Form **990**

Return of Organization Exempt From Income Tax

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

2010

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

A	For the 201	10 calen	dar vear, or ta	x year beginnir	g 7/01	, 201	0, and endin	g 6/3			2011
M with Delivering	Check if applic								5.6		ation Number
	Address		NYC GAY	& LESBIAN	ANTI-VIOLEN	CE PROJEC	CT		13-3	14920	00
			240 WEST	35TH ST #	200				E Telephone	number	
	Name cha	2		, NY 10001					212)	714-	-1184
	Initial ret										
	Terminate								G Gross rec	eipts \$	2,174,306.
	Amended		F	ddress of principal of	GUADON T	L STAPEL		H(a) Is this	a group return	for affilia	
	Application	on pending			incer. SILALIOIV .	n Oliman		H(b) Are all	affiliates includ	led?	Yes No
			SAME AS	derivers.	V 4 (14)	4947(a)(1)	or 527	If 'No,'	attach a list (s	see instru	ctions)
1	Tax-exemp		X 501(c)(3)	501(c) () ◀ (insert no.)	4947(a)(1)	01 327	Wal Croun	exemption num	her >	
J	Website		W.AVP.ORG		П		L Year of Forma				al domicile: NY
K	Form of org		X Corporation	Trust A	ssociation Other		L Year of Forma	uon: 100	V. 1111 Ste	HE OI 109	ar dominant.
8	art I S	umma	ry				THE NAC	CAV AN	m recer	AN A	NTT-VIOLENCE
	1 Brief	fly descr	ibe the organi	zation's mission	or most significar	nt activities:	THE NIC	CAI AN	CCVIII L TESTI	מיים.	NTI-VIOLENCE
0	PRO	OJECT	IS DEDIC	ATED TO EL	IMINATING H	ATE VIOL	ENCE, SE	OED U	COUNTY	AD H.	IV-AFFECTED
Activities & Governance	DON	MESTI	C AIOTENC	E_IN_LESB1	AN, GAY, BI	SEXUAL,	I KANDGEN	75V _ VI	HELTO F	חוור אי	IV-AFFECTED_
E.	_COI	MMUNI:	TIES THRO	UGH COUNSE	discontinued its op	ALL, UKG	enged of m	ore than 2	25% of its n	et ass	TION.
300	2 Che	ck this b	ox > if th	e organization	ng body (Part VI,	line 1a)	isposed of th	ore than 2		3	13
ංජ	3 Num	nber of v	oung member	ting members	of the governing be	ody (Part VI. I	ine 1b)			4	13
68	5 Tota	al numbe	r of individual	s employed in	alendar year 2010	(Part V, line	2a)		00000000000	5	27
N	6 Tota	al numbe	r of volunteers	s (estimate if no	ecessarv)				X 0000000000	6	150
Acr	7a Tota	al unrela	ted business r	evenue from Pa	art VIII, column (C)	, line 12		164 18 (C000000000	7a	0.
	b Net	unrelate	d business tax	kable income fr	om Form 990-T, lin	ne 34				7b	0.
								1	Prior Year		Current Year
	8 Con	tribution	s and grants (Part VIII, line 1	h)		PARKET AND A REPORT		1,870,6	11.	2,112,353.
ne	9 Prod	gram ser	rvice revenue	(Part VIII, line 2	2g)		111111111111	y v			4,761.
Revenue	10 Inve	estment	income (Part \	VIII, column (A)	, lines 3, 4, and 70	d)(L	********		05.0	F-1	25 212
Re	11 Oth	er reven	ue (Part VIII,	column (A), line	s 5, 6d, 8c, 9c, 10	c, and 11e)			25,8		25,212. 2,142,326.
	12 Tota	al revenu	ue – add lines	8 through 11 (i	must equal Part VI	II, column (A)), line 12)		1,896,5	28.	2,142,320.
	13 Gra	nts and	similar amoun	ts paid (Part IX	, column (A), lines	s 1·3)	*******			-+	
	14 Ben	nefits pai	d to or for me	mbers (Part IX,	column (A), line 4	1)			1 015 0	00	1 417 040
	15 Sala	aries, oth	her compensa	tion, employee	benefits (Part IX,	column (A), li	nes 5·10)		1,215,8		1,417,948.
60	16a Pro	fessiona	I fundraising f	ees (Part IX, co	lumn (A), line 11e)			10,0	00.	27,092.
Expenses	h Tota	al fundra	aising expense	s (Part IX, colu	mn (D), line 25)▶		327,979				
E X	17 04	or over	nene (Part IX	column (A) lin	es 11a-11d, 11f-24	n	~		596,2	66.	639,752.
	17 Oth	el expei	ses (rait ix,	13.17 (must e	qual Part IX, colum	nn (A), line 2	5)		1,822,0	68.	2,084,792.
	18 Tota	al experi	ses. Aug mies	Subtract line 18	from line 12	CONTRACTOR OF A			74,4	60.	57,534.
		veriue ie.	ss expenses.	DODITACE III TO	TOTAL DE LE COLO			Begins	ning of Currer	t Year	End of Year
ts o	20 Tot	al accet	Part X line	16)		en e	1 4 4 4 4 4 4 4 4 4 4 4		623,4	04.	504,962.
1986	21 Tot								653,2	256.	477,280.
Net Assets or	2 100				e 21 from line 20				-29,8	352.	27,682.
				es. Subtract III	le 21 Holli lille 2d						
		Signat	ure Block	and the same of the Same	in the formation of the second	ing echadules and	statements and	to the best o	of my knowledge	e and be	lief, it is true, correct, and
U	nder penalties omplete. Declar	of perjury, ration of pr	I declare that I hav eparer (other than	officer is based on	all information of which t	preparer has any k	nowledge.	10 010 0000			lief, it is true, correct, and
_		>	811	LAN	(11/1	0 1	1
C	ign	Signa	ature of officer	/- UV		1908	2100		Date		
	lere	> <	SHARON	STAPE	L Ext	cetive	Dire	cton			
		Туре	or print name and	- 10 V 10							
_		Print/Typ	e preparer's name		Property's signature	,	Date		Check	if	PTIN
E'	laid		K FLANAGA	N	Venly Ha	7	11/0	8/11	self-employ	yed	P00396383
	aid reparer	Firm's na	TITI	and the second s	NE & ASSOCI	ATES LLC					
	Ise Only	Firm's ac		9 WALL ST					Firm's EIN	▶ 22	-3778048
-		riin's ac		DHURST, N					Phone no.	(20	1) 933-3780
0.4	May the IDC	discuss			shown above? (se	e instructions	s)	er in Legis			X Yes No
IV	AA Car D-	unantion	Reduction A	ct Notice, see t	he separate instru	ictions.		TEEA0113L			Form 990 (2010)
E)	MM FOFPA	her work	HEURCHON	A							

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Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation) If 'Yes,' complete Schedule A 2 X Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions). 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 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II..... X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III...... 5 5 Did the organization maintain any donor advised funds or any similar funds or 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 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 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 9 X Schedule D, Part IV..... Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?If 'Yes,' complete Schedule D, Part V. X 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 103f 'Yes,' complete Schedule X 11a b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. 11b X c Did the organization report an amount for investments- program related in Part X, line 13 that is 5% or more of its total X 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported 11d X in Part X, line 16? If 'Yes,' complete Schedule D, Part IX..... X 11e e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?If 'Yes,' complete Schedule D, Part X..... 111 X 12a Did the organization obtain separate, independent audited financial statements for the tax year?If 'Yes,' complete Schedule D, Parts XI, XII, and XIII. 12a X 12b X X 13 Is the organization a school described in section 170(b)(1)(A)(ii)?If 'Yes,' complete Schedule E..... 13 X 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV... 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV. X 15 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, Parts III and IV..... X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)..... 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, X 18 lines 1c and 8a? If 'Yes,' complete Schedule G, Part II...... Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?/f 'Yes,' 19 X complete Schedule G, Part III. X 20 aDid the organization operate one or more hospitals? If 'Yes,' complete Schedule H..... 20 b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)......

