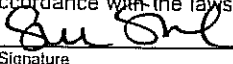
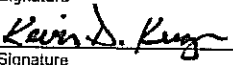


<b>Form CHAR500</b> This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)	<b>Annual Filing for Charitable Organizations</b> New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 <a href="http://www.oag.state.ny.us/charities/charities.html">www.oag.state.ny.us/charities/charities.html</a>	<b>2008</b>  Open to Public Inspection
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<b>1. General Information</b>			
a. For the fiscal year beginning (mm/dd/yyyy) <u>7/01</u> / 2008 and ending (mm/dd/yyyy) <u>6/30/2009</u>			
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization  <b>NYC GAY &amp; LESBIAN ANTI-VIOLENCE PROJECT</b>  Number and street (or P.O. box if mail is not delivered to street address)      Room/suite <u>240 WEST 35TH ST</u> <u>200</u> City or town, state or country and zip + 4 <u>NEW YORK, NY 10001</u>	d. Fed. employer ID no. (EIN) (##-####-####) <u>13-3149200</u> e. NY State registration no. (##-###-###) <u>03-70-81</u> f. Telephone number <u>212) 714-1184</u> g. Email	

**2. Certification - Two Signatures Required**

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

a. President or Authorized Officer/Trustee	 Signature	<u>SHARON STAPEL</u> Printed Name	<u>Executive Director</u> Title	<u>4/16/10</u> Date
b. Chief Financial Officer or Treasurer	 Signature	<u>KEVIN D. KRUEGER</u> Printed Name	<u>TREASURER</u> Title	<u>4/16/2010</u> Date

**3. Annual Report Exemption Information**

a. **Article 7-A** annual report exemption (Article 7-A registrants and dual registrants)  
 Check ☐ if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 and the organization did not use the services of a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.

**NOTE:** An organization may also check the box to claim this exemption if no PFR or FRC was used and either: 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal and contributions from all sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from a single government agency to which it submitted an annual financial report similar to that required by Article 7-A).

b. **EPTL** annual report exemption (EPTL registrants and dual registrants)  
 Check ☐ if total gross receipts for this fiscal year did not exceed \$25,000 and the assets (market value) of the organization did not exceed \$25,000 at any time during this fiscal year.

For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above.

*Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.*

**4. Article 7-A Schedules**

If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:

a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ..... X Yes\* ☐ No  
 \* If "Yes", complete Schedule 4a.

b. Did the organization receive government contributions (grants)? ..... X Yes\* ☐ No  
 \* If "Yes", complete Schedule 4b.

**5. Fee Submitted: See last page for summary of fee requirements.**

Indicate the filing fee(s) you are submitting along with this form:

a. Article 7-A filing fee .....	\$	25.
b. EPTL filing fee .....	\$	25.
c. Total fee .....	\$	50.

*Submit only one check or money order for the total fee, payable to "NYS Department of Law"*

**6. Attachments: For organizations that are not claiming annual report exemptions under both laws, see page 4 for required attachments**

<b>Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)</b>	
If you checked the box in question 4.a. on page 1, complete the following schedule for each PFR, FRC or CCV that the organization engaged for fund raising activity in NY State:	
1. Type of fund raising professional (FRP):	
Professional fund raiser .....	<u>X</u>
Fund raising counsel .....	_____
Commercial co-venturer .....	_____
2. Name of FRP:	
<u>STAMP</u>	
Number and street (or P.O. box if mail is not delivered to street address):	
<u>247 CENTRE STREET, 7TH FLOOR</u>	
City or town, state or country and zip + 4:	
<u>NEW YORK, NY 10013</u>	
3. FRP telephone number:	
4. Services provided by FRP (provide description):	
<u>CA EVENT PLANNING.</u>	
5. Compensation arrangement with FRP (provide description):	
<u>CONTRACTED AMOUNT.</u>	
6. Dates of contract .....	
..... <u>4/01/08</u> through <u>11/10/08</u>	
(mm/dd/yyyy)	(mm/dd/yyyy)
7. Amount paid to FRP .....	
..... \$	<u>45,000.</u>
8. If services were provided by a CCV, did the CCV provide the charitable organization with the interim report(s) required by Section 173-a.3 of the Executive Law? .....	
..... Yes	<u>X</u> No

If you checked the box in question 4.b. on page 1, complete the following schedule for **each** government contribution (grant). Use additional copies of this page if necessary to list each government contribution (grant) separately.

[illegible]

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

13-3149200

## 5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type	Fee Instructions
• Article 7-A	Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0.
• EPTL	Calculate the EPTL filing fee using the table in part b below. the Article 7-A filing fee is \$0.
• Dual	Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.

## a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

\* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

## b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

## 6. Attachments — Document Attachment Check-List

Check the boxes for the documents you are attaching.

## For All Filers

## Filing Fee

☒ Single check or money order payable to 'NYS Department of Law'

## Copies of Internal Revenue Service Forms

☒ IRS Form 990

☒ Schedule A to IRS Form 990

☒ Schedule B to IRS Form 990

☐ IRS Form 990-T

☐ IRS Form 990-EZ

☐ Schedule A to IRS Form 990-EZ

☐ Schedule B to IRS Form 990-EZ

☐ IRS Form 990-T

☐ IRS Form 990-PF

☐ Schedule B to IRS Form 990-PF

☐ IRS Form 990-T

## Additional Article 7-A Document Attachment Requirement

## Independent Accountant's Report

☒ Audit Report (total support & revenue more than \$250,000)

☐ Review Report (total support & revenue \$100,001 to \$250,000)

☐ No Accountant's Report Required (total support & revenue not more than \$100,000)

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**NEW YORK CITY GAY AND LESBIAN  
ANTI-VIOLENCE PROJECT, INC.  
AND AFFILIATE  
CONSOLIDATED FINANCIAL STATEMENTS  
FOR THE YEARS ENDED JUNE 30, 2009 AND 2008**

LEDERER, LEVINE & ASSOCIATES, LLC  
CERTIFIED PUBLIC ACCOUNTANTS

KENNETH J. LEDERER, CPA  
STEVEN J. LEVINE, CPA  
DEREK A. FLANAGAN, CPA

1099 WALL STREET WEST - SUITE 280  
LYNDHURST, NEW JERSEY 07071  
(201) 933-3780  
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99 MADISON AVENUE - 11<sup>th</sup> FLOOR  
NEW YORK, NEW YORK 10016  
(800) 269-3457 (NYC)

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INDEPENDENT AUDITORS' REPORT

The Board of Directors  
New York City Gay and Lesbian Anti-Violence Project, Inc. and Affiliate

