	
10		, _	n that normally receive	s: (1) more than 33	3 1/3% of its support from	n contributi	ons. memb	ership fees, and gros	S
		-	-		subject to certain excepti				
		•		•	siness taxable income (le		,		
		acquired by th	e organization after Ju	ne 30, 1975. See s	section 509(a)(2). (Com	plete Part	III.)		
11		An organizatio	on organized and opera	ated exclusively to	test for public safety. Se	e section	509(a)(4).		
12		An organizatio	n organized and opera	ted exclusively for	the benefit of, to perform	the functio	ns of, or to	carry out the purpose	es
		of one or more	e publicly supported or	ganizations descrit	oed in section 509(a)(1)	or section	n 509(a)(2)	. See section 509(a)	(3).
		_	•		ne type of supporting orga				•
	а				rised, or controlled by its		-		ving
			-		appoint or elect a major	rity of the d	lirectors or	trustees of the	
	b	_ ·· `	, .	•	IV, Sections A and B. ontrolled in connection w	ith ite eune	orted orga	nization(c) by bayin	n
	b				on vested in the same pe		-	.,	
			on(s). You must comp						a
	с				anization operated in cor	nnection w	ith, and fui	nctionally integrated	with,
		its suppor	ted organization(s) (se	e instructions). Yo	u must complete Part l	V, Section	s A, D, an	d E.	
	d	Type III n	on-functionally integ	ated. A supporting	g organization operated i	n connecti	on with its	supported organizati	on(s)
		that is not	functionally integrated.	The organization g	generally must satisfy a d	istribution r	equiremen	nt and an attentiveness	3
		_			e Part IV, Sections A a				
	е		-		determination from the IF		a Type I, ⁻	Type II, Type III	
				•	ntegrated supporting orga				
	f		ber of supported organ		· · · · · · · · · · · · · · · · · · ·	••••		•••••	• • • • •
	<u> </u>) Name of supported	J. J	(ii) EIN	(iii) Type of organization	(iv) Is the o	ragnization	(v) Amount of monetary	(vi) Amount of
	,	y name of supported	organization	(1) 211	(described on lines 1-10	listed in you	r governing	support (see	other support (see
					above (see instructions))	docum	ent?	instructions)	instructions)
						Yes	No		
(Δ)									
(A)									
(B)									
(C)									
(D)									

(E)

		Y CENTER, I		ana 170/h)//		30-010450	
Pa	rt II Support Schedule for Organiza						
	(Complete only if you checked th						liy under
<u> </u>	Part III. If the organization fails to	o quality unde		ted below, pr	ease complet	e Part III.)	
	ction A. Public Support	(-) 2010	(h) 0047	(-) 0010	(4) 2010	(-) 2020	
	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
•	include any "unusual grants.")	5,305,034	11,374,158	11,291,298	13,750,419	17,233,632	58,954,541
2	Tax revenues levied for the						
	organization's benefit and either paid to						
~	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 3	5,305,034	11,374,158	11,291,298	13,750,419	17,233,632	58,954,541
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
~	shown on line 11, column (f)						4,399,665
$\frac{6}{8}$	Public support. Subtract line 5 from line 4						54,554,876
	ction B. Total Support	(a) 2016	(b) 2017	(a) 2019	(a) 2010	(a) 2020	
	endar year (or fiscal year beginning in) ► Amounts from line 4	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
		5,305,034	11,3/4,158	11,291,298	13,/50,419	17,233,632	58,954,541
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources					1 107	1 255
9	Net income from unrelated business			68	92	1,197	1,357
9	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI.)	12 765	20 094		6 0 6 9	15 544	74 461
11	Total support. Add lines 7 through 10.	13,765	39,084		6,068	15,544	74,461 59,030,359
	Gross receipts from related activities, etc. (so	e instructions)			12	59,030,359
	First five years. If the Form 990 is for the or)(3)
15	organization, check this box and stop here						
Sec	ction C. Computation of Public Suppor	t Percentag	<u></u>	<u></u>		•••••••	
14	Public support percentage for 2020 (line 6, c			column (f))		14	92.42 %
15	Public support percentage from 2019 Sched		•			15	91.00 %
16a	33 1/3% support test - 2020. If the organiza						
	box and stop here. The organization qualifie						
b	33 1/3% support test - 2019. If the organiza						
	this box and stop here. The organization qu						
17a	10%-facts-and-circumstances test - 2020.	•		•			
	10% or more, and if the organization meets t	•					
	Part VI how the organization meets the facts				-		
	organization			-			
b	10%-facts-and-circumstances test - 2019.						
	15 is 10% or more, and if the organization m	-					
	in Part VI how the organization meets the fac						
	organization			•	•		
18	Private foundation. If the organization did n						
	instructions	<u></u> .	<u></u> .	<u></u> .	<u></u> .	<u></u> .	· · · · . ► 🔲