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Part IV Checklist of Required Schedules (continued) Yes No 21 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. X 22 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete X 23 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 lines 24b through 24d and X 24a complete Schedule K. If 'No,'go to line 25. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 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. Χ 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ3f 'Yes,' complete 25b X Schedule L, Part I..... 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?!f 'Yes,' complete Schedule L, Part II.... 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual?/f 'Yes,' complete Schedule L, Part III. X 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 28a X a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV..... b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b X Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV..... X 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M...... X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X contributions? If 'Yes,' complete Schedule M..... X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I...... Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II. X 32 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 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 X line 1..... X 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?..... 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 X 36 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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 38 X Note. All Form 990 filers are required to complete Schedule O..... Form 990 (2010)

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ar	Statements Regarding Other IRS Filings and Tax Compliance	
	Check if Schedule O contains a response to any question in this Part V	
	1 4 1	Yes No
1a	a Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable	4
b	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0
C	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	gaming 1c X
	(gambling) winnings to prize winners?	
	ments, filed for the calendar year ending with or within the year covered by this return	27 2b X
b	b 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 toe-file. (see instructions)	2- V
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a X
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3b
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authorit financial account in a foreign country (such as a bank account, securities account, or other financial account)	y over, a ? 4a X
b	b If 'Yes,' enter the name of the foreign country:	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Account	5a X
5a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	
C	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organ solicit any contributions that were not tax deductible?	
b	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gi not tax deductible?	fts were 6b
7	Organizations that may receive deductible contributions under section 170(c).	
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods a services provided to the payor?	
b	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	
C	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required from 8282?	red to file 7c X
d	d If 'Yes,' indicate the number of Forms 8282 filed during the year	
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	?
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 889	9 7-
	as required?	7.9
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?	MARKO NO DE POSO DE
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess businoidings at any time during the year?	eid the ness 8
9	Sponsoring organizations maintaining donor advised funds.	
а	a Did the organization make any taxable distributions under section 4966?	9a
b	b Did the organization make a distribution to a donor, donor advisor, or related person?	
	Section 501(c)(7) organizations.Enter:	
	a Initiation fees and capital contributions included on Part VIII, line 12	
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	
	Section 501(c)(12) organizations.Enter:	
	a Gross income from members or shareholders	
	b Gross income from other sources (Do not net amounts due or paid to other sources	
	against amounts due or received from them.).	12a
	a Section 4947(a)(1) nonexempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10412	TZA
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a
8	a Is the organization licensed to issue qualified health plans in more than one state?	158
	Note. See the instructions for additional information the organization must report on Schedule O.	
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	
	c Enter the amount of reserves on hand	
14a	a Did the organization receive any payments for indoor tanning services during the tax year?	14a X
Ŀ	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	
ΔΔ		Form 990 (2010)

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI. Section A. Governing Body and Management Yes No 13 1a Enter the number of voting members of the governing body at the end of the tax year. 13 b Enter the number of voting members included in line 1a, above, who are independent ... 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee or key employee?.... Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors or trustees, or key employees to a management company or other person?..... 4 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... X Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 5 X 6 Does the organization have members or stockholders?.... 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?..... 7b X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?...... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X a The governing body?..... X 8b **b** Each committee with authority to act on behalf of the governing body?..... 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X 10a Does the organization have local chapters, branches, or affiliates?...... 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? 10b X 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?..... 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O X 12a 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13..... b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise X 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy?If 'Yes,' describe in X Schedule O how this is done.... SEE SCHEDULE O 12c X 13 13 Does the organization have a written whistleblower policy? X 14 Does the organization have a written document retention and destruction policy?..... 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 15h b Other officers of key employees of the organization. SEE SCHEDULE 0..... If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 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. X Upon request Own website X Another's website 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: CARLA SMITH 240 WEST 35TH ST NEW YORK NY 10001 (212) 714-1184

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

Check if Schedule O contains a response to any question in this Part VII...

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)	(B)						mpe	(D)	(E)	(F)		
Name and title	Average hours	Posi	-	check	all	hat appl		Reportable compensation from	Reportable compensation from	Estimated amount of other		
	per week (describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(1) JERRY BLAKE BOARD MEMBER	1	Х						0.	0.	0.		
(2) KENNETH ROGERS, CPA TREASURER	1	Х		Х				0.	0.	0.		
(3) THOMANS SALATTE SECRETARY	1	X		X				0.	0.	0.		
(4) ADDY CHABATA BOARD MEMBER				Λ				0.	0.			
(5) KEVIN KRUEGER	1	X		17						0.		
CHAIRPERSON (6) ELIZABETH ANN KIVLAN	1	Х		X				0.	0.	0.		
VICE CHAIR (7) KEVIN COSTIN	1	Х		Х				0.	0.	0.		
BOARD MEMBER (8) THEODORE MCCOMBS	1	X						0.	0.	0.		
BOARD MEMBER (9) LAUREN WAINWRIGHT	1	Х						0	0.	0.		
BOARD MEMBER (10) ANDREW OWENS	1	Х						0.	0.	0.		
BOARD MEMBER (11) OVITA WILLIAMS, LCSW-R	1	X						0.	0.	0.		
BOARD MEMBER (12) FARRA TROMPETER	1	Х						0.	0.	0.		
BOARD MEMBER (13) ELWIN WU	1	Х						0.	0.	0.		
BOARD MEMBER	1	X						0.	0.	0.		
(14) SHARON L STAPEL EXECUTIVE DIREC	35			Х				130,000.	0.	4,779.		
(15)												
(16)												
(17)												
	1			-	_							

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization>

Part VII Section A. Officers, Directors, Trus	tees, k	(ey	Em	plo	ye	es,	an	d Highest Con	pensated Emp	loyees (cont)
(A)	(B)			(0	c)			(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organi-		-	Officer	all they em	at Highes	pply) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization
	related organi- zations in Sch O)	ual trustee	Institutional trustee		iployee	Highest compensated employee				and related organizations
_(18)						ed				
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
(29)										
1b Sub-total							>	130,000.	0.	4,779.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	eleri i	1711			4,11		>	130,000.	0.	0. 4,779.
2 Total number of individuals (including but not limite from the organization ► 1	d to tho	se li	stec	ab ab	ove)	wh	o re	ceived more than	\$100,000 in report	
Did the organization list anyformer officer, director on line 1a? If 'Yes,' complete Schedule J for such it.	or truste	ee, k	ey e	emp	loye	e, c	or hi	ghest compensat	ed employee	Yes No
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t such individual	portable han \$15	e cor 50,00	mpe 00?/	nsa f 'Ye	tion es' c	and	oth olete	er compensation Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or		satio	n fre	om a	any J for	unre	elate	ed organization or erson.	individual	
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization.	ted inde	pen	dent	cor	ntrad	ctors	s tha	T		400
Name and business addres	ss							Description	of services	(C) Compensation
2 Total number of independent contractors (including	but not	limi	ted	to #	hose	lie	ted .	ahove) who receiv	/ed more than	
\$100,000 in compensation from the organization				.0 0	,,,,,,	110	.00	GD 5107 1110 10001	The street	

Pai	TVIII Statement of Revenue				(0)
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	the following properties of th	2,112,353.			
PROGRAM SERVICE REVENUE	Business Code 2a TRAINING FEES 900099 b c d e	4,761.	4,761.		
ROGR	f All other program service revenue ▶ g Total. Add lines 2a-2f	4,761.			STATE SAFETY TO SEE Y
OTHER REVENUE.	Investment income (including dividends, interest and other similar amounts). Income from investment of tax-exempt bond proceeds. Royalties				
ОТНЕ	b Less: direct expenses b 31,980. c Net income or (loss) from fundraising events 9a Gross income from gaming activities.	-6,505.			-6,505.
	b Less: direct expenses				
	c Net income or (loss) from gaming activities.				
	10a Gross sales of inventory, less returns and allowances				
	Miscellaneous Revenue Business Code				
	11a SUBLEASE REVENUE 531390 b OTHER 900099 c d All other revenue	31,055. 662.			31,055. 662.
	e Total. Add lines 11a-11d.				List South Fred
	12 Total revenue. See instructions		4,761.	0.	25,212.