We have audited the accompanying consolidated statements of financial position of New York City Gay and Lesbian Anti-Violence Project, Inc. and Affiliate (the "Agency") as of June 30, 2009 and 2008 and the related consolidated statements of activities, functional expenses and cash flows for the years then ended. These financial statements are the responsibility of the Agency's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. These standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the aforementioned consolidated financial statements present fairly, in all material respects, the financial position of New York City Gay and Lesbian Anti-Violence Project, Inc. and Affiliate as of June 30, 2009 and 2008 and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

*Lederer, Levine & Associates, LLC*  
\_\_\_\_\_  
Lederer, Levine & Associates, LLC

New York, NY  
October 19, 2009

**NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT, INC. AND AFFILIATE**  
**CONSOLIDATED STATEMENTS OF FINANCIAL POSITION**  
**AS OF JUNE 30 2009 AND 2008**

	<u>2009</u>	<u>2008</u>
<b>ASSETS</b>		
Cash and cash equivalents (Note B)	\$ 70,088	\$ 9,154
Government grants receivable (Note F)	393,474	251,436
Contributions receivable (Note C)	103,594	50,000
Prepaid expenses and other assets	6,966	49,533
Security deposits	19,082	19,082
Property and equipment, net (Notes B and D)	<u>176,262</u>	<u>249,320</u>
<b>TOTAL ASSETS</b>	<u>\$ 769,466</u>	<u>\$ 628,525</u>
<b>LIABILITIES</b>		
Accrued expenses and other payables	\$ 425,351	\$ 260,275
Refundable advances	35,861	26,548
Loans payable (Note E)	247,394	270,894
Deferred rent (Note F)	<u>165,172</u>	<u>152,176</u>
<b>TOTAL LIABILITIES</b>	<u>873,778</u>	<u>709,893</u>
<b>COMMITMENTS AND CONTINGENCIES (Note F)</b>		
<b>NET ASSETS (DEFICIT)</b>		
Unrestricted deficit	(385,404)	(115,151)
Temporarily restricted (Note G)	<u>281,092</u>	<u>33,783</u>
<b>TOTAL NET ASSETS (DEFICIT)</b>	<u>(104,312)</u>	<u>(81,368)</u>
<b>TOTAL LIABILITIES AND NET ASSETS DEFICIT</b>	<u>\$ 769,466</u>	<u>\$ 628,525</u>

The accompanying notes are an integral part of these financial statements.

NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT, INC. AND AFFILIATE  
CONSOLIDATED STATEMENTS OF ACTIVITIES  
FOR THE YEARS ENDED JUNE 30 2009 AND 2008

	2009		2008	
SUPPORT AND REVENUE:	Unrestricted	Temporarily Restricted	Unrestricted	Temporarily Restricted
Special events-revenue	\$ 105,068	\$	\$ 213,191	\$
Less: cost of direct benefits to donors	(72,587)		(100,562)	
Net revenue from special events	32,481		112,629	
Government grants (Note F)				
Contributions	1,477,043	18,468	1,588,202	221,136
Other income	364,156	270,000	340,177	50,000
Net assets released from restrictions	4,355		3,917	
	41,159	(41,159)	408,053	(408,053)
<b>TOTAL SUPPORT AND REVENUE</b>	<b>1,919,194</b>	<b>247,309</b>	<b>2,452,978</b>	<b>(136,917)</b>
<b>EXPENSES:</b>				
Program services	1,504,961		1,623,640	
Management and general	296,308		423,339	
Fundraising and development	388,178		333,771	
<b>TOTAL EXPENSES</b>	<b>2,189,447</b>		<b>2,380,750</b>	
Change in Net Assets	(270,253)	247,309	72,228	(136,917)
Net Assets (Deficit) - Beginning of Year	(115,151)	33,783	(187,379)	170,700
Net Assets (Deficit)- End of Year	<u><u>\$(385,404)</u></u>	<u><u>\$ 281,092</u></u>	<u><u>\$(115,151)</u></u>	<u><u>\$ 33,783</u></u>
				<u><u>\$ (81,368)</u></u>

The accompanying notes are an integral part of these financial statements.



NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT, INC. AND AFFILIATE  
CONSOLIDATED STATEMENTS OF FUNCTIONAL EXPENSES  
FOR THE YEARS ENDED JUNE 30 2009 AND 2008

	2009			
	Program Services	Management and General	Fundraising and Development	Total
Salaries	\$ 720,168	\$ 111,619	\$ 183,965	\$ 1,015,752
Payroll taxes and employee benefits	137,523	23,495	34,622	195,640
Total salaries and related costs	857,691	135,114	218,587	1,211,392
Professional fees and consultants				
Occupancy	60,746	79,124	63,868	203,738
Special events	190,055	31,483	48,077	269,615
Expensed equipment (Note D)			72,587	72,587
Advertising	13,094	2,029	3,345	18,468
Travel and transportation	209,687		360	210,047
Printing and design	26,948	1,532	716	29,196
Equipment rental	33,118	3,005	16,406	52,529
Repairs and maintenance	8,800	1,364	2,248	12,412
Telephone and communication	14,356	2,820	8,825	26,001
Office and program supplies	18,703	1,930	3,181	23,814
Postage and mailing	9,063	1,252	2,063	12,378
Interest expense	3,177	152	5,918	9,247
Insurance		16,795		16,795
Staff training and development	4,581	710	1,170	6,461
Fees and assessments	3,064	637	132	3,833
Depreciation and amortization	80	10,333	50	10,463
	51,798	8,028	13,232	73,058
Sub-total	1,504,961	296,308	460,765	2,262,034
Less: expenses deducted directly from revenues on the statements of activities				
			72,587	72,587
Total Expenses	\$ 1,504,961	\$ 296,308	\$ 388,178	\$ 2,189,447

The accompanying notes are an integral part of these financial statements.

NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT, INC. AND AFFILIATE  
CONSOLIDATED STATEMENTS OF FUNCTIONAL EXPENSES  
FOR THE YEARS ENDED JUNE 30 2009 AND 2008

	2008			
	Program Services	Management and General	Fundraising and Development	Total
Salaries	\$ 812,938	\$ 166,087	\$ 122,713	\$ 1,101,738
Payroll taxes and employee benefits	146,937	30,020	22,180	199,137
Total salaries and related costs	959,875	196,107	144,893	1,300,875
Professional fees and consultants				
Occupancy	56,005	102,669	104,359	263,033
Special events	198,101	20,567	29,203	247,871
Expensed equipment (Note D)			100,562	100,562
Advertising	163,169	33,336	24,631	221,136
Travel and transportation	69,110			69,110
Printing and design	49,143	2,245	29	51,417
Equipment rental	6,051	11,164	14,205	31,420
Repairs and maintenance	11,458	2,341	1,730	15,529
Telephone and communication	16,201	6,527	2,445	25,173
Office and program supplies	22,997	3,578	2,644	29,219
Postage and mailing	13,720	2,452	1,657	17,829
Interest expense	9,145	1,868	1,380	12,393
Insurance		20,606		20,606
Staff training and development	3,136	640	473	4,249
Fees and assessments	15,134	350		15,484
Depreciation and amortization		12,679	1,534	14,213
	30,395	6,210	4,588	41,193
Sub-total	1,623,640	423,339	434,333	2,481,312
Less: expenses deducted directly from revenues on the statements of activities			100,562	100,562
Total Expenses	\$ 1,623,640	\$ 423,339	\$ 333,771	\$ 2,380,750

The accompanying notes are an integral part of these financial statements.

**NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT, INC. AND AFFILIATE**  
**CONSOLIDATED STATEMENTS OF CASH FLOWS**  
**FOR THE YEARS ENDED JUNE 30 2009 AND 2008**

	<u>2009</u>	<u>2008</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Change in net assets	\$ (22,944)	\$ (64,689)
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:		
Depreciation and amortization	73,058	41,193
Deferred rent	12,996	19,409
Changes in operating assets and liabilities:		
(Increase) decrease in assets:		
Government grants receivable	(142,038)	163,058
Contributions receivable	(53,594)	50,000
Prepaid expenses and other assets	42,567	46,061
Security deposits		(410)
Increase (decrease) in liabilities:		
Accrued expenses and other payables	165,076	16,150
Refundable advances	9,313	(105,146)
<b>Net Cash Provided by Operating Activities</b>	<u>84,434</u>	<u>165,626</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Property and equipment acquisitions		(223,520)
<b>Net Cash Used by Investing Activities</b>		<u>(223,520)</u>
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>		
Proceeds from loans payable	193,550	106,900
Principal repayments of loans payable	(217,050)	(45,000)
<b>Net Cash (Used) Provided by Financing Activities</b>	<u>(23,500)</u>	<u>61,900</u>
<b>NET INCREASE IN CASH AND CASH EQUIVALENTS</b>	60,934	4,006
Cash and cash equivalents - beginning of year	9,154	5,148
<b>CASH AND CASH EQUIVALENTS - END OF YEAR</b>	<u>\$ 70,088</u>	<u>\$ 9,154</u>
<b>Supplementary Disclosure of Cash Flow Information:</b>		
Cash paid during the year for interest	<u>\$ 16,795</u>	<u>\$ 20,606</u>

The accompanying notes are an integral part of these financial statements.

**NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT, INC. AND AFFILIATE**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**JUNE 30, 2009 AND 2008**

**Note A - Organization and Nature of Activities**

The accompanying consolidated financial statements of New York City Gay and Lesbian Anti-Violence Project, Inc. ("AVP") and Affiliate, (National Coalition of Anti-Violence Programs ("NCAVP")) (collectively, the "Agency") have been prepared by consolidating AVP and NCAVP.

The Agency receives its principal revenue from governmental sources.

The National Coalition of Anti-Violence Programs (NCAVP) addresses the pervasive problem of violence committed against and within the lesbian, gay, bisexual, transgender (LGBT) and HIV-affected communities throughout the United States. NCAVP is a national coalition of programs that document and advocate for victims of anti-LGBT and anti-HIV/AIDS violence/harassment, domestic violence, sexual assault, police misconduct and other forms of victimization. NCAVP is dedicated to creating a national response to the violence plaguing these communities. NCAVP supports existing anti-violence organizations and emerging local programs in their efforts to document and prevent such violence through training, technical assistance, annual reports on national LGBT violence and public education and awareness on national anti-violence initiatives.

AVP is dedicated to eliminating hate violence, sexual assault, stalking, and domestic violence in lesbian, gay, bisexual, transgender, queer and HIV-affected (LGBTQH) communities through counseling, advocacy, organizing, and public education. AVP operates a free and confidential 24-hour bilingual hotline staffed by AVP staff and volunteers and engages in community outreach and education about the nature and pattern of violence within and against the LGBTQH communities in New York City. AVP coordinates a NYS Network which addresses domestic violence in the LGBTQH communities throughout the state. AVP also educates non-LGBTQH service providers, including the law enforcement agencies, in NYS about violence within and against the LGBTQH communities.

AVP and the Affiliate are not-for-profit corporations exempt from income taxes under Section 501 (c) (3) of the Internal Revenue Code.

**Note B - Summary of Significant Accounting Policies**

**Basis of Accounting**

The Agency prepares its financial statements using the accrual basis of accounting. The Agency follows accounting principles generally accepted in the United States of America which include certain specialized requirements set forth in publications of the Financial Accounting Standards Board and the American Institute of Certified Public Accountants. These financial statements include the Agency's evaluation of events and transactions occurring from June 30, 2009 to October 19, 2009 (the date that the financial statements were available to be issued).

**Basis of Consolidation**

AVP and the Coalition have entered into a Memorandum of Agreement under which AVP conducts the operations of the Coalition. In June, 2009, NCAVP effectively transferred its net assets to AVP, and it is anticipated that NCAVP will be legally dissolved during the fiscal year ending June 30, 2010. Going forward, AVP will continue to conduct the activities of NCAVP as an AVP program.

AVP consolidates the activities of its affiliate since it has control and an economic interest in the Affiliate. All significant intercompany balances and transactions have been eliminated during the consolidation.

**Cash and Cash Equivalents**

The Agency considers all highly liquid investments with a maturity of less than three months to be cash equivalents.

**Reclassification**

Certain line items in the June 30, 2008 financial statements have been reclassified to conform to the June 30, 2009 presentation.

**NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT, INC. AND AFFILIATE**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**JUNE 30, 2009 AND 2008**  
**(Continued)**

**Note B – Summary of Significant Accounting Policies (continued)**

**Restricted Contributions**

Contributions are recognized when the donor makes a promise to give to the Agency that is, in substance, unconditional. Contributions that are restricted by the donor are reported as increases in temporarily or permanently restricted net assets depending on the nature of the restrictions. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets.

**Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

**Property and Equipment**

Property and equipment are stated at cost, less accumulated depreciation and amortization. Depreciation and amortization are provided for in amounts sufficient to relate the cost of depreciable assets to operations over their estimated useful lives. The Agency capitalizes property and equipment with a useful life of two years or more and a cost of \$1,000 or more, unless the acquisition is reimbursed by a government grant, and the grantor retains title to the property or equipment. In those instances, the purchase is expensed in the year incurred.

**Financial Accounting Standards Board (FASB) Interpretation No. 48 – Accounting for Uncertainty in Income Taxes – and Interpretation of FASB Statement No. 109 (FIN 48)**

In July 2006, the FASB issued Interpretation No. 48, *Accounting for Uncertainty in Income Taxes – an Interpretation of FASB Statement No. 109* ("FIN 48"). FIN 48 prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. FIN 48 also provides guidance on derecognition, classification, interest and penalties, accounting in interim periods, disclosure and transition. FIN 48 is effective for fiscal years beginning after December 15, 2006. On November 7, 2007, the FASB voted to defer FIN 48 for one year until fiscal years beginning after December 15, 2007. On October 15, 2008, the FASB voted to continue the deferral of FIN 48, for non-public companies and not-for-profits, for an additional year until fiscal years beginning after December 15, 2008.

