### Form 990

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2007

Department of the Treasury Internal Revenue Service(77) (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Α	Fo	r the 2007 calendar year, or tax year beginning 7/01	, 2007, and	endino	6/30		, 2008	and a damper with the
В		ck if applicable: C				Employer Id	dentification Number	
		Address change   Please use   NYC GAY & LESBIAN ANTI-VIO	LENCE PROD	ECT	İ	13-31		
	П	Name change   or print   240 WEST 35TH ST #200			F	Telephone r		
	П	See NEW YORK, NY 10001			-	•		
	H	Instruc- Termination tions,			-		714-1184	1
	H	Amended return			F			Accrual
	H			1			specify)	
	ш	Section 501(c)(3) organizations and 4947(a)(1) no charitable trusts must attach a completed Schedu	nexempt				27 organizations.	[a=1
		(Form 990 or 990-EZ).	ale A		Is this a group re			ХΝο
G	We	b site: ► WWW.AVP.ORG			If 'Yes,' enter num			_
J	Orc	ganization type		Tu (c)	Are all affiliates i			No.
,	(ch	eck only one)	(1) or 527	H (4)	Is this a separate		•	
K	Che	eck here if the organization is not a 509(a)(3) supporting organization	ation and its	(4)	organization cove	ered by a grou	up ruling? Yes	X No
	aro	ISS receipts are normally <b>not</b> more than \$25 000. A return is not require	ed, but if the		Group Exemp		1 103	[V] NO
	org	anization chooses to file a return, be sure to file a complete return.	,	M			ization is not require	-
L	Gro	oss receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 2, 211, 410	) _	ļ'''	to attach Schedu	le B (Form 99	90, 990-EZ, or 990-Pf	7
Pa	art l	Revenue, Expenses, and Changes in Net Assets of	or Fund Bala	nces	(See the i	netructio	ne )	<del>/·</del>
	1	Contributions, gifts, grants, and similar amounts received:	Traina Buit	11003	(OCC THE I	113010000	// IS.)	
		a Contributions to donor advised funds		,				
		b Direct public support (not included on line 1a)	1t		536,63	22		
		c Indirect public support (not included on line 1a)	1.		330, 63	33.		
		c Indirect public support (not included on line 1a)	10	<u>-</u>	1 500 00			
		e Total (add lines la through Id) (cash \$ 2,124,835. noncash \$	<u>1</u>	11	1,588,20	) <u>Z .</u>		
	2	Program service revenue including government fees and contracts			· • • • • • • • • • • • • • • • • • • •	<u>le</u>	2,124,	835.
	3	Membership dues and assessments	(irom Part VII, I	ine 93	)	2		
	4	Membership dues and assessments				3		
	5	Interest on savings and temporary cash investments		• • • • • •	• • • • • • • • • • • • • • • • • • • •	4	3,	<u>917.</u>
	ı –	Dividends and interest from securities		,	• • • • • • • • • • • • • • • • • • • •	5		
		a Gross rents	<u>6a</u>	ļ				
	į,	b Less: rental expenses	<u>6</u> b	<u> </u>				
	7	c Net rental income or (loss). Subtract line 6b from line 6a				бс		
R		The state of the s		,		) 7		
	82	Gross amount from sales of assets other  (A) Secu	rities		(B) Other			
N U		than inventory	8a					
E	1	b Less: cost or other basis and sales expenses	85	<del></del>				
	•	Gain or (loss) (attach schedule).	8c					
		d Net gain or (loss). Combine line 8c, columns (A) and (B)			<u></u>	8d		
	<b>.</b>	Special events and activities (attach schedule). If any amount is from	n gaming, chec	k here	., ►∐			
	-	a Gross revenue (not including \$ 168,641. of contrarence on line 1b)	ibutions '	ı				
	ь	reported on line 1b)	, <u>9a</u>		44,55			
	_			<del></del>		<ul> <li>100000000000</li> </ul>		
İ		: Net income or (lose) from special events. Subtract line of forms	9 <u>b</u>		100,56			ገ1 ጋ
	c	Net income or (loss) from special events. Subtract line 9b from line	9a		100,56 EMENT.1	2. 9c	-56,	JIZ.
- 1	10 a	Net income or (loss) from special events. Subtract line 9b from line a Gross sales of inventory, less returns and allowances	9a	STAT			-56,	JIZ.
	10 a	Net income or (loss) from special events. Subtract line 9b from line Gross sales of inventory, less returns and allowances Less: cost of goods sold	9a	STAT	EMENT. 1	9c	-56,	JIZ.
- 1	10 a b	Net income or (loss) from special events. Subtract line 9b from line Gross sales of inventory, less returns and allowances Less: cost of goods sold	9a	STAT	CEMENT1.	9c	-56,	<u>JIZ.</u>
1	10 a b c 11	Net income or (loss) from special events. Subtract line 9b from line Gross sales of inventory, less returns and allowances Less: cost of goods sold Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from Other revenue (from Part VII, line 103)	9a	STAT	CEMENT. 1.	9c 10c		108.
_	10 a b c 11 12	Net income or (loss) from special events. Subtract line 9b from line Gross sales of inventory, less returns and allowances Less: cost of goods sold Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from Other revenue (from Part VII, line 103) Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	9a	STAT	EMENT. 1	9c 10c 11		108.
E	10 a b c c 11 12 13	Net income or (loss) from special events. Subtract line 9b from line a Gross sales of inventory, less returns and allowances	9a	STAT	CEMENT. 1.	9c 10c 11 12	38,2 2,110,8 1,425,8	108. 348. 388.
EXPE	10 a b c c 11 12 13 14	Net income or (loss) from special events. Subtract line 9b from line a Gross sales of inventory, less returns and allowances	9a 10 a	STAT	CEMENT. 1.	9c 10c 11 12 13	38,2 2,110,8 1,425,8 389,9	108. 348. 388.
EXPERS	10 a b c 11 12 13 14 15	Net income or (loss) from special events. Subtract line 9b from line a Gross sales of inventory, less returns and allowances  Less: cost of goods sold  Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from Other revenue (from Part VII, line 103)  Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11  Program services (from line 44, column (B))  Management and general (from line 44, column (C))  Fundraising (from line 44, column (D)).	9a	STAT	CEMENT. 1.	9c 10c 11 12 13 14 15	38,2 2,110,8 1,425,8	108. 348. 388.
EXPENSES	10 a b c 11 12 13 14 15 16	Net income or (loss) from special events. Subtract line 9b from line a Gross sales of inventory, less returns and allowances	9a	STAT	CEMENT. 1.	9c 10c 11 12 13 14 15 16	38,2 2,110,8 1,425,8 389,9	108. 348. 388.
_	10 a 10 a 11 12 13 14 15 16 17	Net income or (loss) from special events. Subtract line 9b from line a Gross sales of inventory, less returns and allowances  Less: cost of goods sold  Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from Other revenue (from Part VII, line 103)  Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11  Program services (from line 44, column (B))  Management and general (from line 44, column (C))  Fundraising (from line 44, column (D))  Payments to affiliates (attach schedule)  Total expenses. Add lines 16 and 44, column (A)	9a	.STAT	CEMENT. 1.	9c 10c 11 12 13 14 15 16	38,2 2,110,8 1,425,8 389,9	108. 348. 388. 943.
	10 a b 11 12 13 14 15 16 17	Net income or (loss) from special events. Subtract line 9b from line a Gross sales of inventory, less returns and allowances  Less: cost of goods sold.  Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from Other revenue (from Part VII, line 103).  Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11  Program services (from line 44, column (B)).  Management and general (from line 44, column (C)).  Fundraising (from line 44, column (D)).  Payments to affiliates (attach schedule).  Total expenses. Add lines 16 and 44, column (A).  Excess or (deficit) for the year. Subtract line 17 from line 12	9a	.STAT	CEMENT. 1.	9c 10c 11 12 13 14 15 16 17	38,2 2,110,8 1,425,8 389,9 309,1	108. 348. 388. 943. 140.
	10 a b c c 11 12 13 14 15 16 17 18 19	Net income or (loss) from special events. Subtract line 9b from line a Gross sales of inventory, less returns and allowances	9a	STAT	CEMENT. 1.	9c 10c 11 12 13 14 15 16 17 18	38,2 2,110,6 1,425,6 389,9 309,1	108. 348. 388. 943. 140.
ASSET	10 a b 11 12 13 14 15 16 17	Net income or (loss) from special events. Subtract line 9b from line a Gross sales of inventory, less returns and allowances  Less: cost of goods sold.  Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from Other revenue (from Part VII, line 103).  Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11  Program services (from line 44, column (B)).  Management and general (from line 44, column (C)).  Fundraising (from line 44, column (D)).  Payments to affiliates (attach schedule).  Total expenses. Add lines 16 and 44, column (A).  Excess or (deficit) for the year. Subtract line 17 from line 12	9a	.STAT	EMENT. 1.	9c 10c 11 12 13 14 15 16 17 18 19	38,2 2,110,6 1,425,6 389,9 309,1 2,124,9	108. 348. 388. 943. 140.

Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instruct.) Part II

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	a Grants paid from donor advised				uria gerierai	
	funds (attach sch)					
	(cash \$					
	non-cash \$)					
	If this amount includes foreign grants, check here	22 2	,			
22	b Other grants and allocations (att sch)				-	
	(cash \$					
	non-cash \$)			•		
	If this amount includes foreign grants, check here ▶	226				
	——————————————————————————————————————				-	
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members					
24	(attach schedule)	24				
25	a Compensation of current officers,					
	directors, key employees, etc. listed in Part V-A	0.5	777 007	40.000		
		25 a	111,021.	49,960.	44,408.	16,653.
,	b Compensation of former officers, directors, key employees, etc. listed					
_	in Part V-B	25 ь	64,649.	9,698.	48,486.	6,465.
•	Compensation and other distributions, not included above, to disqualified persons (as					
	included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section			İ		
	4958(c)(3)(B)	25 c	0.	0.	0.	0.
26	Salaries and wages of employees not					<u> </u>
	included on lines 25a, b, and c	_26	948,244.	757,723.	88,522.	101,999.
27	Pension plan contributions not					
	included on lines 25a, b, and c	27				
28						
29	lines 25a - 27	28	110,698.	83,901.	14,589.	12,208.
30	Payroll taxes	29	82,763.	61,068.	12,477.	9,218.
31	Accounting fees	30 31				
32	Legal fees	32				
33	Supplies	33	25,231.	20,054.	2 077	2 000
34	Telephone	34	24,337.	15,365.	2,977. 6,527.	2,200.
35	Postage and shipping	35	17,619.	13,720.	2,242.	2,445.
36	Осспрансу	36	241,428.	192,936.	19,832.	1,657. 28,660.
37	Equipment rental and maintenance	37	46,949.	17,509.	13,505.	15,935.
38	Printing and publications	38	45,322.	45,253.	40.	29.
39	Travel	39	39,253.	39,253.		
	Conferences, conventions, and meetings	40	4,249.	3,136.	640.	473.
41 42	Interest	41	12,393.	9,145.	1,868.	1,380.
43	Depreciation, depletion, etc (attach schedule) Other expenses not covered above (itemize):	42	41,193.	30,395.	6,210.	4,588.
	SEE STATEMENT 2	43a	309,622.	76,772.	127 (20	105 000
b		43Ъ	303,022.	10,112.1	127,620.	105,230.
c		43 c				
d		43 d				
e		43 e				
f		43f				
9		43 g				
44	Total functional expenses. Add lines 22a	ļ				
	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	2,124,971.	1,425,888.	200 042	200 140
Joint	Costs. Check . ► if you are following S	OP 98	-, <u>-, -, -, -, -, -, -, -, -, -, -, -, -, -</u>	L/ 123,000.	389,943.	309,140.
Are ar	ny joint costs from a combined educational	campa	ign and fundraising solicit	tation reported in (R) Pr	onram services?	► Yes X No
n res	s, enter (1) the aggregate amount of these j	oint co	sts \$	: (ii) the am	ount allocated to Progra	m services
\$	; (iii) the amount alloc	cated t	o Management and geлег	al \$		amount allocated
to run	draising \$ .					

Form 990 (2007)	MYC	CAY	Γ.	TECHTAN	ANTI-VIOLENCE	ספר זויירייי
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13-3149200

Page 3

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes in Part III. The programs and accurate and fully describes in Part III.

	The state of the s	a complete and accurate and	iuny describes, in Part III, the organization	s programs and acc	omplishments.
All or clien izatio	rganizations must describ Is served, publications is ons and 4947(a)(1) nonex	pe their exempt purpose achiev sued, etc. Discuss achievemen cempt charitable trusts must al	EE STATEMENT 3  vernents in a clear and concise manner. S  nts that are not measurable. (Section 501()  so enter the amount of grants and allocations	tate the number of c)(3) and (4) organons to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
а	SEE STATEMENT 4	<u>1</u>			
b			) If this amount includes foreign grants,		1,425,888.
c		\$	) If this amount includes foreign grants,		
d]	(Grants and allocations	\$	) If this amount includes foreign grants,	check here	
	Grants and allocations				
		Ş		check here	<u></u>
	Other program services (Grants and allocations	s			
-			) If this amount includes foreign grants,	check here	
BAA	Total of Flogram Service	: Exhauses (200000 edus) line	44, column (B), Program services)	.,,,,,	1,425,888.
DAA					Form <b>990</b> (2007)

No		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		<b>(B)</b> End of year
	45	Cash — non-interest-bearing	7,589.	45	8,998
	46	Savings and temporary cash investments		46	
		a Accounts receivable			
	'	b Less: allowance for doubtful accounts		47 c	
	40				
		Pledges receivable			
		Less: allowance for doubtful accounts	100,000.	48c	50, <u>00</u> 0.
	49	Grants receivable	414,494.	49	<u>251,</u> 436.
	50	a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
Α	ŀ	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50 b	
A S S E T	51 a	a Other notes and loans receivable (attach schedule)			
S	Ŀ	Less: allowance for doubtful accounts		51 c	
		Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	95,594.	53	49,533.
	54a	Investments – publicly-traded securities ► Cost FMV	30/351.	54a	±2,333.
	l E	Investments - other securities (attach sch) Cost FMV		54b	
		Investments – land, buildings, & equipment: basis   55 a			
	b	Less: accumulated depreciation (attach schedule)		55 c	
	56	Investments — other (attach schedule)		56	
	57 a	Land, buildings, and equipment: basis 57 a 604, 485.			
	Ь	Less: accumulated depreciation (attach schedule)STATEMENT5 57b 355, 165.	66,993.	57 c	249,320.
	58	Other assets, including program-related investments			213,320.
		(describe ► SEE STATEMENT 6	18,672.	58	19,082.
	59	Total assets (must equal line 74). Add lines 45 through 58	703,342.	59	628, 369.
	60	Accounts payable and accrued expenses	244,125.	60	260,275.
	61	Grants payable		61	200,210.
Ļ	62	Deferred revenue		62	
À	63	Loans from officers, directors, trustees, and key			
Ī		Loans from officers, directors, trustees, and key employees (attach schedule)	16,000.	63	28,900.
+	64 a	Tax-exempt bond liabilities (attach schedule)		64a	
T - E 5	Ь	Mortgages and other notes payable (attach schedule)		64 Ь	
5	65	Other liabilities (describe SEE STATEMENT 7	537,799.	65	447,899.
	66	Total liabilities. Add lines 60 through 65	797,924.	66	737,074.
N	Orga	nizations that follow SFAS 117, check here ➤ X and complete lines 67			
N E		through 69 and lines 73 and 74.			
Ą		Unrestricted	-265,282.	67	-142,488.
AUNEI-U	68	Temporarily restricted	170,700.	68	33,783.
- 1		Permanently restricted		69	
F	Orga	nizations that do not follow SFAS 117, check here ► and complete lines 70 through 74.			
Ď	70	Capital stock, trust principal, or current funds	ľ	70	
- 1	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
Ã	72	Retained earnings, endowment, accumulated income, or other funds		72	
BALANCES	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	-94,582.	73	-108,705.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73.	703,342.	74	628, 369.
3AA			,00,046.	77	020, 309.