Page 10

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).

Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(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.	136,258.	89,881.	35,396.	10,981.
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	1,054,196.	805,727.	74,594.	173,875.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	120,197.	90,969.	10,272.	18,956.
10	Payroll taxes	107,297.	80,767.	9,845.	16,685.
11	Fees for services (non-employees):				
1	Management				
ŀ	Legal				
	: Accounting				
	Lobbying				
•	Professional fundraising services. See Part IV, line 17	27,092.			27,092.
1	Investment management fees				
9	Other	113,074.	83,574.	29,500.	
12	Advertising and promotion	800.	800.		
13	Office expenses.				
14	Information technology				
15	Royalties				
16	Occupancy	273,848.	206,135.	25,128.	42,585.
17	Travel	50,698.	46,097.	4,245.	356.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20	Interest	10,886.		10,886.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	47,273.	35,584.	4,338.	7,351.
23		7,284.	5,483.	668.	1,133.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.).				
8	TELEPHONE & COMMUNICATIONS	28,740.	23,280.	3,798.	1,662.
ŀ	PRINTING AND PUBLICATIONS	19,240.	5,871.	1,542.	11,827.
,	REPAIRS & MAINTENANCE	18,107.	13,572.	3,050.	1,485.
	MISCELLANEOUS	14,020.	14,000.		20.
6	OFFICE PROGRAM SUPPLIES	12,949.	11,050.	1,617.	282.
1	All other expenses	42,833.	14,681.	14,463.	13,689.
25	Total functional expenses. Add lines 1 through 24f	2,084,792.	1,527,471.	229,342.	327,979.
26	Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	l.			
BAA					Form 990 (2010)

Balance Sheet (A) End of year Beginning of year 59,296 1 6,428. Cash - non-interest-bearing..... 2 2 Savings and temporary cash investments 426,246 3 395,679. 4 Accounts receivable, net..... Receivables from current and former officers, directors, trustees, key employees, 5 5 and highest compensated employees. Complete Part II of Schedule L. Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 7 Notes and loans receivable, net 8 Inventories for sale or use 15,123. 27,388. Prepaid expenses and deferred charges. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10a 604,486. 547,691. 104,067 56,795. 10c 11 Investments - other securities, See Part IV, line 11..... 12 13 Investments - program-related. See Part IV, line 11..... 13 14 Intangible assets. 14 18,672. 18,672. 15 15 Other assets. See Part IV, line 11..... 623,404. 504,962. 16 16 159,848 17 179,000. 17 Accounts payable and accrued expenses. Grants payable 18 18 19 Deferred revenue Tax-exempt bond liabilities..... 20 Escrow or custodial 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 50,000. 22 179,994. 140,996. 23 Secured mortgages and notes payable to unrelated third parties..... 65,000. 24 198,414 157,284. 25 Total liabilities. Add lines 17 through 25..... 653, 256. 26 477,280. X and complete lines Organizations that follow SFAS 117, check here▶ 27 through 29 and lines 33 and 34. Unrestricted net assets..... -53,492. 27 -235,226.27 23,640. 28 262,908. Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. Capital stock or trust principal, or current funds..... 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds..... -29,85227,682. 33 Total net assets or fund balances. 33 623,404. 504,962. 34 Total liabilities and net assets/fund balances..... 34 BAA Form 990 (2010)

TEEA0111L 12/21/10

Form 990 (2010) NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT	13-3149200		Pag	ge 12				
Part XI Reconciliation of Net Assets								
Check if Schedule O contains a response to any question in this Part XI								
	1 . 1	21 21						
1 Total revenue (must equal Part VIII, column (A), line 12)		2,14						
2 Total expenses (must equal Part IX, column (A), line 25)		2,08	Committee to the same of	A STATE OF THE PARTY OF				
3 Revenue less expenses, Subtract line 2 from line 1	-	57,534. -29,852.						
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
5 Other changes in net assets or fund balances (explain in Schedule O)	5			0.				
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	- 2	27,6	82.				
Part XII Financial Statements and Reporting								
Check if Schedule O contains a response to any question in this Part XII								
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No				
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.								
2a Were the organization's financial statements compiled or reviewed by an independent accountant?				X				
b Were the organization's financial statements audited by an independent accountant?		2b	X					
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for or review, or compilation of its financial statements and selection of an independent accountant?	versight of the audit,	2c	х					
If the organization changed either its oversight process or selection process during the tax year, e in Schedule O.	xplain							
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year separate basis, consolidated basis, or both:	ar were issued on a							
X Separate basis Consolidated basis Both consolidated and separate basis				11 12				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set Audit Act and OMB Circular A-133?	forth in the Single	3a	Х					
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not under or audits, explain why in Schedule O and describe any steps taken to undergo such audits	rgo the required audit	3b	х					
BAA		Form	990 (2	2010)				

BAA

TEEA0112L 12/21/10

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

2010

Open to Public Inspection

Employer identification number

MYC	GAY & LESBIAN A	NTI-VIOLENCE F	ROJECT			2000 - M	A CASA COMPANY CONTRACTOR	13-31				
Part	Reason for Publi	c Charity Status	(All organizations	must c	omple	te this	part.)	See in	structi	ons.		
The or	ganization is not a privat	e foundation because	it is: (For lines 1 through	ugh 11, c	heck or	ly one b	oox.)					
1 [A church, convention	of churches or associ	ation of churches desc	cribed ins	section	170(b)(1)(A)(i).					
2	A school described in	section 170(b)(1)(A)(i	i). (Attach Schedule E	.)								
3	A hospital or a coope	rative hospital service	organization describe	d insecti	on 170(b)(1)(A)(iii).	VAVA AN	IIN Faks	dha bassi	talla	
4			n conjunction with a h	ospital d	escribed	lirsection	on 170(E	XAXIX	m) Enter	r the nospi	lais	
5 [name, city, and state An organization opera 170(b)(1)(A)(iv). (Con	ated for the benefit of	a college or university	owned	or opera	ated by a	govern	mental	unit des	cribed isec	tion	
6 7	A federal, state, or lo	cal government or go	vernmental unit descri ubstantial part of its su II.)	bed insecuport fro	ction 17 om a gov	0(b)(1)(A vernmen	1)(v). Ital unit	or from	the gen	eral public	descri	bed
8	A community trust de	scribed in section 170	(b)(1)(A)(vi). (Complete	e Part II.)							
9	investment income au June 30, 1975. See s	I to its exempt function and unrelated business action 509(a)(2).(Com	more than 33-1/3% of ns— subject to certain taxable income (less plete Part III.)	section 5	ons, and oll tax)	from bu	sinesse	s acquir				
10	An organization organ	nized and operated ex	clusively to test for pu	ublic safe	ty. See	ection:	009(a)(4)). f or oor	ry out th	a ni irnaea	of on	A Or
11	more publicly cupper	ted organizations designations	clusively for the bene cribed in section 509(a on and complete lines	11e thro	ection 5 ough 11h	09(a)(Z) 1.	. 3656	tion 50	9(a)(3).	OFFICER GIO	DOX (II)	GT.
	a Type I	b Type II	c Type II	I — Func	tionally	integrat	ed		d	Type III -		
e	section 509(a)(2).		nization is not control than one or more pub									
f	If the organization recheck this box		mination from the IRS	*******				21111			١,	
g	Since August 17, 200	6, has the organization	on accepted any gift of	r contrib	ution fro	om any o	of the fo	llowing	persons	£.	Yes	No
	(i) A person who o	lirectly or indirectly co erning body of the sup	ntrols, either alone or ported organization?	together	with pe	ersons d	escribed	d in (ii)	and (iii)	11g(i)	103	140
	(ii) A family member	er of a person describ	ed in (i) above?	41117774					exe-11.5	11g(ii)		_
			described in (i) or (ii) a		Secret					11g (iii)		
h	Provide the following	information about the	supported organizati	on(s).				n atema		· · · · · · · · · · · · · · · · · · ·		=
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	column (i	s the ration in i) listed in everning ment?	(v) Did y the organ colum your su	ization in	organize	s the ation in in (i) ed in the 5.?	(wiii) Amour	t of sup	port
				Yes	No	Yes	No	Yes	No			
(A)	AND THE STREET STREET											
<u>(B)</u>												
(C)												
(D)	Address of the second											
(E)				TO THE PARTY OF				7				
Total									- Howell			