As FIN 48 has not yet been adopted, the Agency is continuing to use FASB Statement No. 5, *Accounting for Contingencies* ("FASB 5") to evaluate uncertain tax positions. The Agency believes there would be no impact of adopting FIN 48 on the financial statements.

**Fair Value Measurements**

SFAS No. 157, *Fair Value Measurements* ("SFAS No. 157") defines fair value, establishes a framework for measuring fair value and establishes a hierarchy that categorizes and prioritizes the sources to be used to estimate fair value. SFAS No. 157 also expands financial statement disclosures about fair value measurements. On February 12, 2008, the FASB issued FSP FAS 157-2, *Effective Date of FASB Statement No. 157* ("FSP 157-2"), which delays the effective date of SFAS No. 157 for one year for all nonfinancial assets and nonfinancial liabilities, except those that are recognized or disclosed at fair value in the financial statements on a recurring basis. A partial deferral of SFAS No. 157 was elected under the provisions of FSP 157-2 related to the measurement of fair value used when evaluating intangible assets and other long-lived assets for impairment and valuing asset retirement obligations and liabilities for exit or disposal activities. Furthermore, the impact of implementing FSP 157-2 is not expected to be material on the financial statements. Partially adopting SFAS No. 157 effective January 1, 2008 had no impact on the financial statements.

**NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT, INC. AND AFFILIATE**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**JUNE 30, 2009 AND 2008**  
**(Continued)**

**Note B – Summary of Significant Accounting Policies (continued)**

**Fair Value Measurements (continued)**

On October 10, 2008, the FASB issued FSP 157-3, *Determining the Fair Value of a Financial Asset When the Market for That Asset Is Not Active* ("FSP 157-3"), which clarifies application of SFAS No. 157 in a market that is not active. FSP 157-3 was effective upon issuance, including prior periods for which financial statements have not been issued. The adoption of this FSP had no impact on the financial statements.

**Fair Value Measurements on a Recurring Basis**

Financial assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurements. Our assessment of the significance of a particular input to the fair value measurements requires judgment, and may affect the valuation of the assets and liabilities being measured and their placement within the fair value hierarchy.

**Fair Value Measurements on a Nonrecurring Basis**

As permitted by FSP 157-2, the fair value measurement disclosure was deferred for any (a) long-lived assets and finite-lived intangible assets in the determination of impairment under SFAS No. 42 or SFAS No. 144, (b) asset retirement obligations initially measured at fair value under SFAS No. 143, *Accounting for Asset Retirement Obligations*, and c) nonfinancial liabilities for exit or disposal activities initially measured at fair value under SFAS No. 146, *Accounting for Costs Associated with Exit or Disposal Activities*.

SFAS No. 159, *The Fair Value Option for Financial Assets and Financial Liabilities – Including an Amendment of SFAS No. 115* ("SFAS No. 159"), permits but does not require to measure financial instruments and certain other items at fair value. Unrealized gains and losses on items for which the fair value option has been elected would be reported in earnings. As the Agency did not elect to fair value any of our financial instruments under the provisions of SFAS No. 159, the adoption of this statement effective January 1, 2008 did not have an impact on the financial statements.

**Note C – Contributions Receivable**

Contributions receivable at June 30, 2009 and June 30, 2008 are due within one year.

**Note D – Property and Equipment**

Property and equipment consist of the following as at June 30, 2009 and 2008:

	<u>2009</u>	<u>2008</u>	<u>Estimated Useful Lives</u>
Computers	\$ 188,085	\$ 188,085	3 years
Furniture and equipment	188,749	188,749	5 years
Leasehold improvements	<u>227,652</u>	<u>227,652</u>	7 to 30 years
	604,486	604,486	
Less: accumulated depreciation and amortization	<u>(428,224)</u>	<u>(355,166)</u>	
	<u>\$ 176,262</u>	<u>\$ 249,320</u>	

During the years ended June 30, 2009 and 2008, the Agency purchased equipment in the amount of \$18,468 and \$221,136, respectively, which was reimbursed through a government grant. The government agency holds a lien on all equipment purchased using this grant.

**NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT, INC. AND AFFILIATE**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**JUNE 30, 2009 AND 2008**  
**(Continued)**

**Note E – Notes Payable**

- 1) AVP is a borrower on a demand line of credit with a bank, to a maximum of \$200,000. Interest is at the bank's prime rate plus 1.5 percent. At June 30, 2009, the balance on the line of credit was \$ 199,994. The line of credit includes an annual renewal provision, and is scheduled to expire on May 21, 2010.
- 2) During the fiscal years ending June 30, 2009 and 2008 interest free loans were made to AVP by individuals (including board members and senior staff). At June 30, 2009, the outstanding balance on the loans amounted to \$47,400. These loans were subsequently repaid by September 30, 2009.

**Note F – Commitments and Contingencies**

The Agency leases real property for program and administrative purposes. Rental expense amounted to approximately \$235,000 and \$219,000 for the years ended June 30, 2009 and 2008.

- 1) Approximate future minimum annual rental commitments under noncancelable rental lease obligations are as follows:

For the years ended June 30, 2010	\$ 232,000
2011	254,000
2012	261,000
2013	269,000
2014	277,000
Thereafter	<u>213,000</u>
Total	<u>\$ 1,506,000</u>

AVP records rent expense on the straight line basis as required under accounting principles generally accepted in the United States of America. Deferred rent expense amounted to \$165,172 at June 30, 2009.

- 2) A substantial amount of the Agency's revenues are government reimbursements. Revenues and related expenses are subject to audit verification by the funding agencies. The accompanying financial statements make no provision for possible disallowances. Although such disallowances could be substantial in amount, in the opinion of management, any actual disallowances would be immaterial.
- 3) The Agency has entered into various equipment lease agreements. The monthly cost approximates \$1,500.