Sche	dule A (Form 990 or 990-EZ) 2020 ALI FORNE	Y CENTER,	INC.			30-	0104507	Page 3
Pa	IT III Support Schedule for Organiz	ations Desc	ribed in Sec	tion 509(a)(2	2)			
	(Complete only if you checked t	he box on lin	e 10 of Part I	or if the orga	nization failed	to qua	alify under	Part II.
	If the organization fails to qualify	/ under the te	ests listed bel	ow, please co	omplete Part I	l.)		
Se	ction A. Public Support							
Cal	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2	020	(f) Total
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an							
Ũ	unrelated trade or business under section 513.							
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							
5	furnished by a governmental unit to the							
~	organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3							
	received from disqualified persons							
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							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
	line 6.)							
_	ction B. Total Support	I	1	I	,			
Cal	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2	020	(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends,							
	payments received on securities loans, rents,							
	royalties, and income from similar sources							
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
С	Add lines 10a and 10b							
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.)							
14	First 5 years. If the Form 990 is for the orga	nization's first.	second. third.	fourth. or fifth	tax vear as a se	ection 5	501(c)(3)	
	organization, check this box and stop here							🕨 🗆
Sec	ction C. Computation of Public Suppor	rt Percentag	e				<u></u>	
	Public support percentage for 2020 (line 8, c			column (f))		15		%
	Public support percentage from 2019 Sched					16		%
_	ction D. Computation of Investment Inc				••••	10		/0
<u>3e</u>				ine 13 column	(f))	17		%
	· • ·					17		%
18	1 5						2 1/20/ 075	
198	33 1/3% support tests - 2020. If the organiz							
	17 is not more than 33 1/3%, check this box							
b	33 1/3% support tests - 2019. If the organiz							
~~	line 18 is not more than 33 1/3%, check this	-	-	-			-	
20	Private foundation. If the organization did n	iot check a bo	x on line 14, 19	a, or 19b, che	CK THIS DOX and	see ins	structions .	🕨 📋

Schedule A (Form 990 or 990-EZ) 2020 ALI FORNEY CENTER, 30-0104507 Page 4 INC Part IV **Supporting Organizations** (Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations 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 class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status 2 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 lines 3b and 3c below. 3a **b** Did the organization confirm that each supported organization gualified 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 organization made the determination. 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 4a **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 c Did the organization support any foreign supported organization that does not have an IRS determination 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) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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 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 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 benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor 7 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 7 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? 8 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 disgualified persons, as defined in section 4946 (other than foundation managers and organizations described 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 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 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 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated 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 determine whether the organization had excess business holdings.)

10b Schedule A (Form 990 or 990-EZ) 2020

Par	t IV Supporting Organizations (continued)		_	
			Yes	No
	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 lines 11b			
	11c below, the governing body of a supported organization?	11a	_	
	A family member of a person described in line 11a above?	111	ו	
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, pro			
	detail in Part VI .	110	;	
Sec	tion B. Type I Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic			
	directors, or trustees at all times during the 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 sup	ported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported 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		
Sec	tion 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 direct	tors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how con-	trol		
	or management of the supporting organization was vested in the same persons that controlled or management	ged		
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of t	ha 🗌	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of t			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the	-		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies			
2	organization's governing documents in effect on the date of notification, to the extent not previously prov			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the support			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Par the organization maintained a close and continuous working relationship with the supported organization			
2				
3	By reason of the relationship described in line 2, above, did the organization's supported organizations has a applicable and in directing the use of the organization's	lave		
	a significant voice in the organization's investment policies and in directing the use of the organization's income or appeted at all times during the tax year? If "Ves." departies in Part VI the role the arrangements			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	vear (see instru	ctions)
a	The organization satisfied the Activities Test. Complete line 2 below.		o nono,	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	nent entity (see	instruc	tions
2	Activities Test. Answer lines 2a and 2b below.		Yes	
a	Did substantially all of the organization's activities during the tax year directly further the exempt purpose	es of		
~	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identiti			
	those supported organization(s) to which the organization was responsive in the responsive in the second state of the second s			
	how the organization was responsive to those supported organizations, and how the organization deteri			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in line 2a, above, constitute activities that, but for the organization's involven			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," expl			
	Part VI the reasons for the organization's position that its supported organization(s) would have engage			

these activities but for the organization's involvement.

- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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? If "Yes" or "No," provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2b

3a

- Part VI the reasons for the organization's position that its supported organization(s) would have engaged in



Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organiz	ations	<u> </u>
1 Check here if the organization satisfied the Integral Part Test as a qualify			in in Part VI). See
instructions. All other Type III non-functionally integrated supporting org	anization	s must complete Sectio	ns A through E.
Section A - Adjusted Net Income		(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		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
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)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
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 0.015 of line 3 (for greater amount	,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
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 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
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-function	ally integr	ated Type III supporting	g organization
(see instructions).			

EEA

Schedule A (Form 990 or 990-EZ) 2020

ALI FORNEY CENTER, INC.