Schedule A (Form 990 or 990-EZ) 2010 NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT 13-3149200 Partill 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support											
begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total					
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')	2,084,978.	2,124,835.	2,189,062.	1,870,677.	1,718,785.	9,988,337.					
	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 by a governmental unit to the organization without charge						0,					
4	Total. Add lines 1 through 3	2,084,978.	2,124,835.	2,189,062.	1,870,677.	1,718,785.	9,988,337.					
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)						100,934.					
6	Public support. Subtract line 5 from line 4						9,887,403.					
Sec	tion B. Total Support											
	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total					
7	Amounts from line 4	2,084,978.	2,124,835.	2,189,062.	1,870,677.	1,718,785.	9,988,337.					
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.	25,000.	38,108.	4,355.	35,213.	31,717.	134,393.					
11	Total support. Add lines 7 through 10		Signal Control of the				10,126,647.					
12	Gross receipts from related activ	vities, etc (see ins	structions)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12	0.					
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 501(c)(3)					
	tion C. Computation of Pu											
14	Public support percentage for 20	10 (line 6, colum	n (f) divided by li	ne 11, column (f))		97.6%					
	Public support percentage from						98.5%					
	16a 33-1/3% support test— 2010. 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.											
k	33-1/3% support test— 2009, if t and stop here. The organization	he organization d qualifies as a put	id not check a bo olicly supported o	x on line 13 or 16 rganization	5a, and line 15 is	33-1/3% or more,	check this box					
17 a	10%-facts-and-circumstances to organization the organization meets the 'facts	meets the 'facts-	and-circumstance	s' test, check this	s box and stop here	e. Explain in Part	IV how					
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts- id-circumstances'	and-circumstance test. The organi	es' test, check this zation qualifies as	s box and stop her s a publicly suppo	e. Explain in Part rted organization.	IV how the ▶					
	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a								
BAA					S	chequie A (Form	990 or 990-EZ) 2010					

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')	(4)2000					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
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 through 5						
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support						
	dar year (or fiscal yr beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
_	Add lines 10a and 10b. 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 hs 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, seco	nd, third, fourth,	or fifth tax year as	a section 501(c)	(3)
Sec	tion C. Computation of Pu	blic Support I	Percentage				
15	Public support percentage for 20	010 (line 8, colum	nn (f) divided by li	ne 13, column (f)))		ર્જ
16	Public support percentage from						%
	tion D. Computation of Inv	estment Inco	me Percentag	е			
17	Investment income percentage	for 2010 (line 10c.	column (f) divide	d by line 13, colu	umn (f))	17	%
18	Investment income percentage	from 2009 Schedu	le A, Part III, line	17		18	%
198	33-1/3% support tests— 2010. If is not more than 33-1/3%, check	the organization	did not check the	hay on line 14	and line 15 is mor	e than 33-1/3%, a	and line 17
	33-1/3% support tests— 2009. If line 18 is not more than 33-1/39	the organization %, check this box	did not check a bandstop here. The	oox on line 14 or e organization qu	line 19a, and line alifies as a public	16 is more than 3 ly supported orgal	i3-1/3%, and nization. ▶
20	Private foundation. If the organi	zation did not ch	eck a box on line	14, 19a, or 19b,	check this box an	d see instructions.	· · · · · · · · · · · · · · · · · · ·

Schedule A	(Form	990 or	990-F7	2010	NYC	GAY	&]	LESBI	LAN	ANTI-	VIOL	ENCE	PROJ	ECT	13-	3149	200		Page 4
Part IV	Supp Part	lemer I, line instru	ital In	forma	tion. ; and	Comp Part I	lete II, lir	this p ne 12.	art f Als	o prov	ide the	e exp his pa	lanation art for	ons r any	equired addition	l by P nal in	art II, forma	line 1 tion.	10;
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2010 SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5
GLIENT N9149200 NYC GAY & LESBIAN ANTI VIOLENCE PROJECT 18-3149200

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		1 1 1 7 1 -	E 1.7 -	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IIM C. C. PRVIS

11/08/11

NATURE AND SOURCE	2010	2009	2008	2007	2006
OTHER	31,717.	35,213.	4,355.	38,108.	25,000.
	\$ 31,717.	\$ 35,213. \$	4,355.	\$ 38,108.	\$ 25,000.

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, or 990-PF

0010

2010

OMB No. 1545-0047

Name of the organization		Employer identification number
NYC GAY & LESBIAN ANTI-V	IOLENCE PROJECT	13-3149200
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(<u>3</u>) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as 527 political organization	a private foundation
Form 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a p 501(c)(3) taxable private foundation	rivate foundation
Check if your organization is covered b Note. Only a section 501(c)(7), (8), or (y the General Rule or a Special Rule . 10) organization can check boxes for both the General Rule and	a Special Rule, See instructions.
General Rule For an organization filing Form 990 contributor. (Complete Parts I and	, 990-EZ, or 990-PF that received, during the year, \$5,000 or more.)	re (in money or property) from any one
Special Rules		
509(a)(1) and 170(b)(1)(A)(vi), and (2) 2% of the amount on (i) Form 9	n filing Form 990 or 990-EZ, that met the 33-1/3% support test of received from any one contributor, during the year, a contribution 90, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts	I and II.
the prevention of cruelty to children	organization filing Form 990 or 990-EZ, that received from any or an \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, lit n or animals. Complete Parts I, II, and III.	erary, or educational purposes, or
If this box is checked, enter here the purpose. Do not complete any of the	organization filing Form 990 or 990-EZ, that received from any or religious, charitable, etc, purposes, but these contributions did note total contributions that were received during the year for arexone parts unless the General Rule applies to this organization because.	<i>lusively</i> religious, charitable, etc, use it received nonexclusively
religious, charitable, etc, contribution	ons of \$5,000 or more during the year	
OOD DE had it werent amount 'No on Day	vered by the General Rule and/or the Special Rules does not file t IV, line 2 of their Form 990, or check the box on line H of its Fo the filing requirements of Schedule B (Form 990, 990-EZ, or 990	JIII 330°LZ, OI OII III 0 Z OI 10 I OIII
BAA For Paperwork Reduction Act N 990EZ, or 990-PF.	otice, see the Instructions for Form 990, Schedule	e B (Form 990, 990-EZ, or 990-PF) (2010)

Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	BRIAN A. MCCARTHY FOUNDATION 260 WEST 54TH STREET #36G NEW YORK, NY 10019	\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_2	THE PAUL RAPOPORT FOUNDATION 220 EAST 60 STREET SUITE 3H NEW YORK, NY 10022	\$256,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	ARCUS_FOUNDATION 402_EAST_MICHIGAN_AVENUE KALAMAZOO,_MI_49007	\$100,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- \$=	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2010)

of 1

of Part II

Name of organization

NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT

Employer identification number

13-3149200

Part II	Noncash Property (se	e instructions.)			
(a) No. from Part I	De	(b) escription of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
and the second s	N/A				
			Ş		
(a) No. from Part I	De	(b) escription of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
			Ş		
(a) No. from Part I	De	(b) escription of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
			S	3	
(a) No. from Part I	Do	(b) escription of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
				3	
(a) No. from Part I	Do	(b) escription of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
	No. 100 (100 (100 (100 (100 (100 (100 (100	Alexander and a second a second and a second a second and		3	
(a) No. from Part I	Do	(b) escription of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
				\$	
AA			Sahar	dule B (Form 990, 990-E	7 or 990 PF) (2)