	instructions.)				urn (See the
а	Total revenue, gains, and other supp	ort per audited financial stateme	ante		NT / 70
ь	Amounts included on line a but not o	n Part I line 12:	#1C3		a N/A
	1 Net unrealized gains on investments.		61		
	2Donated services and use of facilities				
	3Recoveries of prior year grants				
	4Other (specify):				
	Add lines b1 through b4	• • • • • • • • • • • • • • • • • • • •			
C	Subtract line b from line a				
d	Amounts included on Part I, line 12, I				
	1 Investment expenses not included on	Part I, line 6b	<u>d1</u>		
	2Other (specify):				
			d2		
	Add lines d1 and d2	• • • • • • • • • • • • • • • • • • • •			
e Simo	Total revenue (Part I, line 12). Add lin	nes c and d		▶ ε	
l i	art IV-B Reconciliation of Expe	nses per Audited Financ	<u>ial Statements wil</u>	th Expenses per Re	eturn
	***				
a	Total expenses and losses per audite	d financial statements		<u>E</u>	N/A
b	Amounts included on line a but not or		1 1		
	1 Donated services and use of facilities		<u>b1</u>		
	2Prior year adjustments reported on Pr				
	3Losses reported on Part I, line 20	• • • • • • • • • • • • • • • • • • • •	<u>b3</u>		
	4Other (specify):				
	Add lines b1 through b4		<u>_b4</u>		
С	Subtract line b from line a			·····	
d	Amounts included on Part I, line 17, b	ut not on line a:	* * * * * * * * * * * * * * * * * * * *	C	
	1 Investment expenses not included on		41		
	2Olher (specify):		· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·	·	<sub>d2</sub>		
	Add lines d1 and d2			d	
е	Total expenses (Part I, line 17). Add I	nes <b>c</b> and <b>d</b>			
Pa	irt V-A Current Officers, Direc	tors, Trustees, and Key Eduring the year even if they were	mployees (List eac	th person who was an o	fficer, director, trustee
	or key employee at any time i	during the year even if they were	not compensated.) (S	See the instructions.)	
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
LE	E STATEMENT 8		107,302.	3,719.	0.
		{			
		· -			
		· <b>-</b>			
		·-			
			W		
		-			
				1	
BAA		TEEA0105L OR	3/02/07		Form 990 (2007)

Form 990 (2007) NYC GAY & LESBIAN ANT Part V-A Current Officers, Directors, Tru	I-VIOLENCE PROJ	JECT	13-3149	9200	1 -	age 6
75a Enter the total number of officers, directors, and trustees p	ermitted to vote on organization	n business at based meetings	<u>► 0</u>	10000000	Yes	No
b Are any officers, directors, trustees, or key em- listed in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other throu identifies the individuals and explains the relati	ployees listed in Form saled professional and	990, Part V-A, or highes other independent contestionships? If 'Yes' at	st compensated employ	ees ile 75b		х
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization'						X
d Does the organization have a written conflict or					3.3388 V	
Part V-B Former Officers, Directors, Tru	stoce and Kor Em			75d	X	
Benefits (If any former officer, directors during the year, list that person below a the instructions.)	ir triistaa orkairamolo	wan racelyad company	adina aa adaan bahar 201 - A			
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	<b>(E)</b> Ex account a allowa		her
FRED HUMPHREY 240 WEST 35TH STREET #200 NEW YORK, NY 10001	0.	62,692.	1,957.			0.
		ŀ				
Part VI Other Information (See the instr	ructions )			— -	<del></del> T	
***				<u> </u>	Yes	No
<ul> <li>76 Did the organization make a change in its activi If 'Yes,' attach a detailed statement of each cha</li> <li>77 Were any changes made in the organizing or go</li> </ul>	inge		· · · · · · · · · · · · · · · · · · ·	76		X
If 'Yes,' attach a conformed copy of the change	s.	upruchoused to the IV2	· • · · · · · · · · · · · · · · · · · ·	77		<u>X</u>
78a Did the organization have unrelated business gr		r more during the year.	acused by this astrony	70		
b If 'Yes,' has it filed a tax return on Form 990-T fi	or this year?	i more during the year	covered by this return?.	78a		X
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	or substantial contracti	ion during the			N/	X
80 a Is the organization related (other than by associ membership, governing bodies, trustees, officer	ation with a statewide o s, etc, to any other exe	r nationwide organization				X
b It 'Yes,' enter the name of the organization	N/A and che	ck whether it is exe	empt or I ponexem			
81 a Enter direct and indirect political expenditures. (	See line 81 instructions.	.)	81a	'n l		
b Did the organization file Form 1120-POL for this	year?	<u> </u>		81 b	.0.000000000000000000000000000000000000	Χ

Form 990 (2007)

BAA

Form 990 (2007) NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT	13-314920	0 (	F	age 7
Part VI Other Information (continued)				No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities a substantially less than fair rental value?	at no charge or at	82a		х
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b N/A	L.		
83a Did the organization comply with the public inspection requirements for returns and exemption	applications?	83a	Х	30000000
b Did the organization comply with the disclosure requirements relating to guid pro guo contributi	ions?	83b	Х	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		84a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such cont not tax deductible?		84Ь	N,	/'A
85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		85a	N	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	***********	85b	N	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the waiver for proxy tax owed for the prior year.	organization received a			
c Dues, assessments, and similar amounts from members	85c N/A			
	85d N/A	A1000000000000000000000000000000000000		
	85e N/A	0.000.000.000		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 a	N	∞∞∞∞ ' <b>∆</b>
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonab dues allocable to nondeductible lobbying and political expenditures for the following tax year?	la anti-ust- ut		N/	
6 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on		9211	14/	A
I conil	B6a N/A			
h Cross repolate included and the second second	36b N/A	100000000000000000000000000000000000000		
7 501(c)(12) organizations. Enter: a Gross income from members or shareholders	37a N/A			
b Gross income from other sources. (Do not net amounts due or paid to other sources	37b N/A			
8 a At any time during the year, did the organization own a 50% or greater interest in a taxable corp or an entity disregarded as separate from the organization under Regulations sections 301.7701 If 'Yes,' complete Part IX	poration or partnership,	88a		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity winds section 512(b)(13)? If 'Yes,' complete Part XI	ithin the meaning of			
39a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year unde	·····	88Ъ		X
section 4911 ► 0. ; section 4912 ► 0. ; section 495	 5► 0.			
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess b during the year or did it become aware of an excess benefit transaction from a prior year? If 'Ye explaining each transaction	enefit transaction es,' attach a statement			
c Enter: Amount of tax imposed on the organization managers or disqualified paragraphs the	1	89 b		<u>X</u>
3 0 at and a country 43 (2, 4303, and 4306	<u>0.</u>			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization	▶0.			
e All organizations. At any time during the tax year, was the organization a party to a prohibited to	x shelter transaction?	89 e		X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insur-	ance contract?	89 f		Χ
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did organization, or a fund maintained by a sponsoring organization, have excess business holdings the year?				
the year?		89 g		<u>X</u>
	·	<u>-</u>		
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	i	906		10
Talaphana numb				<u>19</u>
Located at > 240 WEST 35TH ST NEW YORK NY	∠IP +4 ► <u>10001</u>			
b At any time during the calendar year, did the organization have an interest in or a signature or of financial account in a foreign country (such as a bank account, securities account, or other financial account.)	ther authority over a			No
If 'Yes,' enter the name of the foreign country.	cial account)?	91b	2000-000-0	X
If 'Yes,' enter the name of the foreign country				
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Forei Financial Accounts.	ign Bank and			
A		Form 9	990 (20	07)