Schedule A (Form 990 or 990-EZ) 2020

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	le A (Form 990 or 990-EZ) 2020 ALI FORNEY CENTER, INC.			104507	7 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	zations (continued))	
Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ons	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) - prior	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is respons	ive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020		(iii) Distributable Mount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
	Excess distributions carryover, if any, to 2020				
	From 2015				
	From 2016				
	From 2017				
	From 2018				
	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
EEA			S	chedule A	(Form 990 or 990-EZ) 2020

Schedule A (Fo	m 990 or 990-EZ) 2020 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

I	Attach to Form 990, Form 990-EZ, or Form 990-PF.
►	Go to www.irs.gov/Form990 for the latest information.

2020

Name of the organization	Employer identification number
ALI FORNEY CENTER, INC.	30-0104507
Organization type (check one):	

Filers of:	Section:					
Form 990 or 990-EZ		501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990-PF		501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

x For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990,	990-EZ, or	990-PF)	(2020)
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Name of organization

Page 2 Employer identification number

ALI FORNEY CENTER, INC.

30-0104507

Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Fidelity Charitable Gift Fund PO Box 770001 Cincinnati OH 45277	\$600,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D
(Form 990)

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.

OMB No. 1545-0047

Dopar	tment of the Treasury	▶	Attach to Form 990.			Open to I	Public	
	al Revenue Service	► Go to www.irs.gov/Form	990 for instructions and the l	atest informatio	on.	Inspection		
Name	of the organization			Er	nployer identification	number		
ALI	FORNEY CENTE	R, INC.			30-010450	7		
Pa	rt I Organiza	tions Maintaining Donor Advised F	unds or Other Similar Fun	ds or Accoun	ts.			
		if the organization answered "Yes" or						
			(a) Donor advised fund	ls	(b) Funds a	nd other accounts	5	
1	Total number at er	nd of year						
2	Aggregate value o	f contributions to (during year)						
3		f grants from (during year)						
4		t end of year						
5		on inform all donors and donor advisors in w	riting that the assets held in do	nor advised				
	-	nization's property, subject to the organizat	-			. 🗌 Yes	No	
6	•	on inform all grantees, donors, and donor ad	_					
-		purposes and not for the benefit of the donc						
		ssible private benefit?				. 🗌 Yes	No	
Pa		vation Easements.						
		e if the organization answered "Yes" o	n Form 990 Part IV line 7					
1		servation easements held by the organization						
•		of land for public use (e.g., recreation or edu		reservation of a h	historically import	ant land area		
	Protection of n				certified historic s			
	Preservation of							
2	—		d conconvotion contribution in th	o form of a cons	nation			
2		hrough 2d if the organization held a qualified						
-		ast day of the tax year.				the End of the	Tax Yea	
a L					2a			
b	•				2b			
C		vation easements on a certified historic stru	()		2c			
d		vation easements included in (c) acquired a						
		6	•••••••••		2d			
3		vation easements modified, transferred, rele	eased, extinguished, or terminat	ted by the organiz	zation during the			
	tax year ►							
4		where property subject to conservation eas						
5	•	tion have a written policy regarding the peri	•	•			—	
	*	preement of the conservation easements it I				. 🗌 Yes	∐ No	
6	Staff and volunteer	hours devoted to monitoring, inspecting, ha	andling of violations, and enforci	ing conservation	easements during	g the year		
	▶							
7	Amount of expense	es incurred in monitoring, inspecting, handli	ng of violations, and enforcing o	conservation ease	ements during the	e year		
	▶\$							
8	Does each conserv	vation easement reported on line 2(d) abov	e satisfy the requirements of se	ction 170(h)(4)(B	B)(i)	_	_	
	and section 170(h)					. 🗌 Yes	No	
9	In Part XIII, describ	be how the organization reports conservation	on easements in its revenue and	d expense statem	ent and			
	balance sheet, and	include, if applicable, the text of the footnot	te to the organization's financial	statements that of	describes the			
		ounting for conservation easements.						
Pa		zations Maintaining Collections	•		er Similar As	ssets.		
		te if the organization answered "Yes"						
1a	If the organization	elected, as permitted under FASB ASC 958	8, not to report in its revenue sta	atement and bala	nce sheet works			
	of art, historical tre	asures, or other similar assets held for publ	ic exhibition, education, or resea	arch in furtherand	ce of public			
	service, provide, in	Part XIII the text of the footnote to its finar	ncial statements that describes t	hese items.				
b	If the organization	elected, as permitted under FASB ASC 958	8, to report in its revenue staten	nent and balance	sheet works of			
	art, historical treas	ures, or other similar assets held for public	exhibition, education, or researc	ch in furtherance	of public service,			
	provide the followir	ng amounts relating to these items:						
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1			▶\$			
		ed in Form 990, Part X						
2		received or held works of art, historical trea						
	-	required to be reported under FASB ASC		U				
а	•				▶\$			
b		Form 990, Part X			·			