Employer identification number

NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT 13-3149200

Part III Fyclusively religious, charitable, etc. individual contributions to section 501(c)(7), (8), or (10)

13-3149200

FEM.III	organizations aggregating more th	an \$1,000 for the year. Co	mplete cols (a) through (e) and the following line entry.
	For organizations completing Part III, enter contributions of \$1,000 or less for the year.	(Enter this information once. See	ritable, etc, e instructions	s.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
raiti	N/A			
		and the state of t		
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	itionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e)	all the second	
	Transferee's name, addres	Transfer of gift	Rel	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addre	(e) Transfer of gift ss, and ZIP + 4	Rel	ationship of transferor to transferee
		100000000000000000000000000000000000000		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

	0	rganizations: Complete Part III.	FOIII 930-LL, Fait	, line 35a (Froxy Fax),	uioii
	of organization			Employer identifica	tion number
NVC	CAY & TESETAN ANT	I-VIOLENCE PROJECT		13-3149200	
Par	t I-A Complete if the or	ganization is exempt under section	on 501(c) or is a s	ection 527 organiz	ation.
1	Provide a description of the o	organization's direct and indirect political ca	ampaign activities in	Part IV.	
2	Political expenditures	en e			WHITE
3	Volunteer hours			المعاولة والمتعاولات	
Par	t I-B Complete if the or	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exci	ise tax incurred by the organization under	section 495.5		0.
		ise tax incurred by organization managers			
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	this year?	*****	Yes No
4a	Was a correction made?				Yes No
b	If 'Yes,' describe in Part IV.				
Par	t I-C Complete if the or	rganization is exempt under sectio	on 501(c) , except	section 501(c)(3).	
1	Enter the amount directly exp	pended by the filing organization for sectio	n 527 exempt functio	n activities > \$	
2	Enter the amount of the filing function activities	g organization's funds contributed to other	organizations for sec	tion 527 exempt	
3	line 17b	ditures. Add lines 1 and 2. Enter here and			
4	Did the filing organization file	Form 1120-POL for this year?			Yes No
5	Enter the names, addresses organization made payments amount of political contributionsegregated fund or a political contributions.	and employer identification number (EIN) s. For each organization listed, enter the ar ons received that were promptly and direct I action committee (PAC). If additional spa	of all section 527 poli nount paid from the f ly delivered to a sepa ce is needed, provide	tical organizations to w iling organization's fund arate political organizati e information in Part IV	hich the filing ds. Also enter the on, such as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					

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

(6)

Schedule C (Form 990 or 990-EZ) 2010

Part II-A Complete if t section 501(n is exempt under se	ction 501(c)(3) and	filed Form 5768 (ele	ction under
	. * *	ongs to an affiliated group			
		ecked box A and 'limited co			
	Limits on Lobb	ying Expenditures eans amounts paid or incu		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditu	ires to influence or	ublic opinion (grass roots to	obbying)		
b Total lobbying expenditu				464.	
c Total lobbying expenditu				464.	0.
d Other exempt purpose e				2,084,328.	
e Total exempt purpose ex	•		_	2,084,792.	0.
f Lobbying nontaxable am				254,240.	
If the amount on line 1e, colu	mmn (a) or (b) is	The lobbying nontaxable	amount is	512110.	TERRIPENIOSSI
Not over \$500,000	ann (a) or (a) to	20% of the amount on line 1e.			
Over \$500,000 but not over \$1,0	000 000	\$100,000 plus 15% of the excess	s over \$500,000.		
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$		\$225,000 plus 5% of the excess			
Over \$17,000,000	17,000,000	\$1,000,000.	0001 \$1,000,000.		
g Grassroots nontaxable a	mount (enter 25%			63,560.	0.
h Subtract line 1g from lin	- The second of the second of the second of	V		0.	0.
i Subtract line 1f from line				0.	0.
j If there is an amount oth	ner than zero on ei		the organization file Form	1 4720 reporting	. Yes No
		4-Year Averaging Period hat made a section 501(h) ins below. See the instruc			
	Lob	bying Expenditures Durin	g 4-Year Averaging Perio	od	
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount			241,103.	254,240.	495,343.
b Lobbying ceiling amount (150% of line 2a, column (e))					743,015.
c Total lobbying expenditures			742.	464.	1,206.
d Grassroots nontaxable amount			60,276.	63,560.	123,836.
e Grassroots ceiling amount (150% of line 2d, column (e))					185,754.
1.1.1					

BAA

74. Schedule **C** (Form 990 or 990-EZ) 2010

13-3149200 Schedule C (Form 990 or 990-EZ) 2010 NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT Page 3 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (b) No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers?..... b Paid staff or management (include compensation in expenses reported on lines 1c through 1i).2. c Media advertisements?..... d Mailings to members, legislators, or the public?..... e Publications, or published or broadcast statements?..... f Grants to other organizations for lobbying purposes?..... g Direct contact with legislators, their staffs, government officials, or a legislative body?..... h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?... I Other activities? If 'Yes,' describe in Part IV..... j Total. Add lines 1c through 1i..... 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3).?..... b If 'Yes,' enter the amount of any tax incurred under section 4912..... c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912..... d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?..... Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 1 Were substantially all (90% or more) dues received nondeductible by members?... 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . 3 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Part III-A, line 3 is answered 'Yes.' 1 Dues, assessments and similar amounts from members..... 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a a Current year..... 2b b Carryover from last year..... 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political 4 expenditure next year?... 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Schedule C (Form 990 of 990-EZ)2010 MIC GAI & LESDIAM ANTI-VIOLENCE PROJECT	13-3149200	Page 4
Part IV Supplemental Information (continued)		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 2010 Operato Public Inspection

Employer identification number

MVC	GAY & LESBIAN ANTI-VIOLENCE	PROJECT		13-3149200	
SHOW FOR	Organizations Maintaining Donor	Advised Funds or Other	er Similar Funds	or Accounts. Comple	te if
Fal	the organization answered 'Yes' to	Form 990, Part IV, line	6.		
	or or garrier or	(a) Donor advised		(b) Funds and other acc	ounts
4	Total number at end of year				
i i	Aggregate contributions to (during year)				
6					
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and dor funds are the organization's property, subject	to the organization's exclusive	e legal controls		No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	rs, and donor advisors in writi the benefit of the donor or do ofit?	ng that grant funds c nor advisor, or for an	an be y other Yes	☐ No
Pai	Conservation Easements. Comp	lete if the organization a	nswered 'Yes' to	Form 990, Part IV, line	17.
1	Purpose(s) of conservation easements held by	y the organization (check all t	nat apply).		
	Preservation of land for public use (e.g., r	ecreation or education)		n historically important land	area
	Protection of natural habitat		Preservation of a	certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organizati last day of the tax year.	on held a qualified conservati	on contribution in the		
				Held at the End of t	he Tax Year
ā	Total number of conservation easements		****	2a	
	Total acreage restricted by conservation ease	ments	D = = = 1 - = (= = + = = = = = = = = = = = = = = = =	2b	
	: Number of conservation easements on a certi	fied historic structure included	I in (a)	2c	
	Number of conservation easements included in structure listed in the National Register	makili a a a dalika a a ka a a a sa a sa a	30 x 10(10(10) 10 10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2d	
3	Number of conservation easements modified, tax year ▶	transferred, released, extingu	ished, or terminated	by the organization during the	ne
4	Number of states where property subject to co	onservation easement is locat	ed•		
5	and enforcement of the conservation easeme	egarding the periodic monitoring it holds?	ng, inspection, handl	ng of violations, Yes	No
6	Staff and volunteer hours devoted to monitori	ng, inspecting, and enforcing	conservation easeme	ents during the year	
7	Amount of expenses incurred in monitoring, in \$	nspecting, and enforcing cons	ervation easements	during the year	
8	Does each conservation easement reported o 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the r	equirements of section	on Yes	No No
9	In Part XIV, describe how the organization reinclude, if applicable, the text of the footnote conservation easements.	to the organization's financia	statements that des	cribes the organizations acc	nce sheet, and ounting for
Pa	Till Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historica swered 'Yes' to Form 990	Treasures, or O), Part IV, line 8.	ther Similar Assets.	
	a If the organization elected, as permitted unde art, historical treasures, or other similar asse in Part XIV, the text of the footnote to its fina	er SFAS 116 (ASC 958), not to ts heid for public exhibition, e ancial statements that describ	o report in its revenue ducation, or research es these items.	e statement and balance she in furtherance of public serv	real bring commit
	b If the organization elected, as permitted unde historical treasures, or other similar assets he following amounts relating to these items:	er SFAS 116 (ASC 958), to reled for public exhibition, educate	port in its revenue station, or research in t	urtherance of public service,	provide trie
	(i) Revenues included in Form 990, Part VIII	I, line 1			
	(ii) Assets included in Form 990, Part X			.,,.,,.,	
	If the organization received or held works of amounts required to be reported under SFAS	art, historical treasures, or oth 116 (ASC 958) relating to the	ner similar assets for ese items:	financial gain, provide the to	
	a Revenues included in Form 990, Part VIII, lin	e 1			
	b Assets included in Form 990, Part X				