**Note G – Temporarily Restricted Net Assets**

Temporarily restricted net assets are subject to the following restrictions at June 30:

	<u>2009</u>	<u>2008</u>
Purpose restrictions		
NCAVP	\$ 183,887	\$ 8,783
Communication & Outreach	22,205	
Time restricted only	<u>75,000</u>	<u>25,000</u>
	<u>\$ 281,092</u>	<u>\$ 33,783</u>

## 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)

2008

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Please use IRS label or print or type. See specific instructions. <b>NYC GAY &amp; LESBIAN ANTI-VIOLENCE PROJECT</b> <b>240 WEST 35TH ST #200</b> <b>NEW YORK, NY 10001</b>	<b>D</b> Employer Identification Number <b>13-3149200</b> <b>E</b> Telephone number <b>212) 714-1184</b> <b>G</b> Gross receipts \$ <b>2,239,317.</b>
<b>F</b> Name and address of principal officer: <b>SHARON L STAPEL</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list. (see Instructions) <b>H(c)</b> Group exemption number	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J</b> Website: <b>WWW.AVP.ORG</b>		<b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>L</b> Year of Formation: <b>1980</b> <b>M</b> State of legal domicile: <b>NY</b>	

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE NEW YORK CITY ANTI-VIOLENCE PROJECT IS DEDICATED TO ELIMINATING HATE VIOLENCE, SEXUAL ASSAULT, STALKING, AND DOMESTIC VIOLENCE IN LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND HIV-AFFECTED COMMUNITIES THROUGH COUNSELING, ADVOCACY, ORGANIZING, AND PUBLIC EDUCATION.</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
	3	Number of voting members of the governing body (Part VI, line 1a) .....	7	
	4	Number of independent voting members of the governing body (Part VI, line 1b) .....	7	
	5	Total number of employees (Part V, line 2a) .....	29	
	6	Total number of volunteers (estimate if necessary) .....	150	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C) .....	0.	
7b	Net unrelated business taxable income from Form 990-T, line 34 .....	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h) .....	Prior Year 2,124,835.	Current Year 2,189,062.
	9	Program service revenue (Part VIII, line 2g) .....		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	3,917.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	-17,904.	-22,332.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	2,110,848.	2,166,730.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....		
	14	Benefits paid to or for members (Part IX, column (A), line 4) .....		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	1,234,612.	1,199,235.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) .....		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>388,178.</u>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) .....	890,359.	963,102.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	2,124,971.	2,162,337.
19	Revenue less expenses. Subtract line 18 from line 12 .....	-14,123.	4,393.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) .....	Beginning of Year 628,369.	End of Year 769,466.
	21	Total liabilities (Part X, line 26) .....	737,074.	873,778.
	22	Net assets or fund balances. Subtract line 21 from line 20 .....	-108,705.	-104,312.

## Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer <u>SHARON STAPEL</u> Type or print name and title.	Date <u>4/16/10</u>	
Paid Preparer's Use Only	Preparer's signature <u>Deborah Rayner</u> Date <u>4/10/10</u>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) <u>P00396383</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>LEDERER, LEVINE &amp; ASSOCIATES LLC</u> <u>1099 WALL ST WEST SUITE 280</u> <u>LYNDHURST, NJ 07071</u>	EIN ▶ <u>22-3778048</u>	Phone no. ▶ <u>(201) 933-3780</u>
	May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		



**Part III Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission:

SEE SCHEDULE O2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... SEE SCHEDULE O ..... ☒ Yes ☐ 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 services? ..... ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:       ) (Expenses \$ 1,477,851. including grants of \$                     ) (Revenue \$                     )SEE SCHEDULE O4b (Code:       ) (Expenses \$                      including grants of \$                     ) (Revenue \$                     )4c (Code:       ) (Expenses \$                      including grants of \$                     ) (Revenue \$                     )

4d Other program services. (Describe in Schedule O.)

(Expenses \$                      including grants of \$                     ) (Revenue \$                     )4e Total program service expenses ► \$ 1,477,851. (Must equal Part IX, Line 25, column (B).)

**Part 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 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? .....	2 X	
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	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II .....	4	X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III .....	5	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I .....	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II .....	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III .....	8	X
9 Did the organization report an amount in Part X, line 21; 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	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V .....	10	X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable .....	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII .....	12 X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E .....	13	X
14a Did the organization maintain an office, employees, or agents outside of the U.S.? .....	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I .....	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II .....	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III .....	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I .....	17	X
18 Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III .....	19	X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H .....	20	X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II .....	21	X
22 Did the organization report more than \$5,000 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, questions 3, 4, or 5? 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25. ....	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	24b	
c 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) and 501(c)(4) 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 Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I .....	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II .....	26 X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III .....	27	X

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Form 990 (2008)

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV.	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV.	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV.	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' 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, Parts II, III, IV, and V, line 1.	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.	35	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

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Form 990 (2008)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. ....	1a	4
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. ....	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. ....	2a	29
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	2b	X
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .....	3a	X
3b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in 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
4b	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 Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....	5a	X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	5b	X
5c	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? .....	5c	
6a	Did the organization solicit any contributions that were not tax deductible? .....	6a	X
6b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? .....	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .....	7a	X
7b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? .....	7b	X
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	7c	X
7d	If 'Yes,' indicate the number of Forms 8282 filed during the year. ....	7d	
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	7e	X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	7f	X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .....	7g	X
7h	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? ..	7h	X
8	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....	8	
9	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
9a	Did the organization make any taxable distributions under section 4966? .....	9a	
9b	Did the organization make any distribution to a donor, donor advisor, or related person? .....	9b	
10	<b>Section 501(c)(7) organizations.</b> Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12. ....	10a	
10b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. ....	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
11a	Gross income from other members or shareholders. ....	11a	
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....	12a	
12b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. ....	12b	

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Form 990 (2008)

**Part VI Governance, Management and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1 a Enter the number of voting members of the governing body	7	
b Enter the number of voting members that are independent	7	
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?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct 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 organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990. SEE SCHEDULE O.	X	
11 Is there any officer, director or 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 in Schedule O.		X

**Section B. Policies**

	Yes	No
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O.	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers of key employees of the organization? SEE SCHEDULE O. Describe the process in Schedule O. (see instructions)	X	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosures**

17 List the states with which a copy of this Form 990 is required to be filed ► NY

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☒ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ► SHARON STAPEL 240 WEST 35TH ST NEW YORK NY 10001 (212) 714-1184

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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) or 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.

- 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

[illegible]



**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	1a Federated campaigns.....	1a			
	b Membership dues.....	1b			
	c Fundraising events.....	1c	59,168.		
	d Related organizations.....	1d			
	e Government grants (contributions).....	1e	1,495,511.		
	f All other contributions, gifts, grants, and similar amounts not included above.....	1f	634,383.		
	g Noncash contribns included in lns 1a-1f: ... \$				
	<b>h Total. Add lines 1a-1f.....</b>		<b>2,189,062.</b>		
<b>PROGRAM SERVICE REVENUE</b>	Business Code				
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue ...				
	<b>g Total. Add lines 2a-2f.....</b>				
<b>OTHER REVENUE</b>	3 Investment income (including dividends, interest and other similar amounts).....				
	4 Income from investment of tax-exempt bond proceeds.				
	5 Royalties.....				
	(i) Real (ii) Personal				
	6a Gross Rents.....				
	b Less: rental expenses				
	c Rental income or (loss) ...				
	d Net rental income or (loss).....				
	(i) Securities (ii) Other				
	7a Gross amount from sales of assets other than inventory.				
	b Less: cost or other basis and sales expenses.....				
	c Gain or (loss).....				
	d Net gain or (loss).....				
	8a Gross income from fundraising events (not including \$ 59,168. of contributions reported on line 1c). See Part IV, line 18.....	a	45,900.		
	b Less: direct expenses.....	b	72,587.		
	c Net income or (loss) from fundraising events.....		-26,687.		-26,687.
	9a Gross income from gaming activities. See Part IV, line 19.....	a			
	b Less: direct expenses.....	b			
	c Net income or (loss) from gaming activities.....				
	10a Gross sales of inventory, less returns and allowances.....	a			
b Less: cost of goods sold.....	b				
c Net income or (loss) from sales of inventory.....					
Miscellaneous Revenue Business Code					
11a ADMINISTRATIVE FEES	561000	4,355.		4,355.	
b					
c					
d All other revenue.....					
e Total. Add lines 11a-11d.....		4,355.			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e.....		2,166,730.	0.	0.	-22,332.