EEA

	ule D (Form 990) 2020 ALI FORNEY CENT						30-010			age 2
Pa	rt III Organizations Maintaining	Collections of	Art, His	storical	Treasures	, or Ot	her Similar A	Assets (c	ontinu	ued)
3	Using the organization's acquisition, accession	, and other records,	check ar	ny of the fol	lowing that ma	ake signi	ificant use of its			
	collection items (check all that apply):									
а	Public exhibition		d	🗌 Loan	or exchange	program	าร			
b	Scholarly research		е	Othe	-					
c	Preservation for future generations		•		·					
4	Provide a description of the organization's colle	octions and ovalain	how thou	furthor tho	organization		t purposo in Port			
4			now they		organizations	sevenih	t pulpose in Fait			
-										
5	During the year, did the organization solicit or re									
D	assets to be sold to raise funds rather than to b		art of the o	organizatio	n's collection?		••••	🗌 Ye	s _	No
Pa	rt IV Escrow and Custodial Arran	-	_			•			_	
	Complete if the organization a	nswered "Yes"	on Forr	m 990, P	art IV, line	9, or re	eported an an	nount on	Form	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian		-					_	_	
	included on Form 990, Part X?				•••••			🗌 Ye	s	No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the follo	owing tab	le:						
							A	mount		
С	Beginning balance					. 10	•			
d	Additions during the year					. 10	k			
е	Distributions during the year						9			
f	Ending balance					. 1f	:			
2a	Did the organization include an amount on For							🗌 Ye	s	No
b	If "Yes," explain the arrangement in Part XIII. C		-							
	rt V Endowment Funds.		Sidilation				•••••		• 🗆	
i u	Complete if the organization a	newored "Vee"	on Forr	m 000 D	art IV line	10				
					1					
		(a) Current year	(b) P	Prior year	(c) Two year	s back	(d) Three years bac	ж (е) Роц	ir years b	аск
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curren	t year end balance	(line 1g, c	column (a))	held as:					
а	Board designated or guasi-endowment	%								
b	Permanent endowment %									
C	Term endowment ► %									
•	The percentages on lines 2a, 2b, and 2c should	equal 100%								
3a	Are there endowment funds not in the possess		ion that a	ire held and	d administered	l for the				
Ju	organization by:		lon that a						Yes	No
								3a(i)	163	NU
ь	() 0									
b	If "Yes" on line 3a(ii), are the related organizati	•			• • • • • • •		••••	3b		
4 De:	Describe in Part XIII the intended uses of the c		wment fur	nas.						
Pa	rt VI Land, Buildings, and Equipm				art IV line	11- 0				`
	Complete if the organization a).
	Description of property	(a) Cost or oth			or other basis		Accumulated	(d) Boo	ok value	
		(investme	ent)		(other)	d	lepreciation			
1a	Land	•								
b	Buildings	•			242,935				242,9	
С	Leasehold improvements	•		_	871,218		527,054		344,1	164
d	Equipment	•			191,149		190,649		!	500
е	OtherSTMD1E									
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Pai	rt X, colui	mn (B), line	∋10.c.)				587,	599

EEA

(H)

Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (3) Other (A) (B) (C) (D) (E) (F) (G)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.). Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Security deposit	284,168
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
	▶ 284,168

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal incor	ne taxes	
(2)Advance fi	rom government agencies	1,117,278
(3Deferred a	social security tax	349,748
(4]Refundable	e advance - PPP	1,472,707
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) m	ust equal Form 990, Part X, col. (B) line 25.).	2,939,733

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. . . .

Sched	ule D (Form 990) 2020 ALI FORNEY CENTER, INC.	30-0104507	Page 4					
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	e per Return.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total revenue, gains, and other support per audited financial statements							
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments							
b	Donated services and use of facilities 2b							
С	Recoveries of prior year grants							
d	Other (Describe in Part XIII.)							
е	Add lines 2a through 2d	. 2e						
3	Subtract line 2e from line 1	. 3						
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a							
b	Other (Describe in Part XIII.)							
С								
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).							
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expen	ses per Return.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total expenses and losses per audited financial statements	. 1						
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities							
b	Prior year adjustments							
С	Other losses							
d	Other (Describe in Part XIII.)							
е	Add lines 2a through 2d							
3	Subtract line 2e from line 1	. 3						
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
а								
b	Other (Describe in Part XIII.)							
С	Add lines 4a and 4b							
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5						
Pa	rt XIII Supplemental Information.							