c Term endowment ▶ %			
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:		Yes	No
	3a(i)		
(ii) related organizations	Ba(ii)		
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	,	188,749.	164,796.	23,953
d Equipment		188,085.	188,085.	0.
e Other		227,652.	194,810.	32,842.
otal. Add lines 1a through 1e (Column (d) must	equal Form 990 Part X co	Jumn (B) line 10(c).).	>	56,795.

BAA

Schedule D (Form 990) 2010

Page 3

Part VII Investments-Other Securities.	See Form 990, Part X, lir	ne 12. N/A
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
<u>(E)</u>		
(F)		
(G)		
<u>(H)</u>		
<u>(I)</u>		
Total. (Column (b) must equal Form 990 Part X, column (B) line		
Part VIII Investments—Program Related		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line	13.)	
	Part X, line 15) N/A	
Total. (Column (b) must equal Form 990, Part X, column (B) line Part IX Other Assets. (See Form 990, F	13.) Part X, line 15) N/A (a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line Part IX Other Assets. (See Form 990, F	Part X, line 15) N/A	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line Part IX Other Assets. (See Form 990, F (1) (2)	Part X, line 15) N/A	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line Part IX Other Assets. (See Form 990, F (1) (2) (3)	Part X, line 15) N/A	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line Part IX Other Assets. (See Form 990, F (1) (2) (3) (4)	Part X, line 15) N/A	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line Part IX Other Assets. (See Form 990, F (1) (2) (3) (4) (5)	Part X, line 15) N/A	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line Part IX Other Assets. (See Form 990, F (1) (2) (3) (4) (5)	Part X, line 15) N/A	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line Part IX Other Assets. (See Form 990, F (1) (2) (3) (4) (5) (6) (7)	Part X, line 15) N/A	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line Part IX Other Assets. (See Form 990, F (1) (2) (3) (4) (5) (6) (7) (8)	Part X, line 15) N/A	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line Part IX Other Assets. (See Form 990, F (1) (2) (3) (4) (5) (6) (7) (8) (9)	Part X, line 15) N/A	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line Part IX Other Assets. (See Form 990, F (1) (2) (3) (4) (5) (6) (7) (8) (9)	Part X, line 15) N/A (a) Description	
Total. (Column (b) must equal Form 990, Part X, column (B) line Part IX Other Assets. (See Form 990, F (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, c	Part X, line 15) N/A (a) Description olumn(B), line 15)	
Total. (Column (b) must equal Form 990, Part X, column (B) line Part IX Other Assets. (See Form 990, F (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, c	Part X, line 15) N/A (a) Description olumn(B), line 15)	
Total. (Column (b) must equal Form 990, Part X, column (B) line Part IX Other Assets. (See Form 990, F (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, c Part X Other Liabilities. (See Form 99 (a) Description of liability	Part X, line 15) N/A (a) Description olumn(B), line 15)	
Total. (Column (b) must equal Form 990, Part X, column (B) line Part IX Other Assets. (See Form 990, F (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, c Part X Other Liabilities. (See Form 99 (a) Description of liability (1) Federal income taxes	Part X, line 15) N/A (a) Description olumn(B), line 15)	
Total. (Column (b) must equal Form 990, Part X, column (B) line (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b)	Part X, line 15) N/A (a) Description olumn(B), line 15)	8.
Total. (Column (b) must equal Form 990, Part X, column (B) line Part IX Other Assets. (See Form 990, F (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) mu	Part X, line 15) N/A (a) Description olumn(B), line 15)	8.
Total. (Column (b) must equal Form 990, Part X, column (B) line (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b)	Part X, line 15) N/A (a) Description olumn(B), line 15)	8.
Total. (Column (b) must equal Form 990, Part X, column (B) line (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b)	Part X, line 15) N/A (a) Description olumn(B), line 15)	8.
Total. (Column (b) must equal Form 990, Part X, column (B) line (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b)	Part X, line 15) N/A (a) Description olumn(B), line 15)	8.
Total. (Column (b) must equal Form 990, Part X, column (B) line (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b)	Part X, line 15) N/A (a) Description olumn(B), line 15)	8.
Total. (Column (b) must equal Form 990, Part X, column (B) line (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) iline (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT PAYABLE (3) REFUNDABLE ADVANCES (4) (5) (6) (7) (8)	Part X, line 15) N/A (a) Description olumn(B), line 15)	8.
Total. (Column (b) must equal Form 990, Part X, column (B) line Part IX Other Assets. (See Form 990, F (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, c Part X Other Liabilities. (See Form 99 (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT PAYABLE (3) REFUNDABLE ADVANCES (4) (5) (6) (7) (8) (9)	Part X, line 15) N/A (a) Description olumn(B), line 15)	8.
Total. (Column (b) must equal Form 990, Part X, column (B) line (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) iline (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT PAYABLE (3) REFUNDABLE ADVANCES (4) (5) (6) (7) (8)	Part X, line 15) N/A (a) Description olumn(B), line 15)	8.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

SEE PART XIV

Total. (Column (b) must equal Form 990, Part X, column (B) line 25)

157,284.

Schedule D (Form 990) 2010 NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT	13-3149200	Page 4
Part XIII Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1 Total revenue (Form 990, Part VIII,column (A), line 12)	2	,142,326.
2 Total expenses (Form 990, Part IX, column (A), line 25).	2	,084,792.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	HER SHILL EAST	57,534.
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 through 8.	44(47144)	
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		57,534.
Part XIII Reconciliation of Revenue per Audited Financial Statements With Revenue pe		160.017
1 Total revenue, gains, and other support per audited financial statements	1 2	2,468,345.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	10	
b Donated services and use of facilities	19.	
c Recoveries of prior year grants.		
d Other (Describe in Part XIV)		226 010
e Add lines 2a through 2d		326,019.
3 Subtract line 2e from line 1.	3 2	2,142,326.
4 Amounts included on Form 990, Part VIII, line 12, but not on line1:	19884	
a Investments expenses not included on Form 990, Part VIII, line 7b	- FTE	
	- Inches	
c Add lines 4a and 4b.		2,142,326.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		,142,320.
1 Total expenses and losses per audited financial statements		2,410,811.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		., 410,011.
a Donated services and use of facilities	19	
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIV.).	(S-F)	
e Add lines 2a through 2d	2e	326,019.
3 Subtract line 2e from line 1.		2,084,792.
4 Amounts included on Form 990, Part IX, line 25, but not on line1:		.,
a Investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV.)		
c Add lines 4a and 4b.		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5 2	2,084,792.
Part XIV Supplemental Information		2017
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 4; Part V, line 4; Part XI, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	irt IV, lines 1b and	2b; provide
any additional information.	h	
PART X - FIN 48 FOOTNOTE		
THE AGENCY'S ACCOUNTING POLICY IS TO PROVIDE LIABILITIES FOR UNCER	RTAIN_TAX_PO	SITIONS _
ENION A CTARTITMY TO RECENTED AND DOWNLAND AND TO MANAGEMENT TO MORE AUTO	OF ANY UT	OT A MITON
WHEN A LIABILITY IS PROBABLE AND ESTIMABLE, MANAGEMENT IS NOT AWAI	CE OF WINT AT	OLATION
OF ITS TAX STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES, NO	OF ANY EVD	OCUPE
_ Of 110 IV SIVIOS VS VN OLGVNITVITON EVENET LVON INCOME IVVES' NOT	CL DMT BVL	OSONE
TO UNRELATED RUSINESS INCOME TAX		
TO_UNRELATED BUSINESS INCOME TAX		