	(2007) NYC GAY & LESBIAN		ICE PROJECT		13-3149	200 Page 8
Part VI Other Information (continued)						Yes No
	ny time during the calendar year, die		maintain an office	outside of the l	Jnited States?	91 c X
	es,' enter the name of the foreign count			- <b></b>		
	ion 4947(a)(1) nonexempt charitable					
and and	enter the amount of tax-exempt inte	rest received or a	ccrued during the	tax year	▶ 92	N/A
Fart VII	Analysis of Income-Produc					
Notes Ent		Unrelated bu	siness income	Excluded by se	ection 512, 513, or 514	(E)
otherwise	er gross amounts unless indicated.	(A) Business code	(B) Amount	(C) Exclusion code	<b>(D)</b> Amount	<b>(E)</b> Related or exempt function income
	ogram service revenue:					
a						
d d						
		<del></del>		<u> </u>	H 000 1	
	dicare/Medicaid payments					
	s & contracts from government agencies					
	mbership dues and assessments.					
	rest on savings & temporary cash invmnts.			14	3,917.	
	idends & interest from securities				3,511.	
	rental income or (loss) from real estate:	print a service of the service of th	The property of the property o	With a last to the property of	Contracted Assessment Contract (1997) of print transport of the Contract (1997) of the Cont	en i promot del manto del capita del manto del
a det	ot-financed property					The second secon
<b>b</b> not	debt-financed property					
98 Net	rental income or (loss) from pers prop					
99 Oth	ner investment income[					
	in or (loss) from sales of assets er than inventory					
	income or (loss) from special events			1	-56,012.	
	ss profit or (loss) from sales of inventory				30,012.	
	ner revenue: a	A Comment of the Comm	pages of a continuous of a special page companies and a special continuous of	a gain a particular de la companiona provincia de la companiona del companiona del companiona del companiona	The second secon	The subsection of the subsecti
	MINISTRATIVE FEES				Print 1 ( ) Print	38,108.
c						50,100.
d						
е						
<b>104</b> Subt	total (add columns (B), (D), and (E))	A COLOR OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T		The second secon	-52,095.	38,108.
105 Tot	al (add line 104, columns (B), (D), a	ınd (E))				-13,987.
	105 plus line 1e, Part I, should equa					······
Part VIII	Relationship of Activities to	the Accompli	shment of Exe	mpt Purpose	s (See the instruct	ions.)
Line No. ▼	Explain how each activity for which of the organization's exempt purpo	income is reporte ses (other than by	ed in column (E) o / providina funds fo	f Part VII contrit or such purpose	outed importantly to the	accomplishment
103B	FEE PURSUANT TO AN M.C					
	ANTI-VIOLENCE PROGRAMS	WHOSE ACTI	VITIES ARE	CONSISTENT	WITH THE ORGAN	IZATTONS'
	EXEMPT PURPOSE.			<u></u>		
						-
Part IX	Information Regarding Taxa	ıble Subsidiari	es and Disrega	arded Entitie	s (See the instructi	ons.)
	(A)	(B)	(C)		(D)	(E)
Name,	address, and EIN of corporation,	Percentage of	Nature of a	octivities	Total	End-of-year
****	nership, or disregarded entity	ownership interest	Trattic of c	CUVICA	income	assets
N/A		왕				
		음				
		망				
י ע ע בי	Information Description	응				
	organization, during the year, receive any fundamental					Yes X No
	e organization, during the year, pay			a personal bene	etit contract?	Yes X No
Note: //	'Yes' to <b>(b),</b> file Form 8870 <b>and</b> For	ın 4720 (see instr	uctions).			

- Fa	Information Regarding Transfers To a organization is a controlling organizati	and From Controlled E on as defined in section	Entities. Complete only if ton 512(b) (13).	'he		
106	Did the reporting organization make any transfers to a 'Yes,' complete the schedule below for each controlled	controlled entity as defined	in cooling E12/E/CII) of the Oak	e? If	Yes	No X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer		(D) of trans	
a						
b						***************************************
С						
	Totals					
107	Did the reporting organization receive any transfers fro 'Yes,' complete the schedule below for each controlled	om a controlled entity as defi l entity	ined in section 512(b)(13) of the	Code? If	Yes	No X
	(A) (B) (C) Name, address, of each Employer Identification Description of				(D) t of transfer	
а						
ь						
С				,,5404		
	Totals					
108	Did the organization have a binding written contract in annuities described in question 107 above?	<del> </del>				No X
Pleas Sign Here	Under penalties of perjury, I declare that I have examined this return true, correct, and complete. Declaration of preparer (either than of	rn, including accompanying schedule icer) is based on all information of wi	as and statements, and to the best of my kinding preparer has any knowledge.  2/2/ Date	nowledge and b	pelief, it is	š
Paid Pre- Parer	Preparer's signature  S Firm's name (or yours if self-employed), 1099 WALL ST WEST SUIT	Date OCIATES LLC TE 280		eparer's SSN or eneral Instruction 00396373		See
Only AA	address, and LYNDHURST, NJ 07071		Phone no. ► (201	.) 933-3	3780 990 (2	.007)

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

OMB No. 1545-0047

2007

NYC GAY & LESBIAN ANTI-VIOLENCE P	ROJECT		13-3149200	
Part I Compensation of the Five High	hest Paid Employees Ot	her Than Officer	s, Directors, a	nd Trustees
(See instructions, List each or	ie. It there are none, ente	r 'None.')		
(a) Name and address of each employee paid more Ihan \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 9				
		289,581.	10,918.	
Total number of other employees paid	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
over \$50,000	0			
Part II — A Compensation of the Five Hig (See instructions, List each on	hest Paid Independent C e (whether individuals or	ontractors for P firms). If there a	rofessional Ser re none, enter	r <b>vices</b> 'None.')
(a) Name and address of each independent contra	ctor paid more than \$50,000	<b>(b)</b> Type o	f service	(c) Compensation
NONE		()		(a) compensation
		-		
		-		
	,			
	·	-	ĺ	
Total number of others receiving over \$50,000 for professional services	0			
Part II - B Compensation of the Five High	nest Paid Independent Co	ontractors for O	her Services	
(List each contractor who perfo firms. If there are none, enter '	rmed services other than None.' See instructions.)	professional ser	vices, whether	individuals or
(a) Name and address of each independent contrac	ctor paid more than \$50,000	<b>(b)</b> Type of	service	(c) Compensation
NONE				
Total number of other contractors receiving by pover \$50,000 for other services	n			

Schedule A (Form 990 or 990-EZ) 2007 NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT 13-31	49200	F	age <b>2</b>
Part III Statements About Activities (See instructions.)			No
During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ N/A (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.).			x
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			1
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with a taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principle beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)	iny pal		
a Sale, exchange, or leasing of property?	2a		Х
b Lending of money or other extension of credit?	2ь		<u>X</u>
c Furnishing of goods, services, or facilities?			Х
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Х	
e Transfer of any part of its income or assets?	2e		Х
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		Х
b Did the organization have a section 403(b) annuity plan for its employees?	Зы	Х	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3c		х
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?			Х
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g.			<u> </u>
<b>b</b> Did the organization make any taxable distributions under section 4966?		N/	
c Did the organization make a distribution to a donor, donor advisor, or related person?		N/	
d Enter the total number of donor advised funds owned at the end of the tax year▶_		]	N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		]	N/A
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts.			0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year▶			n

Part							
l certif	y that the organization is not a private	foundation because it is:	(Please check only ONE ap	plicable box	.)		
5	A church, convention of churches,	or association of churches	s. Section 170(b)(1)(A)(i).				
6	A school. Section 170(b)(1)(A)(ii).	(Also complete Part V.)					
7	A hospital or a cooperative hospita	l service organization. Sec	ction 170(b)(1)(A)(iii).				
8	A federal, state, or local governme	nt or governmental unit. S	ection 170(b)(1)(A)(v).				
9 [	A medical research organization op	perated in conjunction with	a hospital. Section 170(b)(	1)(A)(iii). En	ter the hospit	al's name, city,	
10 [	An organization operated for the be (Also complete the Support Schede	enefit of a college or unive ule in Part IV-A.)	rsity owned or operated by	a governme	ntal unit. Sect	ion 170(b)(1)(A)(iv).	
11 a [	X An organization that normally receing Section 170(b)(1)(A)(vi). (Also com	ves a subslantial part of it plete the Support Schedul	s support from a governmer le in Part IV-A.)	ntal unit or f	rom the gener	al public.	
11 Б [	A community trust. Section 170(b)(	1)(A)(vi). (Also complete th	ne <b>Support Schedule</b> in Par	t IV-A.)			
12 [	An organization that normally receive from activities related to its charitate from gross investment income and organization after June 30, 1975. See						
13 [	An organization that is not controlle requirements of section 509(a)(3).	d by any disqualified perce	one (other than townships	<b></b>			
	Type I Type II	Type III-Function	nally Integrated	Type III	-Other		
			out the supported organiza	ations. (See	instructions.)		
	(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the si organizati the sup organiz gove docun	d) upported on listed in uporting zation's rning nents?	(e) Amount of support	
				Yes	No		
				į			
Total							
						0.	
BAA	An organization organized and opera	ated to lest for public safet	y. Section 509(a)(4). (See i			990 or 990-EZ) 2007	