**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	135,527.	74,540.	33,882.	27,105.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	875,755.	638,671.	79,119.	157,965.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).				
9 Other employee benefits.	95,528.	68,608.	9,723.	17,197.
10 Payroll taxes.	92,425.	63,715.	12,390.	16,320.
11 Fees for services (non-employees).				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Prof fundraising svcs. See Part IV, ln 17.				
f Investment management fees.				
g Other.				
12 Advertising and promotion.	210,047.	209,687.		360.
13 Office expenses.				
14 Information technology.				
15 Royalties.				
16 Occupancy.	269,615.	190,055.	31,483.	48,077.
17 Travel.	15,915.	13,667.	1,532.	716.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	16,795.		16,795.	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	73,058.	51,798.	8,028.	13,232.
23 Insurance.	6,461.	4,581.	710.	1,170.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PROFESSIONAL FEES	202,807.	59,815.	79,124.	63,868.
b PRINTING AND PUBLICATIONS	52,529.	33,118.	3,005.	16,406.
c REPAIRS & MAINTENANCE	26,001.	14,356.	2,820.	8,825.
d TELEPHONE & COMMUNICATIONS	23,153.	18,042.	1,930.	3,181.
e EXPENSED EQUIPMENT	18,468.	13,094.	2,029.	3,345.
f All other expenses.	48,253.	24,104.	13,738.	10,411.
25 Total functional expenses. Add lines 1 through 24f.	2,162,337.	1,477,851.	296,308.	388,178.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	1 Cash — non-interest-bearing .....	8,998.	1	70,088.
	2 Savings and temporary cash investments .....		2	
	3 Pledges and grants receivable, net .....	301,436.	3	497,068.
	4 Accounts receivable, net .....		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	49,533.	9	6,966.
	10a Land, buildings, and equipment: cost basis .....	10a 604,486.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D .....	10b 428,224.	10c	176,262.
	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 .....	19,082.	15	19,082.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	628,369.	16	769,466.	
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses .....	260,275.	17	425,351.
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow account liability. Complete Part IV of Schedule D .....		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....	28,900.	22	32,400.
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable .....		24	
	25 Other liabilities. Complete Part X of Schedule D .....	447,899.	25	416,027.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	737,074.	26	873,778.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	-142,488.	27	-385,404.
	28 Temporarily restricted net assets .....	33,783.	28	281,092.
	29 Permanently restricted net assets .....		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 <b>Total net assets or fund balances.</b> .....	-108,705.	33	-104,312.
	34 <b>Total liabilities and net assets/fund balances.</b> .....	628,369.	34	769,466.

**Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....	2a	X
b Were the organization's financial statements audited by an independent accountant? .....	2b	X
c If 'Yes' to 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	X
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? .....	3b	

Department of the Treasury  
Internal Revenue Service

**To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.**

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

## 2008

**Open to Public Inspection**

Name of the organization

NYC GAY &amp; LESBIAN ANTI-VIOLENCE PROJECT

Employer identification number

13-3149200

<b>Part I Reason for Public Charity Status</b> (All organizations must complete this part.) (see instructions)	
--	--

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention, congregation of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I                      b ☐ Type II                      c ☐ Type III — Functionally integrated                      d ☐ Type III— Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).**
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box \_\_\_\_\_
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? ☐

(i)	a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11 g (i)	Yes	No
(ii)	a family member of a person described in (i) above?	11 g (ii)		
(iii)	a 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)		

**h** Provide the following information about the organizations the organization supports.

[illegible]

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	1,598,426.	1,684,918.	2,084,978.	2,124,835.	2,189,062.	9,682,219.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 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 the public without charge.						0.
4 Total. Add lines 1-3.	1,598,426.	1,684,918.	2,084,978.	2,124,835.	2,189,062.	9,682,219.
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).						60,935.
6 Public support. Subtract line 5 from line 4.						9,621,284.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	1,598,426.	1,684,918.	2,084,978.	2,124,835.	2,189,062.	9,682,219.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.				3,917.		3,917.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV.	19,430.	44,717.	25,000.	38,108.	4,355.	131,610.
11 Total support. Add lines 7 through 10.						9,817,746.
12 Gross receipts from related activities, etc. (see instructions).					12	0.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	14	98.0 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	98.5 %

16a 33-1/3 support test — 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☒

b 33-1/3 support test — 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

17a 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

b 10%-facts-and-circumstances test — 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

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

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an 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 furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000.						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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.						
c 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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.	18	%
19a 33-1/3 support tests — 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3 support tests — 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ <input type="checkbox"/>		

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

[illegible]

2008

## SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT N3149200

NYC GAY &amp; LESBIAN ANTI-VIOLENCE PROJECT

13-3149200

4/10/10

12:30PM

## PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2008	2007	2006	2005	2004
OTHER	4,355.	38,108.	25,000.	44,717.	19,430.
TOTAL	\$ 4,355.	\$ 38,108.	\$ 25,000.	\$ 44,717.	\$ 19,430.

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

► Attach to Form 990, 990-EZ and 990-PF  
► See separate instructions.

OMB No. 1545-0047

**2008**

Name of the organization

NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT

Employer identification number

13-3149200

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- ☒ 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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules —**

- ☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- ☐ 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, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ 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 the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.**

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)



Name of organization

Employer identification number

NYC GAY &amp; LESBIAN ANTI-VIOLENCE PROJECT

13-3149200

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CARNEGIE COPORATION OF NY 437 MADISON AVENUE NEW YORK, NY 10022	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	VANGUARD CHARTIABLE ENDOWMENT P O BOX 3075 SOUTHEASTERN, PA 19398	\$ 155,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	EVELYN AND WALTER HAAS, JR FUND ONE MARKET, LANDMARK, #400 SAN FRANCISCO, CA 94105	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	KAHN CHARITABLE FOUNDATION 101 HILL STEET TOPSFIELD, MA 01983	\$ 145,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

NYC GAY &amp; LESBIAN ANTI-VIOLENCE PROJECT

Employer identification number

13-3149200

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once — see instructions.) ..... \$                      N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

Attach to Form 990. To be completed by organizations that  
answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT

Employer identification number

13-3149200

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if  
the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? . . . . . ☐ Yes ☐ No

**Part II Conservation Easements** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- ☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of certified historic structure  
☐ Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? . . . . . ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**  
Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

- (i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_  
(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

- a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_  
b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
b ☐ Scholarly research  
c ☐ Preservation for future generations

- d ☐ Loan or exchange programs  
e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Trust, Escrow and Custodial Arrangements** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV.