Schedule D (Form 990) 2010 NYC GAY	& LESBIAN ANTI-VIOLENCE PROJECT n (continued)	13-3149200	Page 5
Part XIV Supplemental Informatio	n (continued)		
		their was not the tipe and the tipe and the tipe and the tipe	THE STATE STATE STATE STATE
the way and the time time the time the time that the time that the time that the time time time time time.			
			======
BAA	TEEA3305L 07/16/10	Schedule D (For	m 990) 2010

BAA

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No. 1545-0047

2010

Open to Public

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT 13-3149200 Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Solicitation of non-government grants Mail solicitations X b Internet and email solicitations f Solicitation of government grants Special fundraising events Phone solicitations d X In-person solicitations 2a Did the organization have a 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?..... 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. (i) Name and address of individual (III) Did fundraiser (iv) Gross receipts (vi) Amount paid to (ii) Activity (v) Amount paid to or entity (fundraiser) (or retained by) (or retained by) have custody or control from activity of contributions? fundraiser listed in organization column (i) Yes No FUNDRSING 25,000 164,001 139,001. W. DOUGLAS WINGO X EVENT 2 3 4 5 6 7 8 9 10 164,001 25,000. 139,001. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. NY

Page 2

Par	t II	Fundraising Events. Complete if reported more than \$15,000 of fur and 6a. List events with gross red	ndraising event cor	ntributions and gros	rm 990, Part IV, li s income on Form	ne 18, or 990-EZ, lines 1
R			(a) Event #1 COURAGE 2011 (event type)	(b) Event #2 HEROES (event type)	(c) Other events 1 (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1	Gross receipts	166,623.	13,625.	12,280.	192,528.
E	2	Less: Charitable contributions	151,123.	8,875.	7,055.	167,053.
	3	Gross income (line 1 minus line 2)	15,500.	4,750.	5,225.	25,475.
	4	Cash prizes				
	5	Noncash prizes			La constant de la con	
DIRECT	6	Rent/facility costs	5,800.		5,500.	11,300.
	7	Food and beverages	6,734.	6,000.	1,260.	13,994.
E X P	8	Entertainment	5,920.			5,920.
EXPENSES	9	Other direct expenses	766.	·		766.
S	10	Direct expense summary. Add lines 4- th	nrough 9 in column (d).			31,980. -6,505.
Pal	1111	Net income summary. Combine line 3, co Gaming. Complete if the organization	ation answered 'Ye	es' to Form 990, Par	t IV, line 19, or re	ported 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 column (a) through column (c))
E	1	Gross revenue				
Ε	2	Cash prizes				
DIRECTS	3	Non-cash prizes.				
TES	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes% No	Yes%	
	7 Direct expense summary. Add lines 2 through 5 in column (d)					
	8	Net gaming income summary. Combine	lines 1, column (d) and	line 7		
1	a Is ti	er the state(s) in which the organization on the organization licensed to operate gamin lo,' explain:	g activities in each of the	nese states?		Yes No
		re any of the organization's gaming licens	es revoked, suspended	or terminated during th	e tax year?	Yes No

Schedule (G (Form 990 or 990-EZ) 2	010 NYC GAY & LES	BIAN ANTI-VIOLENCE P	ROJECT 13-314920	U Page 3
11 Does	the organization operate	gaming activities with no	nmembers?		Yes No
			trust or a member of a partners		Yes No
13 Indica	ate the percentage of gan	ning activity operated in:			
			(*(*(*(*) + * * * * * * * * * * * * * * * * * *		8
			X 2 3 1 2		8
14 Enter	the name and address o	f the person who prepare	es the organization's gaming/spe	cial events books and records:	
Name					
Addre	ess 🏲				
b If 'Ye of ga		aming revenue received to the third party► \$	by the organization▶ \$	eives gaming revenue? [and the amount	Yes No
Name	•				
Addre	ess ►				
16 Gami	ng manager information:				
Name	•				
Gami	ng manager compensatio	n ▶ \$			
Desc	ription of services provide	d ▶			
	Director/officer	Employee	Independent contr	actor	
17 Mano	latory distributions				
			aritable distributions from the ga		Yes No
	3			mpt organizations or spent in the	les liao
	nization's own exempt act				
Family	Supplemental Info columns (iii) and (rmation. Complete v), and Part III, lines	this part to provide the exp	planations required by Part and 17b, as applicable. Als	I, line 2b, o complete
***************************************			12		
		10.00.494.00.00			
entrane) in some					
BAA			TEEA3703L 01/13/11	Schedule G (Form 99	or 990-EZ) 2010

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

13-3149200 NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT FORM 990. PART III. LINE 1 - ORGANIZATION MISSION THE NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT (AVP) PROVIDES DIRECT SERVICES, INCLUDING A 24-HOUR HOTLINE, COUNSELING, ADVOCACY AND ACCOMPANIMENT, AS WELL AS SUPPORT GROUPS, LEGAL CLINICS AND A SPEAKER'S BUREAU, TO LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND HIV-AFFECTED VICTIMS OF HATE VIOLENCE, SEXUAL ASSAULT, STALKING, AND DOMESTIC VIOLENCE. AVP ALSO WORKS WITH THE COMMUNITIES WE SERVE TO RESPOND TO AND PREVENT VIOLENCE THROUGH ORGANIZING, PUBLIC ADVOCACY, POLICY, TRAINING AND EDUCATION. AVP COORDINATES A STATEWIDE DOMESTIC VIOLENCE NETWORK AND NATIONAL COALITION OF ANTI-VIOLENCE PROGRAMS. FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS NATIONAL COALITION OF ANTI-VIOLENCE PROGRAMS: AVP COORDINATES THE NATIONAL COALITION OF ANTI-VIOLENCE PROGRAMS (NCAVP) ADDRESSES THE PERVASIVE PROBLEM OF VIOLENCE COMMITTED AGAINST AND WITHIN THE LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER AND HIV-AFFECTED COMMUNITIES. NCAVP IS A COALITION OF 43 PROGRAMS IN 24 STATES 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 RELEASES TWO ANNUAL REPORTS, ON DOMESTIC VIOLENCE AND HATE VIOLENCE THAT ARE THE DEFINITIVE REPORTS ON THIS VIOLENCE AS IT AFFECTS LGBTQH PEOPLE IN THIS COUNTRY. NCAVP CO-AUTHORED WITH THE NATIONAL CENTER FOR VICTIMS OF CRIME THE GROUNDBREAKING REPORT "WHY IT MATTERS" DISCUSSING SERVICES TO LGBTQH NCAVP COORDINATES THE OWW NATIONAL TRAINING AND TECHNICAL ASSISTANCE VICTIMS. CENTER THROUGH A TOLL-FREE WARMLINE, A LIST SERV AND INSTANT MESSAGING FOR DEAF AND HARD OF HEARING ADVOCATES. NCAVP IS ALSO THE SUBJECT MATTER EXPERT ON LGBTQH CRIME-RELATED MATTERS FOR THE DEPARMTENT OF JUSTICE'S OFFICE OF VICTIMS OF CRIME.

ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.