Note: You may use the worksheet in the instructions for converting from the accurat to the cash method of accounting.  Calendary year of risked year  6) 2005	Note	INV-A Support Schedule ( In You may use the worksheet in the	(Complete only if you on the instructions for con-	checked a box on line verting from the accu	e 10, 11, or 12.) <i>Use c</i>	rash method of accou d of accounting	nting.
Page   Page							(-)
1.584   918   1.598   426   701,594   6,069,916     15   Membership lines received	begi	nning in) 🟲	2006	2005	2004	2003	(e) Total
Constructive machination of previous performed machines and of previous performs performed machines and of previous performed previous performed machines and of previous performs performed machines and of previous performs performed machines and previous performs performed machines and previous performance and previou	15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,084,978.	1,684,918.	1,598,426.	701,594.	6,069,916
17 cross receipts from admissions, menthaldriss and or services performed, or fernalising of facilities in any activity table it calcide to the argunaturals of the flates in any activity table it calcide to the argunaturals of the flates in any activity table it calcide to the argunaturals of the flates and the argunaturals of the argunaturals of the argunaturals of the argunatural of the argunaturals of the argunaturals of the argunaturals the second of the argunaturals of the argunaturals of the argunatural the argunatural through the capacitation and the main all 1975.  19 led income from unrelated business activities on televation at the main all 1975.  19 report the argunatural to the argunatural through the argunatural to the argunatural	16	Membership fees received			, , , , ,		
18 Grass income from interest, dividendes, antic and from permetal to supervisible stants case. \$20,000, teats, regalites, same case. \$20,000, teats, regalites, same case. \$20,000, teats, regalites, same case. \$20,000, teats, regalites, same case. \$20,000, teats, regalites, same case. \$20,000, teats, regalites, same case. \$20,000, teats, regalites, same case. \$20,000, teats, regalites, regalit	17	merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's	-43.628.	266.392	340 325	1 234 409	
19 Nel incene from unrelated business safelvites end included in lies 18.  20 Tax revenues levide for the organization's harvedil and either paid to it or expended on its behalf.  21 The value of services or received from the organization's harvedil and either paid to it or expended on its behalf.  22 Other income. Attach a strickled by a governmental include the value of services or facilities generally furnished to the organization by a governmental include the value of services or facilities generally furnished to the public webhout charge .  22 Other income. Attach a schedule, both the value of services or facilities generally furnished to the public webhout charge .  23 Total of lines 15 through 22. 2, 066, 350. 1, 996, 027. 1, 958, 181. 1, 940, 762. 7, 961, 389. a schedule, both the public webhout charge .  24 Line 23 minus line 17. 2, 1,109, 978. 1, 729, 635. 1, 617, 956, 706, 353. 6, 163, 822. 25 Enter 1% of line 23. 20, 664. 19, 960. 19, 582. 19, 408. a support organization described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. 2. 58. 1, 23, 276. b Propare a list for your records is slow like name of and mount eathbirst ly each passon (plur than a governmental unit or publicly supported prograntization) whise blood gifts for 2001 Brough 2005 exceeded the amount shame in line 56. De not file this list with your return. Enter lite lotal of all lines excess amounts. 22 93, 893. 26. 26. 6, 163, 822. 26. 6, 163, 822. 27. 6 organization whise short line 12. N/A. a For amounts included in lines 15, 16, and 17 that were received from a disqualified person, prepare a list for your records to show the name of and lotal amounts received in each year from, each disquallified person, prepare a list for your records to show the name of, and lotal amounts received for each year, find wear has the large of (1) the amounts for each year: (2005) (2005) (2004) (1005) (2003) (2003) (2003) (2003) (2003) (2003) (2003) (2003) (2003) (2003) (2004) (2003) (2003) (2003) (2003) (2003) (2003) (2003) (2003) (200	18	Gross income from interest, dividends, amts ree'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired		2007002.	340, 323.		
20 Tax revenues levided for the organization's benefit and either paid to if or expended on its behalf	19						
21 The value of services or facilities turnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally turnished to the solution without charge. Do not include the value of services or facilities generally turnished to the solution without charge.  22 Other income. Affacts a gain or (loss) from sale of capital assets. SEB: STMT. 10  25,000. 44,717. 19,430. 4,746. 93,893.  23 Total of lines 15 through 22. 2,066,350. 1,996,027. 1,958,181. 1,940,762. 7,961,320. 24 Line 23 minus line 17. 2,109,978. 1,729,635. 1,617,856, 706,353. 6,163,822. 25 Enter! % of line 23. 20,664. 19,960. 19,582. 19,408. 25 Enter! % of line 23. 20,664. 19,960. 19,582. 19,408. 25 Enter! % of line 23. 20,664. 19,960. 19,582. 19,408. 25 Enter! % of line 24. 22 29,3893. 26b  26a 123,276. b Prepare a list for your records to show the name of and amount contributed by each pressar (where the nane governmental mill or publicly supported organization) whose stolar gifts for zone and survey of the lines of the stolar gifts of your sected the amount shown in line 26a bon of life this list with your return. Enter lite total of all these excess amounts. 22 93,893. 26b  266 6,069,916. 26f 93,906. 270 Organizations described on line 12   N/A  20  270 Organizations described on line 12   N/A  20  270 Organizations described on line 12   N/A  20  270 Organizations described on line 12   N/A  20  270  270 Organizations described on line 12   N/A  20  270  270  270  270  270  270  270	20	organization's benefit and either paid to it or expended					
22   Other income. Attach a schedule. Do not include gain or (loss) from sale of gain are (loss) from sale of gain are (loss) from sale of gain are (loss) from sale of gain are (loss) from sale of gain are (loss) from sale of gain are (loss) from sale of gain are (loss) from sale of gain are (loss) from sale of gain or (loss) from sale of gain are (loss) from	21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to					
23 Total of lines 15 through 22 2, 066, 350. 1, 996, 027. 1, 958, 181. 1, 940, 762. 7, 961, 320.  24 Line 23 minus line 17 2, 109, 978. 1, 729, 635. 1, 617, 856. 706, 353. 6, 163, 822.  25 Enter 1% of line 23 20, 664. 19, 960. 19, 582. 19, 408.  26 Organizations described on lines 10 or 11: a Enler 2% of amount in column (e), line 24.	22	schedule. Do not include	25,000	44 717	19 430	4 746	THE RESERVE OF THE PERSON OF T
24   Line 23 minus line 17.   2, 109, 978   1,729,635   1,617,856   706,353   6,163,822     25   Enter 1% of line 23.   20,664   19,960   19,582   19,408   26   123,276     36   Organizations described on lines 10 or 11:   a Enter 2% of amount in column (e), line 24.   26a   123,276     37   Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts   26c   6,163,822     c Total support for section 509(a)(1) test: Enter line 24, column (e)   26b   26c   6,163,822     d Add: Amounts from column (e) for lines:   18	23						7 961 320
25 Enter 1% of line 23. 20, 664. 19, 960. 19, 582. 19, 408.  26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. 26a 123, 276.  b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.  26 Total support for section 509(a)(1) test: Enter line 24, column (e) 26b 26c 6, 163, 822.  27 Organizations described on line 12: N/A a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of show the name of, and amount received for each year, that was more than the larger of (1) the amount in line 25 for the year or (2) \$5,000. (include in the list organizations described in line 17 that was received and the larger of (1) the amount on line 25 for the year or (2) \$5,000. (include in the list organizations described in line 18 than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (include in the list organizations described in line 18 through 11b, as well as individuals.) Do not file this list with your return. Enter the sum of these difference between the amount received and the larger of (1) the amount on line 25 for the year or (2) \$5,000. (include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. Enter the sum of these differences (the excess amounts) for each year.  2006) (2005) (2006) (2006) (2007) (2003)  c Add: Amounts from column (e) for lines: 15 16 27d 27d 27d 27d 27d 27d 27d 27d 27d 27d	24	Line 23 minus line 17					6 163 822
Drganizations described on lines 10 or 11:  a Enter 2% of amount in column (e), line 24.  b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.  c Total support for section 509(a)(1) test: Enter line 24, column (e).  d Add: Amounts from column (e) for lines:  18 13. 19  22 93, 893. 26b  e Public support (line 26c minus line 26d total).  f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).  27 Organizations described on line 12:  N/A  a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person,' Do not file this list with your return. Enter the sum of such amounts included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:  (2006)	25	Enter 1% of line 23	20,664.				<u> </u>
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 25a. Do not file this list with your return. Enter libe total of all these excess amounts.  c Total support for section 509(a)(1) test: Enter line 24, column (e).  d Add: Amounts from column (e) for lines:  18				r 2% of amount in co	lumn (e), line 24,	► 26a	123.276.
c Total support for section 509(a)(1) test: Enter line 24, column (e)  d Add: Amounts from column (e) for lines:  18	Ь	Prepare a list for your records to show the supported organization) whose total gifts for return. Enter the total of all these excess a	name of and amount contrib or 2003 through 2006 exceeds mounts	uted by each person (other ed the amount shown in lin	than a governmental unit or e 26a. Do not file this list v	r publicly vith your	·
d Add: Amounts from column (e) for lines: 18	C	Total support for section 509(a)(1)	test: Enter line 24, co	olumn (e)			6.163.822
e Public support (line 26c minus line 26d total).  f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).  27 Organizations described on line 12: N/A a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person,' Do not file this list with your return. Enter the sum of such amounts for each year:  (2006)	d	Add: Amounts from column (e) for		13.			
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)). ▶ 26f 98.48 %  Organizations described on line 12: N/A  a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year:  (2006)				93,893.			93,906.
27 Organizations described on line 12: N/A a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year:  (2006) (2005) (2004) (2003)  b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:  (2006) (2004) (2003)  c Add: Amounts from column (e) for lines: 15 16  17 20 21 27c  d Add: Line 27a total. and line 27b total. 27d  e Public support (line 27c total minus line 27d total) 72e  f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) 27f  g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27b 27b 27b 27b 27b 27b 27b 27b 27b 27b	e	Public support (line 25c minus line	26d total)				
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year:  (2006)	27	Organizations described on line 1		by line 26c (denomi	nator))	> 26f	98.48 %
bFor any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:  (2006)	а	For amounts included in lines 15, name of, and total amounts receiv such amounts for each year:	16, and 17 that were r red in each year from,	each 'disqualified pe	rson.' Do not file this	list with your return.	Enter the sum of
bFor any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:  (2006)		(2006)	(2005)	(2004)		_ (2003)	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27 f	Ь	For any amount included in line 17 to show the name of, and amount \$5,000. (Include in the list organiz After computing the difference bet differences (the average amount).	7 that was received from received for each year ations described in lin ween the amount received.	om each person (othe or, that was more thar es 5 through 11b, as eived and the larger a	r than 'disqualified pe n the larger of (1) the well as individuals.) D imount described in (1	rsons'), prepare a list amount on line 25 for o not file this list with ) or (2), enter the sun	for your records the year or (2) h your return. n of these
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27 f		(2006)	(2005)	(2004)	- <b></b>	(2003)	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27 f	С	Add: Amounts from column (e) for	lines: 15		16		
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27 f	_	17	20		21	27 c	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27 f	Q .	Muu, Line 27a total	and	I line 27b total,		27d	
Proble support percentage (line 2/e (numerator) divided by line 27f (denominator))	f i	Total support (into 270 total MINU)	a iiiie 270 lotal) test: Enter amount fo	om line 27 anima 4-			
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show for each year, the name of the contributes the test of the contributes the show for each year, the name of the contributes the test of the contributes the show for each year.	g l	Public support percentage (line 27	'e (numerator) divided	on tine 23, column (e bv line 27f (denomin	ator))	▶ 37 =	0.
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a						2/g ▶ 27h	9
	28	Unusual Grants: For an organizati	on described in line 10	), 11, or 12 that recei	ved any unusual gran	is during 2002 through	- 200C