Provide 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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G	Suppleme	ntal Informatio	on Regard	ling Fund	Iraising or Gam	ning Act	ivities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete				990, Part IV, line 17, 1		r if the	2020
Department of the Treasury organization entered more than \$15,000 on Form 990-EZ.								Open to Public
Internal Revenue Service	Þ	Go to www.irs.gov/	Form990 for ir	structions a	nd the latest informat	ion.	Employerid	Inspection entification number
J								
ALI FORNEY CENTER		Complete if t	he organiz	zation and	wered "Yes" on	Form 00		.04507 line 17
Form 990-E	Z filers are no	t required to cor	nplete this p	oart.				
1 Indicate whether the	organization rais	sed funds through	·	-				
a Mail solicitations					f non-government gr	ants		
b Internet and email			=		f government grants			
c Phone solicitation			g 🗌 S	Special fundi	aising events			
d In-person solicitat								
2a Did the organization		-	-		-			
or key employees list	-	, ,		•	0			es 🗌 No
b If "Yes," list the 10 hi compensated at lease	0 1	· ·	undraisers) pi	ursuant to ag	reements under whi	ch the fund	draiser is to b	e
(i) Name and address or entity (fundra		(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(or re fundrai	ount paid to tained by) ser listed in tol. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		, c		
1								
2								
3								
4								
5								
6								
7								
8								
9								
0								
Total	the organization	n is registered or lie	censed to soli	icit contributi	ons or has been not	ified it is e	xempt from	

30-0104507 Page 2

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

		gross receipts greater than	\$5,000.			
			(a) Event #1 Fundraising	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ą						
Revenue	1	Gross receipts	1,814,368			1,814,368
œ	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)	1,814,368			1,814,368
	4	Cash prizes				
	5	Noncash prizes				
	c	Dent/feeility eeste				
Direct Expenses	6	Rent/facility costs				
xper	7	Food and beverages				
ш ж	•					
Direc	8	Entertainment				
	9	Other direct expenses	465,982			465,982
	10	Direct expense summary. Add lines				465,982
D	11	Net income summary. Subtract line				1,348,386
Pa	rt II		0	Yes" on Form 990, Part	IV, line 19, or reported r	nore than
		\$15,000 on Form 990-EZ,	line ba.			
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue				g.		
Re	1	Gross revenue				
	2	Cash prizes				
ses						
Direct Expenses	3	Noncash prizes				
ш ж						
irec	4	Rent/facility costs				
	_					
	5	Other direct expenses				
	6	Volunteer labor	│	└ Yes %	└ Yes %	
	-					
	7	Direct expense summary. Add lines	s 2 through 5 in column (d)			
	8	Net gaming income summary. Sub	tract line 7 from line 1, colur	mn (d)		
~	-		the second sector second second sector 2	(****		
9		ter the state(s) in which the organization licensed to conduct g				Yes 🗌 No
a b		Nie II euroleine				
í.	п					
10a	We	ere any of the organization's gaming	licenses revoked, suspende	ed, or terminated during the	tax year?	Yes 🗌 No
		Yes," explain:		3 • •	-	

SCHEDULE I	1	Gra	nts and Other	Assistance to	o Organization	S,	I	OMB No. 1545-0047
(Form 990)		Gover	nments, and	Individuals in	the United Sta	tes		2020
Department of the Treasury		Complete		nswered "Yes" on For • Attach to Form 990.	m 990, Part IV, line 21	or 22.	C	pen to Public
Internal Revenue Service		Inspection						
Name of the organization							Employer identification	number
ALI FORNEY CENT		O urse (a. a. a. b. A a. a. ¹ a.					30-0104507	
		Grants and Assist				•		
-		o substantiate the amour	-	-				
	-							. Yes <u>x</u> No
		cedures for monitoring t			te Complete if the	organization answered	"Voc" on Form 00	<u>ר</u>
		ient that received mo			•	-	Tes UIFUIII 99	<i>σ</i> ,
-	ress of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
• •	ernment		(if applicable)	grant	cash assistance	(book, FMV, appraisal,	noncash assistance	or assistance
(1)			, , ,			other)		
()								
(2)								
(3)								
(4)								
(5)								
(6)								
(6)								
(7)								
(.)								
(8)								
(9)								
(10)								
		nd government organizat						
J Enter total number	er or other organizations	listed in the line 1 table					🕨	

Part III can be duplicated if additional	Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
1									
2									
3									
4									
5									
6									
-									

Part IV	Supplemental Information.	Provide the information rec	quired in Part I, line	2; Part III, column (b); and an	v other additional information.