**Part V Endowment Funds** Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  %  
b Permanent endowment  %  
c Term endowment  %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations  
(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements		227,652.	159,397.	68,255.
d Equipment		188,085.	114,675.	73,410.
e Other		188,749.	154,152.	34,597.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				176,262.

BAA

Schedule D (Form 990) 2008



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	2,166,730.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2,162,337.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	4,393.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4-8	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	4,393.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	2,166,730.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,166,730.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	2,166,730.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	2,162,337.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,162,337.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	2,162,337.

**Part XIV Supplemental Information**

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

**PART X - FIN 48 FOOTNOTE**

IN JULY 2006, THE FASB ISSUED INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO. 109 ("FIN 48"). FIN 48 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FIN 48 ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. FIN 48 IS EFFECTIVE FOR FISCAL YEARS BEGINNING AFTER DECEMBER 15,

**Part XIV** Supplemental Information (continued)**PART X - FIN 48 FOOTNOTE (CONTINUED)**

2006. ON NOVEMBER 7, 2007, THE FASB VOTED TO DEFER FIN 48 FOR ONE YEAR UNTIL FISCAL YEARS BEGINNING AFTER DECEMBER 15, 2007. ON OCTOBER 15, 2008, THE FASB VOTED TO CONTINUE THE DEFERRAL OF FIN 48, FOR NON-PUBLIC COMPANIES AND NOT-FOR-PROFITS, FOR AN ADDITIONAL YEAR UNTIL FISCAL YEARS BEGINNING AFTER DECEMBER 15, 2008.

AS FIN 48 HAS NOT YET BEEN ADOPTED, THE AGENCY IS CONTINUING TO USE FASB STATEMENT NO. 5, ACCOUNTING FOR CONTINGENCIES ("FASB 5") TO EVALUATE UNCERTAIN TAX POSITIONS. THE AGENCY BELIEVES THERE WOULD BE NO IMPACT OF ADOPTING FIN 48 ON THE FINANCIAL STATEMENTS.



**Part XIV** Supplemental Information *(continued)*

**SCHEDULE G**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

► Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT

Employer identification number

13-3149200

**Part I Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Mail solicitations      | <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <input checked="" type="checkbox"/> Email solicitations     | <input checked="" type="checkbox"/> Solicitation of government grants     |
| <input type="checkbox"/> Phone solicitations                | <input checked="" type="checkbox"/> Special fundraising events            |
| <input checked="" type="checkbox"/> In-person solicitations |   |

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
STAMP	EVENT PLANNING	X		82,236.	45,000.	37,236.
<b>Total</b> .....				82,236.	45,000.	37,236.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

NY

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 COURAGE 2008 (event type)	(b) Event #2 FUSION 2008 (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
	1 Gross receipts .....	84,370.	20,698.		105,068.
	2 Less: Charitable contributions .....	43,270.	15,898.		59,168.
	3 Gross revenue (line 1 minus line 2) .....	41,100.	4,800.		45,900.
DIRECT EXPENSES	4 Cash prizes .....				
	5 Non-cash prizes .....				
	6 Rent/facility costs .....				
	7 Other direct expenses .....	66,967.	5,620.		72,587.
	8 Direct expense summary. Add lines 4- through 7 in column (d) .....				72,587.
	9 Net income summary. Combine lines 3 and 8 in column (d) .....				-26,687.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
	1 Gross revenue .....				
DIRECT EXPENSES	2 Cash prizes .....				
	3 Non-cash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
	8 Net gaming income summary. Combine lines 1 and 7 in column (d) .....				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? .....

b If 'No,' Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....

b If 'Yes,' Explain:

11 Does the organization operate gaming activities with nonmembers? .....

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? .....

	YES	NO
9a		
10a		
11		
12		

## 13 Indicate the percentage of gaming activity operated in:

- | a The organization's facility..... | 13a | % |
|------------------------------------|-----|---|
| b An outside facility.....         | 13b | % |

## 14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name: ▶ \_\_\_\_\_

Address: ▶ \_\_\_\_\_

## 15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?.....

- b If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_.

c If 'Yes,' enter name and address:

Name: ▶ \_\_\_\_\_

Address: ▶ \_\_\_\_\_

## 16 Gaming manager information

Name: ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided: ▶ \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor

## 17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?.....

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ \_\_\_\_\_

**SCHEDULE L**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Transactions with Interested Persons**

► Attach to Form 990 or Form 990-EZ.  
► To be completed by organizations that answered  
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT

Employer identification number

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**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. . . . . ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. . . . . ► \$

**Part II Loans to and/or From Interested Persons.**

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
ELIZABETH ANN KIVLAN	X		6,500.			X	X		X	
KEVIN D. KRUEGER	X		8,500.	8,500.		X	X		X	
RICHARD PALERMO	X		23,900.	23,900.		X	X		X	
<b>Total</b> . . . . .				\$ 32,400.						

**Part III Grants or Assistance Benefitting Interested Persons.**  
To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT

Employer identification number  
13-3149200

**FORM 990, PART XI, LINE 2B**

NYC AVP AND NCAVP HAVE PREPARED CONSOLIDATED AUDITED FINANCIAL STATEMENTS WHICH WERE AUDITED IN ACCORDANCE WITH GENERALLY ACCEPTED AUDITING STANDARDS. WHILE THE 2008 IRS FORM 990 INSTRUCTIONS EXCLUDE CONSOLIDATED AUDITED FINANCIALS FROM MEETING THE REQUIREMENTS OF AUDITED FINANCIAL STATEMENTS, THE 2009 IRS FORM 990 INSTRUCTIONS DO ALLOW FOR CONSOLIDATED AUDITED FINANCIAL STATEMENTS AS MEETING REQUIREMENTS. GIVEN THE CHANGE IN IRS POLICY WHICH NOW ALLOWS FOR FINANCIAL STATEMENTS TO BE DEEMED AS AUDITED REGARDLESS OF WHETHER THEY ARE CONSOLIDATED, AVP FEELS THAT ANSWERING THIS QUESTION "NO" WOULD MISLEAD THE READER OF THIS FILING AS TO THE ORGANIZATION'S DUE DILIGENCE PRACTICES.