<u> </u>	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
	, and a second mile of mile and the second mile of mile and mile and mile and mile and mile and mile and mile and mile and mile and mile and m	N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			
22				
	Does the organization maintain the following:  Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	Records documenting that scholarships and other financial assistance are awarded on a recipile.			
c	nondiscriminatory basis?.  Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	32Ь		<del></del>
	with student admissions, programs, and scholarships?	32c		
c	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	500000000	000000000000000000000000000000000000000
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
		·		
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a	80.00	
b	Admissions policies?	33Ъ		
С	Employment of faculty or administrative staff?	33 c		
d	Scholarships or other financial assistance?	33 d		
е	Educational policies?	33 e		
f	Use of facilities?	33 f		
g	Athletic programs?	33 g		
h	Other extracurricular activities?	33 h	33 - 1000 P	
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34 Ь		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation	35	ac. 1881 (S	

art VI-A	Lobbying	Expenditu	ires by	Electing	<b>Public</b>	Charities	(See instructions.)	
	(To be comp	leted ONLY b	y an eligi	ible organiz	ation that	filed Form 5	768)	

	(To be completed ONLY by an eligible organization that filed Form 5768)		•••	
Che	ck ► a  if the organization belongs to an affiliated group. Check ► b if you	check	ed 'a' and 'limited contr	ol' provisions apply.
	Limits on Lobbying Expenditures  (The term 'expenditures' means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		organizations
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38	0.	0.
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0.	0.
41	Lobbying nontaxable amount. Enter the amount from the following table —			
	If the amount on line 40 is — The lobbying nontaxable amount is —			
	Not over \$500,000			
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41	***************************************	***************************************
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000 \$1,000,000			
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0.	0.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0.	0.
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0.	0.
	Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			<u> </u>
	4 -Year Averaging Period Under Section (Some organizations that made a section 501(h) election do not have to com	1 <b>501</b>	(h) all of the five columns h	alow

See the instructions for lines 45 through 50.)

		Lobbying Expenditures During 4 -Year Averaging Period						
	Calendar year (or fiscal year beginning in) ►	<b>(a)</b> 2007	<b>(b)</b> 2006	(c) 2005	(d) 2004	<b>(e)</b> Total		
45	Lobbying nontaxable amount					0.		
46	Lobbying ceiling amount (150% of line 45(e))					0.		
47	Total lobbying expenditures					0.		
48	Grassroots non- taxable amount					0.		
49	Grassroots ceiling amount (150% of line 48(e))					0.		
50	Grassroots lobbying expenditures					0.		

Call At-D FODE	iying Activit	v bv	Nonelecting Public Charities

( or reporting only by organizations triat did not complete Part VI-A) (See instructions.)			N/A
During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body	-		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h.)			
APP AND A DATE OF THE PARTY OF	-		

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

# Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the	ne reporting organization Code (other than section	directly or i	ndirectly engage in any of the followin organizations) or in section 527, relati	g with any other organization described	in section	1 501 (a	c)
a Trans	sfers from the reporting or	roanization	to a noncharitable exempt organization	ng to political organizations:	1	Yes	Mo
				·····	51 a (i)	162	No X
(ii) C	lher assels						X
	transactions:		*****************************	*****	a (ii)		
		ale with a r	noncharitable avampt organization				122
(1)	urchases of accels from	o nonaharit	ship overest exempt organization	************************	b (i)		X
(11)	cortaines of assets from	a nonchari	able exempt organization		b (ii)		X
(III) re	ental of facilities, equipm	ent, or othe	er assets	******************************	b (iii)		X
(IV)H	eimbursement arrangeme	ents	• • • • • • • • • • • • • • • • • • • •		b (iv)		X
(v)L	oans or loan guarantees .				b (v)		_X
(vi)₽	erformance of services or	r membersl	nip or fundraising solicitations		b (vi)		Х
c Shari	ng of facilities, equipment	t, mailing lis	sts, other assets, or paid employees	····	С		Х
d if the the go	answer to any of the abo oods, other assets, or ser	ve is 'Yes,' vices given	complete the following schedule. Columbia the reporting organization. If the o	umn (b) should always show the fair mark organization received less than fair mark ods, other assets, or services received:	rket value et value i	of n	
(a)	ansaction of sharing arra	ngement, s I		I .			
(a) Line no.	(b) Amount involved	Name of	<b>(c)</b> noncharitable exempt organization	(d) Description of transfers, transactions, and s	haring arran	gement	s
N/A							
	, , , , , , , , , , , , , , , , , , , ,	<u> </u>					
		<u> </u>					
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				The state of the s			
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					·-· "		
52a Is the descri	organization directly or in	ndirectly affi	liated with, or related to, one or more	tax-exempt organizations		17.7	
b if 'Yes	,' complete the following	schedule:	her than section 507(c)(3)) or its section	JII 327 ;	Yes Yes	X	No
	(a)	0011040141	(6)				
	Name of organization		(b) Type of organization	<b>(c)</b> Description of relations	hin		
N/A			, , , , , , , , , , , , , , , , , , ,	Description of felations	<u> </u>		
N/A							
						-	
	.,,						
	110						
		****					
	,						
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BAA				D-L- 11 A 200	200		
				Schedule A (Form 9	∌90 or 990	J-EZ) :	2007