30-0104507

7

SCHEDULE J	Compensation Information	MB No.	1545-00	047			
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	2020 Open to Public					
Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.							
Name of the organization	Employer identification nu	mber					
ALI FORNEY CENTI							
Part I Questio	ns Regarding Compensation		X				
1a Check the appr	opriate box(es) if the organization provided any of the following to or for a person listed on Form		Yes	No			
	ection A, line 1a. Complete Part III to provide any of the following to of for a person listed of 1 of the section A.	•					
	r charter travel Housing allowance or residence for personal use						
Travel for co							
	fication and gross-up payments 🛛 Health or social club dues or initiation fees						
Discretionar	y spending account						
-	tes on line 1a are checked, did the organization follow a written policy regarding payment						
	nt or provision of all of the expenses described above? If "No," complete Part III to	41					
explain		1b					
-	ation require substantiation prior to reimbursing or allowing expenses incurred by all						
	es, and officers, including the CEO/Executive Director, regarding the items checked on line	2					
101		-					
3 Indicate which,	if any, of the following the organization used to establish the compensation of the						
organization's C	EO/Executive Director. Check all that apply. Do not check any boxes for methods used by a						
related organiza	ation to establish compensation of the CEO/Executive Director, but explain in Part III.						
	on committee						
	t compensation consultant						
Form 990 of	other organizations Approval by the board or compensation committee						
	, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing a related organization:						
•	rance payment or change-of-control payment?	4a		x			
	receive payment from a supplemental nonqualified retirement plan?	4b		x			
-	receive payment from an equity-based compensation arrangement?	4c		x			
	of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
Only section 5	01(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
•	ontingent on the revenues of:						
•	n?	5a		x			
	anization?	5b		x			
II Yes on line t	5a or 5b, describe in Part III.						
6 For persons list	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
	ontingent on the net earnings of:						
•	n?	6a		x			
		6b		x			
If "Yes" on line 6	6a or 6b, describe in Part III.						
	ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed						
	escribed on lines 5 and 6? If "Yes," describe in Part III	7		x			
	Ints reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject tract execution described in Regulations section 52 ($4(2)(2)$)? If "Yes " describe						
	tract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe	8		x			
		0		•			
9 If "Yes" on line 8	3, did the organization also follow the rebuttable presumption procedure described in						
	tion 53.4958-6(c)?	9					
For Paperwork Reduct	ion Act Notice, see the Instructions for Form 990. Schedule	J (Forr	n 990)) 2020			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior
		compensation	compensation	compensation				Form 990
Alexander Roque	(i)	249,996	0	0	0	0	249,996	0
1 Executive Director	(ii)	0	0	0	0	0	0	C
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

30-0104507

Page 2

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047
2020
Open to Public

Inspection

Employer identification number

30-0104507

ALI FORNEY CENTER, INC.

01. Amended return information

Restatement of the prior period net assets was made to correct errors in grant

receivables, loans and contributions.

02. Form 990 governing body review (Part VI, line 11)

Copy of Form 990 is provided to the Organization's governing body for review and approval

before it is filed.

03. Conflict of interest policy compliance (Part VI, line 12c)

Employees have an obligation to carry out their work responsibilities within guidelines

that prohibit actual or potential conflicts of interest. An actual or potential conflict

of interest occurs when an employee is in a position to influence a decision that may

result in a personal gain for that employee, a relative of the employee or a person

closely associated with an employee, as a result of the Organization's programs or

operations. For the purpose of this policy, a relative is any person who is related by

blood, civil union or marriage, or whos relationship with the employee is similar to that

of persons who are related by blood, civil union or marriage, or who lives in the same

home as the employee.

04. CEO, executive director, top management comp (Part VI, line 15a)

The compensation is determined by the Board and the availability of the budgeted fund.

05. Other officer or key employee compensation (Part VI, line 15b

The compensation is determined by the Board and the availability of the budgeted fund.

Schedule O (Form 990 or 990-EZ) (2020)	Page 2
Name of the organization	Employer identification number
ALI FORNEY CENTER, INC.	30-0104507
06. Form 990 availability to public (Part VI, line 18)	
F990 is available upon request as well as online. Other governing documen	ts, policies and
audited financial statements are available upon request.	
AP generation descentes state and letter to multiply (Deut WT line 10)	
07. Governing documents, etc, available to public (Part VI, line 19)	
Governing documents are available upon request. Governing documents are a	vailable upon
overning accuments are available apon request. Soverning accuments are a	
request.	

Form	8868	
(Rev. Jar	nuary 2020)	

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

- File a separate application for each return.
- ► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)					
print	ALI FORNEY CENTER, INC.	30-0104507					
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.						
due date for	224 West 35th Street STE 1500						
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
instructions.	tions. New York NY 10001						

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of > Alexander Roque, 224 West 35th Street New York NY 10001

Т	elephone No.► 212-222-3427	FAX No. ►			
• If	the organization does not have an office or place of business in the	United States, check this box			
• If	this is for a Group Return, enter the organization's four digit Group E	xemption Number (GEN) . If	this is		
	e whole group, check this box \ldots		٦		
	with the names and TINs of all members the extension is for.				
					_
1	I request an automatic 6-month extension of time until	11-15 , 20 21 , to file the exempt organization ref	um fo	or	
	the organization named above. The extension is for the organizatio				
	► X calendar year 20 20 or				
	► tax year beginning, 20), and ending	, 20	0.	
2	If the tax year entered in line 1 is for less than 12 months, check rea	ason: 🗌 Initial retum 🗌 Final retum			
	Change in accounting period				
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 606	69, enter the tentative tax, less			
	any nonrefundable credits. See instructions.		3a	\$	
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter	any refundable credits and			
	estimated tax payments made. Include any prior year overpayment	t allowed as a credit.	3b	\$	
с	Balance due. Subtract line 3b from line 3a. Include your payment	t with this form, if required, by			
	using EFTPS (Electronic Federal Tax Payment System). See instru	uctions.	3c	\$	
Cau	ion: If you are going to make an electronic funds withdrawal (direc	t debit) with this Form 8868, see Form 8453-EO and Fo	rm 88	379-EO for payment	
	ictions.				
For I	Privacy Act and Paperwork Reduction Act Notice, see instructio	ns.	For	m 8868 (Rev. 1-202	20)
				`	'