THIS EXPLANATION ALSO REFERS TO FORM 990, PART IV, LINE 12

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

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.

**FORM 990, PART III, LINE 2 - NEW SERVICES**

ON JUNE 16, 2009 THE NATIONAL COALITION OF ANTI-VIOLENCE PROGRAMS, FORMERLY A 501(C)(3), BECAME A PROJECT OF THE NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT THROUGH A CONTRIBUTION AGREEMENT. THE NATIONAL COALITION OF ANTI-VIOLENCE PROGRAMS IS CURRENTLY DISSOLVING ITS 501(C)(3) STATUS.

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

PROGRAMS: PROVIDES CRISIS INTERVENTION, COUNSELING, SAFETY PLANNING, SUPPORT, ADVOCACY AND REFERRALS FOR LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER AND HIV-AFFECTED VICTIMS OF VIOLENCE THROUGH A 24 HOUR BILINGUAL (ENGLISH/SPANISH) HOTLINE TO OVER

Name of the organization

NYC GAY &amp; LESBIAN ANTI-VIOLENCE PROJECT

Employer identification number

13-3149200

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)**

2,000 VICTIMS OF VIOLENCE. COMMUNITY ORGANIZING AND PUBLIC ADVOCACY: PROVIDED MORE THAN 100 TRAINING, TECHNICAL ASSISTANCE, OUTREACH, ORGANIZING AND VOLUNTEER COORDINATION TO INCREASE EDUCATION AND PUBLIC AWARENESS OF LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER AND HIV-AFFECTED VICTIMS OF VIOLENCE REACHING MORE THAN 2,600 PEOPLE. PROVIDED OUTREACH AND PUBLIC AWARENESS, INCLUDING MATERIALS AND HOTLINE INFORMATION, TO MORE THAN 22,000 PEOPLE, RAISING AWARENESS ABOUT ANTI-LGBTQ VIOLENCE AND PROVIDING SERVICES AND CONTACT INFORMATION FOR AVP. INCREASED AVP'S VISIBILITY THROUGHOUT NEW YORK CITY, NEW YORK STATE AND NATIONALLY BY ESTABLISHING MONTHLY E-NEWSLETTERS, REGULAR E-COMMUNITY ALERTS AND E-MAILS FROM THE EXECUTIVE DIRECTOR AND A FACEBOOK PAGE. CREATED ELECTRONIC PUBLIC AWARENESS MATERIALS.

NATIONAL COALITION OF ANTI-VIOLENCE PROGRAMS: THE NATIONAL COALITION OF ANTI-VIOLENCE PROGRAMS (NCAVP) ADDRESSES THE PERVERSIVE PROBLEM OF VIOLENCE COMMITTED AGAINST AND WITHIN THE LESBIAN, GAY, BISEXUAL, TRANSGENDER AND HIV-AFFECTED COMMUNITIES. NCAVP IS A COALITION OF PROGRAMS THAT DOCUMENT AND ADVOCATE FOR VICTIMS OF ANTI-LGBT AND ANTI-HIV/AIDS VIOLENCE/HARASSMENT, DOMESTIC VIOLENCE, SEXUAL ASSAULT, POLICE MISCONDUCT AND OTHER FORMS OF VICTIMIZATION. NCAVP HAS MORE THAN 35 MEMBER ORGANIZATIONS IN 25 STATES AND PUBLISHES TWO ANNUAL NATIONAL REPORTS ON LGBT VIOLENCE IN THE U.S.

**FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS**

THE DOCUMENT IS PRESENTED AND REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO FILING. THE REVIEW IS CONDUCTED FIRST BY THE BOARD MEMBERS WHO PARTICIPATE IN THE BOARD'S FINANCE COMMITTEE. THE BOARD'S FINANCE COMMITTEE THEN PRESENTS THE FORM TO THE FULL BOARD OF DIRECTORS AT A SCHEDULED BOARD MEETING PRIOR TO THE INSTRUCTIONS TO THE PREPARER TO FILE THE FORM.

Name of the organization

Employer identification number

NYC GAY &amp; LESBIAN ANTI-VIOLENCE PROJECT

13-3149200

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF C**

ANNUAL REVIEW AND SIGNING OF CONFLICT OF INTEREST POLICIES OCCUR AT THE BOARD AND SENIOR MANAGEMENT LEVEL; FOR THE BOARD, THIS OCCURS WHEN A NEW BOARD MEMBER JOINS THE BOARD AND EACH YEAR AT THE ANNUAL JANUARY MEETING; FOR KEY EMPLOYEES, THIS OCCURS WHEN THEY FIRST JOIN THE ORGANIZATION AND AGAIN AT THEIR ANNUAL REVIEW. AS WELL, INDIVIDUALS ARE REQUIRED TO REPORT CONFLICTS DURING MEETINGS/ACTIVITIES AND ARE UNABLE TO VOTE ON SUCH MATTERS.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE:**

FOR THE EXECUTIVE DIRECTOR: THE POSITION IS COMPARED TO COMPARABLE POSITIONS IN THE FIELD, REVIEWED BY THE FINANCE AND EXECUTIVE COMMITTEES OF THE BOARD AND REVIEWED BY THE FULL BOARD OF DIRECTORS. MINUTES FOR THESE MEETINGS ARE KEPT.

FOR OFFICERS OF THE BOARD OF DIRECTORS: NO COMPENSATION IS PROVIDED.

FOR KEY EMPLOYEES, THERE HAVE BEEN NO INCREASES FOR KEY EMPLOYEES IN THE PAST FISCAL YEAR.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.



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

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ..... ► ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.****Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only. .... ► ☐

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT	13-3149200
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	240 WEST 35TH ST #200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NEW YORK, NY 10001	

**Check type of return to be filed** (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► SHARON STAPEL

Telephone No.. ► (212) 714-1184 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 Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box. . ► ☐. If it is for part of the group, check this box. ► ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 10, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:

- ☐ calendar year 20 \_\_\_\_ or  
► ☒ tax year beginning 7/01, 20 08, and ending 6/30, 20 09.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. ....	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. ....	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. ....	3c	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box. ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer Identification number  13-3149200 For IRS use only
	NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT	
	Number, street, and room or suite number. If a P.O. box, see instructions. LEDERER, LEVINE & ASSOCIATES LLC 1099 WALL ST WEST SUITE 280	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LYNDHURST, NJ 07071	

**Check type of return to be filed** (File a separate application for each return):

- |  |  |                                      |                                    |
|--|--|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF                                 | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 5227   |                                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of **SHARON STAPEL**  
Telephone No. **(212) 714-1184** 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 Exemption Number (GEN) .... . If this is for the whole group, check this box. ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 5/15, 20 10.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning 7/01, 20 08, and ending 6/30, 20 09.
- 6 If this 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 ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. ....	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. ....	8b \$
c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs. ....	8c \$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶

Title ▶

Date ▶