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

Supplementary Information for line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization		Employer identification number			
NYC GAY & LESBIAN ANTI-VIOLEN	CE PROJECT	13-3149200			
Organization type (check one):		113 0117200			
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a p 527 political organization	private foundation			
Form 990-PF .	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a priva 501(c)(3) taxable private foundation	ite foundation			
Check if your organization is covered by the Gel boxes for both the General Rule and a Special F	neral Rule or a Special Rule. (Note: Only a section 501(c)(7), Rule — see instructions.)	, (8), or (10) organization can check			
General Rule — For organizations filing Form 990, 990-EZ, o contributor. (Complete Parts I and II.)	r 990-PF that received, during the year, \$5,000 or more (in n	noney or property) from any one			
Special Rules —					
X For a section 501(c)(3) organization filing Fo 509(a)(1)/170(b)(1)(A)(vi) and received from amount on line 1 of these forms. (Complete	rm 990, or Form 990-EZ, that met the 33-1/3% support test or any one contributor, during the year, a contribution of the gr Parts I and II.)	of the regulations under sections reater of \$5,000 or 2% of the			
For a section 501(c)(7), (8), or (10) organizar	tion filing Form 990, or Form 990-EZ, that received from any than \$1,000 for use <i>exclusively</i> for religious, charitable, scie dren or animals. (Complete Parts I, II, and III.)	and contributor, during the year			
For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not aggregate to 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. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively					
religious, charitable, etc, contributions of \$5,	000 or more during the year.)				
Caution: Organizations that are not covered by t 990-PF) but they <i>must</i> check the box in the heac not meet the filing requirements of Schedule B (	he General Rule and/or the Special Rules do not file Schedu ling of their Form 990, Form 990-EZ, or on line 2 of their For Form 990, 990-EZ, or 990-PF).	rle B (Form 990, 990-EZ, or rm 990-PF, to certify that they do			

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Schedule Name of org	B (Form 990, 990-EZ, or 990-PF) (2007)	Page 1	of 1 of Part I
_	AY & LESBIAN ANTI-VIOLENCE PROJECT		r identification number 149200
Part I			
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	VANGUARD CHARTIABLE ENDOWNMENT	\$55, <u>000</u> .	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
. ———		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		<del>5</del>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
77		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
BAA	TEE A07021 07/21/07	Schadula B (Form DD)	) DD0 E7 or 000 DE1 (2007)

i.			
Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2007)	Page 1	of 1 of Part II
NYC GAY	Y & LESBIAN ANTI-VIOLENCE PROJECT		.49200
Part II	Noncash Property (See Specific Instructions.)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
•••		ş	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			ē.
		\$_ <b></b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) lo. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Schedule E	B (Form 990, 990-EZ, or 990-PF) (2007)			Page 1	of Part III	
Name of organ				<del>-</del>	Employer identificati	
NYC GAY	Y & LESBIAN ANTI-VIOLENCE PR				13-3149200	
Part III	Exclusively religious, charitable, organizations aggregating more t	etc, individual contribut han \$1,000 for the year.	t <b>ions to sec</b> (Complete cols	tion 501(c (a) through (	)(7), (8), or (10 (e) and the followi	<b>)</b> ng line entry.)
	For organizations completing Part III, enter contributions of \$1,000 or less for the year.	total of <i>exclusively</i> religious, c (Enter this information once —	haritable, etc, see instruction	ns.)	<b>►</b> \$	N/A
(a) No. from	(b)	(c)			(d)	
Part I	Purpose of gift	Use of gift		Desc.	ription of how gift	is held
	N/A					
		(e)				
		Transfer of gift				
	Transferee's name, addres	s, and ZIP + 4	Rela	ationship of t	ransferor to trans	feree
			ļ			
			<del></del>		<del>-</del>	·
			<del> </del>			<del>-</del>
(a)	(b)	(c)	.!		(d)	
No. from Part I	Purpose of gift	Use of gift		Descr	iption of how gift	is held
				- <b>-</b>		
				·		· <b>-</b>
		(e) Transfer of gift				
ļ	Transferee's name, address	and ZIP + 4	Rela	tionship of te	ansferor to transf	eree
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(a)	(b)	(-)				
No. from	Purpose of gift	(c)		D	(d)	
Part I	Purpose of gift Use of gift		Description of how gift is		is neid	
}						
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	(e)					
	Transferee's name, address	Transfer of gift				
-	Transieree's tialle, address	, and ZIP + 4	Kelat	tionship of tr	ansferor to transf	eree
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(a) No. from	(b)	(c)			(d)	
Part I	Purpose of gift	Use of gift	ļ	Descri	ption of how gift i	s held
ŀ				<b></b>		
-		<i>(</i> 2)				
		(e) Transfer of gift				
_	Transferee's name, address,	and ZIP + 4	Relat	ionship of tra	ansferor to transfe	eree
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 $|g_{n}| \leq 4 \cdot |g_{n}| - |g_{n}|$ 

	8 (Rev 4-2007)		Page 2
<ul><li>If you</li></ul>	are filing for an Additional (not automatic) 3-Month Extension, complete only f	Part II and check this box	► X
Note. Only	y complete Part II if you have already been granted an automatic 3-month exte	nsion on a previously file	d Form 8868.
	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1	).	
Part II		must file original ar	nd one copy.
	Name of Exempt Organization	Emp	loyer identification number
Type or			
print	NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT	] 13-	-3149200
File by the	Number, street, and room or suite number. If a P.O. box, see instructions.	For II	RS use only
extended due date for			
filing the return. See	240 WEST 35TH ST #200		
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	1	
	NEW YORK, NY 10001		
	e of return to be filed (File a separate application for each return):		
X Form 9	990 Form 990-PF	Form 1041-A	Form 6069
Form 9	990-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720	Form 8870
Form 9	990-EZ Form 990-T (Irust other than above)	Form 5227	
STOP! Do	not complete Part II if you were not already granted an automatic 3-month extension	ension on a previously fil	ed Form 8868.
<ul> <li>The bo</li> </ul>	ooks are in care of ► THE ORGANIZATION		
Teleph	none No. FAX No. F		
• If the o	organization does not have an office or place of business in the United States,		
<ul><li>If this i</li></ul>	is for a Group Return, enter the organization's four digit Group Exemption Num	ber (GEN)	. If this is for the
whole grou	up, check this box 🕨 🗌 . If it is for part of the group, check this box 🏲 📗	and attach a list with the	names and FINs of all
members t	the extension is for.		
4 Ireq	uest an additional 3-month extension of time until $5/15$ , 20 $0$	9.	
5 Ford	calendar year, or other tax year beginning 7/01 20	07 and ending 6/3	80 20 08
6 If this	s tax year is for less than 12 months, check reason: Initial return	Final return	Change in accounting period
7 State	in detail why you need the extension TAXPAYER RESPECTFULLY	REQUESTS ADDIT	TONAT, TIME TO
_GAT	THER INFORMATION NECESSARY TO FILE A COMPLETE AND	ACCURATE TAX RI	ETTIRN
8a If this	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentati efundable credits. See instructions	ive tax, less any	8a \$
<b>b</b> If this paym	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable cre	edits and estimated tax	
c Balar	Form 8868	if required deposit	ВЫ\$
11101,	FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S Signature and Verification		8c\$
Under penaltie	es of perjury. I declare that I have examined this form, including accompanying rehadules and eleterance		do li bizari
correct, and co	omplete, and that I am authorized to prepare this form.	is, and to the best of my knowled	ige and beliet, it is true,
Signature -	Title ▶		n-1.
	Notice to Applicant. (To be Completed	l by the IDC)	Date -
□ Mo F		-	
We h	nave approved this application. Please attach this form to the organization's retunave not approved this application. However, we have granted a 10-day grace points of the organization's return (including any prior extensions). This grace pelions otherwise required to be made on a timely filed return. Please attach this	eriod from the later of the riod is considered to be a form to the organization's	e date shown below or the a valid extension of time for s return.
	nave not approved this application. After considering the reasons stated in item to file. We are not granting a 10-day grace period.		
Othe	cannot consider this application because it was filed after the extended due dat		
Director	Ву:		
			Uate
Alternate M address dif	lailing Address. Enter the address if you want the copy of this application for an ferent than the one entered above.	n additional 3-month exte	nsion returned to an
	Name		
	LEDERER, LEVINE & ASSOCIATES LLC		
Type or print	Number and street (include suite, room, or apartment number) or a P.O. box number		
hamr.	1099 WALL ST WEST SUITE 280		
	City or town, province or state, and country (including postal or ZIP code)		
	LYNDHURST, NJ 07071		