EEA

Statement of Program Service Accomplishments

2020 PG01

Name(s) as shown on return

Your Social Security Number

30-0104507

ALI FORNEY CENTER, INC.

Form 990-Part III(a)

Statement of Service Accomplishment

Statement #4

Program Service Code	
Program Service Expenses	\$3816823
Grants and allocations included in above expense	\$0
Program Services Revenue	\$ 0

Explanation

During the recent fiscal year, over 2/3 of the Transitional Housing residents have successfully exited the program-mainly to supportive housing; and 2/3 of the graduates increased income and/ or completed educational and mental health goals while in the program despite the pandemic. Guided by the overall agency, THP successfully pivoted the pitfalls of breaks in care by: 1)Focusing on stability of youth while supporting them in defining their goals. 2) Incentivizing activities that would engage them and providing tools to navigate the program during a pandemic. 3)Constant communication regarding the changing regulations and the larger covid updates. 4. Amending program policies to support and ensure the safety of staff and residents As a results of these efforts, there were no major outbreaks of covid in the program and very few negative discharges. We had clear protocols to follow in the event of positive cases; we prioritized the mental health of the residents by implementing and normalizing the self care agreement, multiple checking with the Mental Health team at AFC, approving longer passes when we were able to. Overall, THP focused on buy-in méthodes and using tactics from a volunteer based approach as well as seeing the residents as a partner to successfully support them in the program during the pandemic. In 2020 Trans Housing was able to engage residents in group activities that connected them to the larger lgbtq communities and physical activity often inaccessible to LGBTQ young people of color. An example of this was trans housing's life retreat with CRUX an LGBTQ organization that builds community around rock climbing, a well attended event that gave residents space to take care of their physical and mental well being through the sport of climbing while building community with one another and the community at large. Trans housing is a 2 year 18 bed program and in 2020 saw 8 of our residents move into their own subsidized or unsubsidized apartments or move in with friends and family. 2 of these 8 residents moved into unsubsidized apartments and 5 moved into their own subsidized apartments through referrals made in case management. Additionally trans housing was able to add to our positive incentive model began in 2019 by providing program compliance gift cards that residents earn weekly by supporting the space and meeting program expectations. A gift card tracker was also created that is visible to staff and residents for each site to help residents and staff see where a resident is at in earning their gift card for the week. This was created with resident brainstorming as a way to facilitate resident buy in, transparency, and mutual accountability between staff and residents for completing tasks and filling out the tracker. This system has increased program compliance tremendously and was very supportive of residents due to loss of income during the height of the pandemic in 2020. Trans housing was also successful in connecting several residents to multiple emergency relief and mutual aid funds for Trans sex workers, undocumented residents, and Black trans folks experiencing homelessness based on eligibility.

FOR YOUR RECORDS ONLY Federal Supporting Statements 2020 PG01						
Name(s) as shown on return		Tax ID Number				
ALI FORNEY CENTER, INC	1 - •	30-0104507				
Form 990 - Schedule D - Part VI - Line 1e Statement #D1e Investments - Other						
Description	Cost/basis Cost/basis	Book				
of Investment	(<u>Investment</u>) <u>(Other</u>)	Depr Value				
Total	<u> </u>	<u> 0 0 0 </u>				

990	Overflow Statement			2020 Page 1
Name(s) as shown on return	Overnow otatement		FEIN	Fage 1
ALI FORNEY CENTE	R, INC.			30-010450
	·			
	Contractual and professional fe	ees		
Description				Amount
	professional fees			60 7
Subconcruccor		Total:	\$	355,3
	Contractual and professional fe	ees		
Description				Amount
Contractual and	professional fees		_ <u>\$</u>	529,3
		Total:	\$ <u></u>	529,3
	Contractual and professional fe	ees		
Description				Amount
Contractual and	professional fees		\$	277,70
		Fotal:	\$	277,70
Depreciation			<u> </u>	30
	Leasehold Improvements		_ <u>×</u>	72,93
		Fotal:	 _\$	72,93
Amortization of			 \$	72,93 73,23
Amortization of Description	Other Expenses - Program Servio	ces		72,93 73,23
Amortization of Description Postage, printin	Other Expenses - Program Servic	ces	- <u>-</u>	72,93 73,23 Amount
Amortization of Description Postage, printin Repairs and Main Miscellaneous	Other Expenses - Program Servic g, shipping tenance	ces		72,93 73,2 73,2 73,2 73,2 73,2 39 119,42 13,0
Amortization of Description Postage, printin Repairs and Main Miscellaneous	Other Expenses - Program Servic g, shipping tenance	ces	- <u>\$</u>	72,93 73,2 73,2 73,2 73,2 73,2 3 119,42 13,0 12,4
Amortization of Description Postage, printin Repairs and Main Miscellaneous	Other Expenses - Program Servic g, shipping tenance	ces	- <u>\$</u>	72,93 73,2 73,2 73,2 73,2 73,2 39 119,42 13,0
Amortization of Description Postage, printin Repairs and Main Miscellaneous	Other Expenses - Program Servic g, shipping tenance	ces	- <u>\$</u>	72,93 73,2 73,2 73,2 73,2 73,2 3 119,42 13,0 12,4
Amortization of Description Postage, printin Repairs and Main Miscellaneous	Other Expenses - Program Servic g, shipping tenance	ces	- <u>\$</u>	72,93 73,2 73,2 73,2 73,2 73,2 3 119,42 13,0 12,4
Amortization of Description Postage, printin Repairs and Main Miscellaneous	Other Expenses - Program Servic g, shipping tenance	ces	- <u>\$</u>	72,93 73,2 73,2 73,2 73,2 73,2 3 119,42 13,0 12,4
Amortization of Description Postage, printin Repairs and Main Miscellaneous	Other Expenses - Program Servic g, shipping tenance	ces	- <u>\$</u>	72,93 73,2 73,2 73,2 73,2 73,2 3 119,42 13,0 12,4
Amortization of Description Postage, printin Repairs and Main Miscellaneous	Other Expenses - Program Servic g, shipping tenance	ces	- <u>\$</u>	72,93 73,2 73,2 73,2 73,2 73,2 3 119,42 13,0 12,4
Amortization of Description Postage, printin Repairs and Main Miscellaneous	Other Expenses - Program Servic g, shipping tenance	ces	- <u>\$</u>	72,93 73,2 73,2 73,2 73,2 73,2 3 119,42 13,0 12,4
Amortization of Description Postage, printin Repairs and Main Miscellaneous	Other Expenses - Program Servic g, shipping tenance	ces	- <u>\$</u>	72,93 73,2 73,2 73,2 73,2 73,2 3 119,42 13,0 12,4
Amortization of Description Postage, printin Repairs and Main Miscellaneous	Other Expenses - Program Servic g, shipping tenance	ces	- <u>\$</u>	72,93 73,2 73,2 73,2 73,2 73,2 3 119,42 13,0 12,4
Amortization of Description Postage, printin Repairs and Main Miscellaneous	Other Expenses - Program Servic g, shipping tenance	ces	- <u>\$</u>	72,93 73,2 73,2 73,2 73,2 73,2 3 119,42 13,0 12,4
Amortization of Description Postage, printin Repairs and Main Miscellaneous	Other Expenses - Program Servic g, shipping tenance	ces	- <u>\$</u>	72,93 73,2 73,2 73,2 73,2 73,2 3 119,42 13,0 12,4
Amortization of Description Postage, printin Repairs and Main Miscellaneous	Other Expenses - Program Servic g, shipping tenance	ces	- <u>\$</u>	72,93 73,2 73,2 73,2 73,2 73,2 3 119,42 13,0 12,4

990

Name(s) as shown on return

ALI FORNEY CENTER, INC.

Other Expenses - Management and General

Overflow Statement

Description		Amount
Postage, printing, shipping	\$	8,894
Repairs and Maintenance		4,776
Vehicle expenses		1,558
Miscellaneous Expenses		71,408
	Total: \$	86,636

2020 Page 2

30-0104507

FEIN

Form 990 Worksheet	Schedule A, Line 5 - Excess 2% Limitation Contributors	
	(Keep for your records)	2020
Name(s) as shown on return		Tax ID Number
ALI FORNEY CENTER	, INC.	30-0104507
		·

	(a)	(b)	(c)	(d)	(e)	(f)	(g)
Name	2016	2017	2018	2019	2020	Total	Excess contributions
							(col. (f) minus
							the 2% limitation)
Fidelity Charitable Gift Fund				500,000	600,000	1,100,000	
NYS DEPARTMENT OF LABOR				385,973		385 , 973	
US DEPT OF HOUSING AND URBAN DEVELO				989,556		989,556	
NYC DEPT OF YOUTH AND COMMUNITY DEV				5,580,272		5,580,272	4,399,665
U.S. DEPARTMENT OF JUSTICE				87,503		87,503	
U.S. DEPT OF HEALTH & HUMAN SERVICE				439,213		439,213	
NYS DEPARTMENT OF HEALTH				749,302		749,302	
Office of Temporary and Disability				174,110		174,110	

Total_____

4,399,665