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#### **FEDERAL STATEMENTS**

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NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT

13-3149200

STATEMENT 1 FORM 990, PART I, LINE 9 NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI- BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
TOTAL	213,191.	168,641.	44,550.	100,562.	-56,012.
	\$ 213,191.	\$ 168,641.	\$ 44,550.	\$ 100,562.	\$ -56,012.

#### STATEMENT 2 FORM 990, PART II, LINE 43 OTHER EXPENSES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
	TOTAL	SERVICES	& GENERAL	FUNDRAISING
ADMIN FEES BANK CHARGES	14,847. 2,383.	8,108.	4,865. 2,383.	1,874.
CREDIT CARD CHARGES DUES & SUBSCRIPTIONS	8,283. 912.	912.	6,749.	1,534.
FEES & ASSESSMENTS FOOD	14,512. 20,606.	14,222.	290. 20,606.	
INSURANCE MISCELLANEOUS	2,205. 3,547.		2,205. 3,547.	
PROFESSIONAL FEES	TOTAL \$ 309,622. \$	53,530. 76,772.	86,975. \$ 127,620.	\$ 101,822. \$ 105,230.

# STATEMENT 3 FORM 990, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE PURPOSE OF THE NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT (THE ANTI-VIOLENCE PROJECT) IS TO PLAN, DEVELOP AND IMPLEMENT THE MOST COMPREHENSIVE STRATEGIES TO ADDRESS VIOLENCE AND ITS EFFECTS ON LESBIAN, GAY, BISEXUAL, TRANSGENDER AND HIV-AFFECTED (LGBTH) COMMUNITIES THROUGH DIRECT SERVICE PROVISION AND A VARIETY OF PUBLIC EDUCATION AND COMMUNITY ORGANIZING ACTIVITIES.

STATEMENT 4
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM
GRANTS AND SERVICE
DESCRIPTION ALLOCATIONS EXPENSES

COMMUNITY ORGANIZING: PUBLIC EDUCATION OF THE NATURE AND PATTERNS OF ANTI-LGBTH VIOLENCE, INCLUDING INCREASING AWARENESS AND SAFETY IN THE LGBTH COMMUNITIES, AND EDUCATION OF NON-LGBTH SERVICE PROVIDERS ABOUT THE ASSESSMENT OF LGBTH-RELATED VIOLENCE AND THE PSYCHOLOGICAL, MEDICAL, LEGAL AND FINANCIAL NEEDS OF LGBTH VICTIMS OF VIOLENCE.

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#### NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT

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STATEMENT 4 (CONTINUED)	
FORM 990, PART III, LINE A	
STATEMENT OF PROGRAM SERVICE	E ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
CLIENT SERVICES: PROVIDING COUNSELING, CRISIS INTERVENTION, SAFETY PLANNING AND REFERRAL SERVICES TO LGBTH VICTIMS OF DOMESTIC VIOLENCE, HATE VIOLENCE, SEXUAL ASSAULT AND POLICE ABUSE THROUGH A 24 HOUR HOTLINE AND ON-SITE SERVICES.  INCLUDES FOREIGN GRANTS: NO		1,425,888.
	\$ 0.	\$1,425,888.

#### STATEMENT 5 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT

CATEGORY		BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES MACHINERY AND EQUIPMENT IMPROVEMENTS	\$ TOTAL <u>\$</u>	227,652. 188,085. 188,748. 604,485.	\$ 141,690. 64,646. 148,829. \$ 355,165.	\$ 85,962. 123,439. 39,919. \$ 249,320.

#### STATEMENT 6 FORM 990, PART IV, LINE 58 OTHER ASSETS

SECURITY DEPOSITS	\$ 19,082.
TOTAL	\$ 19,082.

#### STATEMENT 7 FORM 990, PART IV, LINE 65 OTHER LIABILITIES

REFUNDABLE ADVANCES	DEFERRED RENT PAYABLE DUE TO AFFILIATE LINE OF CREDIT PAYABLE LOANS PAYABLE REFUNDABLE ADVANCES. TOTAL	\$	152,176. 27,181. 199,994. 42,000. 26,548. 447,899.
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### STATEMENT 8 FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	BUTION TO	EXPENSE ACCOUNT/ OTHER
JERRY BLAKE 240 WEST 35TH STREET #200 NEW YORK, NY 10001	BOARD MEMBER 1.00			\$ 0.
RICHARD PALERMO 240 WEST 35TH STREET #200 NEW YORK, NY 10001	CHAIRMAN 1.00	0.	0.	0.
ARTHUR KORANT 240 WEST 35TH STREET #200 NEW YORK, NY 10001	BOARD MEMBER 1.00	0.	0.	0.
KEVIN KRUEGER 240 WEST 35TH STREET #200 NEW YORK, NY 10001	TREASURER 1.00	0.	0.	0.
ELIZABETH ANN KIVLAN 240 WEST 35TH STREET #200 NEW YORK, NY 10001	SECRETARY 1.00	0.	0.	0.
CLARENCE PATTON 240 WEST 35TH STREET #200 NEW YORK, NY 10001	EXECUTIVE DIREC 35.00	107,302.	3,719.	0.
ANDREW OWENS 240 WEST 35TH STREET #200 NEW YORK, NY 10001	BOARD MEMBER 1.00	0.	0.	0.
STANLEY PONTE 240 WEST 35TH STREET #200 NEW YORK, NY 10001	BOARD MEMBER 1.00	0.	0.	0.
FARRA TROMPETER 240 WEST 35TH STREET #200 NEW YORK, NY 10001	BOARD MEMBER 1.00	0.	0.	0.
	TOTAL	\$ 107,302.	\$ 3,719.	\$ 0.

### STATEMENT 9 SCHEDULE A, PART I COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUT. EBP & DC	EXPENSE ACCOUNT
JEANNETTE KOSSUTH 240 WEST 35TH STREET #200 NEW YORK, NY 10001	DIR CLIENT SVCS 35.00	83,000.	3,719.	0.
IVANA CHAPCAKOVA	SR COUNSELOR	54,706.	3,719.	0.

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#### NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT

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STATEMENT 9 (CONTINUED)
SCHEDULE A, PART I
COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUT. _EBP & DC	EXPENSE ACCOUNT
240 WEST 35TH STREET #200 NEW YORK, NY 10001	35.00			
KIM HOLTEN 240 WEST 35TH STREET #200 NEW YORK, NY 10001	DIR OF FINANCE 35.00	54,373.	1,762.	0.
KIM FOUNTAIN 240 WEST 35TH STREET #200 NEW YORK, 10001 10001	DIR COMM ORG 35.00	97,502.	1,718.	0.
	TOTAL 3	289,581.	<u>\$ 10,918.</u> <u>\$</u>	0.

STATEMENT 10 SCHEDULE A, PART IV-A, LINE 22 OTHER INCOME

<u> DESCRIPTION</u>		(A) 2006	<u>(B) 2005</u>	<u>(C) 2004</u>	(D) 2003	(E) TOTAL
OTHER	TOTAL	\$ 25,000. \$ 25,000.	\$ 44,717. \$ 44,717.	\$ 19,430. \$ 19,430.	\$ 4,746. \$ 4,746.	\$ 93,893. \$ 93,893.