Sc	Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)								
lf y	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 fund raising activity in NY State:								
1.	Type of fund raising professional (FRP):								
	Professional fund raiser.								
	Fund raising counsel								
	Commercial co-venturer								
2.	Name of FRP:								
	W. DOUGLAS WINGO								
	Number and street (or P.O. box if mail is not delivered to street address):								
	224 WEST 35TH STREET SUITE 604A								
	City or town, state or country and zip + 4:								
	NEW YORK, NY 10001								
_									
3.	FRP telephone number:								
	212-244-4880								
4.	Services provided by FRP (provide description):								
	CA EVENT PLANNING.								
5.	Compensation arrangement with FRP (provide description):								
	CONTRACTED AMOUNT.								
	24/25/20								
6.	Dates of contract								
	(mm/dd/yyyy) (mm/dd/yyyy)								
-	Amount paid to FRP. \$ 25,000.								
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?								
	required by Section 173-a.3of the Executive Law?								

Schedule 4b: Government Contributions (Grants)

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.

Government Agency Name		Grant Amount
CRIME VICTIMS BOARD	\$	160,374
HUMAN RESOURCES ADMIN	\$	313,733
OCFS PROVISION & COORDINATION OF SERVICES OF LGBT	\$	36,137
DCJS NYS LGBT DOMESTIC VIOLENCE TRAINING INSTITUTE & NETWORK	\$	59,561
NYS DOH	\$	291,685
HRA CITY COUNCIL	\$	210,000
NYS OFFICE OF VIOLENCE AGAINST WOMEN	\$	125,295
OTHER	\$	4,615
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Total Government Contribution	s (Grants)	1,201,400

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 inpart a below. The EPTL filing fee is \$0.
• EPTL	Calculate the EPTL filling fee using the table inpart b below. the Article 7-A filling fee is \$0.
• Dual	Calculate both the Article 7-A and EPTL filing fees using the tables irparts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit asingle check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	e 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) ETPL filling 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.

X Single check or money order payable to 'NYS Department of Law' Copies of Internal Revenue Service Forms	
Copies of Internal Revenue Service Forms	
X IRS Form 990 IRS Form 990-EZ IRS Form 990-PF	
X All required schedules (including Schedule B Schedule B Schedule B Schedule B Schedule B Schedule B	ling
IRS Form 990-T	

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A	For the	2010 calen	dar year, or tax year begin	ning 7/01	, 2010, ar	nd endin	g 6/3	30	, 2011			
В	Check if ap	pplicable:						D Employer Ide	ntification Number			
	Addre	ess change	NYC GAY & LESBIA		PROJECT			13-314	9200			
	Name	change	240 WEST 35TH ST					E Telephone nu	mber			
	Initial	return	NEW YORK, NY 100	01				212) 7	14-1184			
	Termi	inated										
	Amen	nded return						G Gross receipts	\$ 2,174,306	5.		
	Applic	cation pending	F Name and address of principal	officer: SHARON L ST	TAPEL		H(a) Is this	a group return for a	ffiliates? Yes X	No		
			SAME AS C ABOVE					affiliates included?		No		
1	Tax-exel	mpt status	X 501(c)(3) 501(c) () ◄ (insert no.)	4947(a)(1) or	527	II No _r	attach a list. (see i	nstructions)			
J	Websi	ite: ► WW	W.AVP.ORG				H(c) Group	exemption number	>			
K	Form of	organization:	X Corporation Trust	Association Other ▶	L Year	r of Formati	on: 1980	M State of	f legal domicile: NY			
P		Summai										
	1 Br	riefly descri	be the organization's missi	on or most significant acti	vities: THE	NYC (GAY AN	D LESBIAN	ANTI-VIOLENC	E		
0	P	1 Briefly describe the organization's mission or most significant activities: THE NYC GAY AND LESBIAN ANTI-VIOLENCE PROJECT IS DEDICATED TO ELIMINATING HATE VIOLENCE, SEXUAL ASSAULT, STALKING, AND										
Governance		DOMESTIC VIOLENCE IN LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND HIV-AFFECTED										
Te.			IES THROUGH COUNS									
Go			ox ► if the organization of the gover					13				
ত			dependent voting members					$\frac{13}{13}$				
ties			of individuals employed in							27		
Activities &			of volunteers (estimate if							50		
¥			ed business revenue from F							0.		
	b Ne	et unrelated	business taxable income f	rom Form 990-T, line 34.				71		0.		
								rior Year	Current Year			
0			and grants (Part VIII, line					,870,677.				
Revenue	9 Program service revenue (Part VIII, line 2g)								4,76	1.		
leve	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)							25,851.	2E 21	2		
Œ.			e (Part VIII, column (A), lin e – add lines 8 through 11					,896,528.				
			milar amounts paid (Part I)				+	.,050,520.	2,112,02	0.		
			to or for members (Part IX									
			er compensation, employee					1,417,94	8			
9												
Expenses			fundraising fees (Part IX, c				MATERIA	10,000.	27,09	-		
Xp			sing expenses (Part IX, cold									
-	100		es (Part IX, column (A), lin					596,266		ARREST .		
			es. Add lines 13-17 (must e					,822,068				
	19 Re	evenue less	expenses. Subtract line 18	from line 12				74,460		4.		
Net Assets or Fund Balances								ng of Current Yea				
sset 3alai			(Part X, line 16)					623,404				
et A			s (Part X, line 26)					653,256		-		
-	ACTOR AND PROPERTY AND ADDRESS OF		fund balances, Subtract lin	ne 21 from line 20				-29,852	. 27,68	2.		
ř a	WATER STREET,	Signatu										
Und	er penalties plete. Decla	of perjury, I de aration of preparation	eclare that I have examined this retu arer (other than officer) is based on	irn, including accompanying sched all information of which preparer h	lules and stateme as any knowledge	nts, and to	the best of r	ny knowledge and i	belief, it is true, correct, and			
		•										
Sig	ın	Signatu	re of officer				Da	ite				
He	re	>										
		Type or	print name and title.									
		Print/Type p	reparer's name	Prepare 's signature	D	ate		Check if	PTIN			
Pai	id	DEREK	FLANAGAN	Yeul Hum	1	1/08/	11	self-employed	P00396383			
Pre	parer	Firm's name	TENEDED TELL	NE & ASSOCIATES	LLC							
Us	e Only	Firm's addre		WEST SUITE 280				Firm's EIN > 2	2-3778048			
				07071					01) 933-3780			
May	the IRS	discuss th	is return with the preparer		uctions)				X Yes N	0		

	Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the prior
	Form 990 or 990-EZ?
	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 X No
121	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.
4:	(Code: (Code: \$ 765,304. including grants of \$) (Revenue \$)
	CLIENT SERVICES: PROVIDED CRISIS INTERVENTION, COUNSELING, SAFETY PLANNING, SUPPORT,
	ADVOCACY AND REFERRALS FOR LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER AND
	HIV-AFFECTED VICTIMS OF VIOLENCE, INCLUDING THROUGH A 24 HOUR BILINGUAL
	(ENGLISH/SPANISH) HOTLINE. SERVED MORE THAN 2800 CLIENTS; HELD 34 REGULAR SUPPORT
	GROUPS FOR SURVIVORS OF HATE VIOLENCE, DOMESTIC VIOLENCE AND SEXUAL VIOLENCE; HELD
	BI-MONTHLY LEGAL CLINICS FOR VICTIMS OF DOMESTIC VIOLENCE.
41	(Code:) (Expenses \$ 548,951. including grants of \$) (Revenue \$ 4,761.)
	COMMUNITY ORGANIZING AND PUBLIC ADVOCACY: PROVIDED TRAINING, TECHNICAL ASSISTANCE,
	OUTREACH, ORGANIZING AND VOLUNTEER COORDINATION TO INCREASE EDUCATION AND PUBLIC
	AWARENESS OF LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER AND HIV-AFFECTED VICTIMS AND
	SURVIVORS OF VIOLENCE. COORDINATE 40+ ORGANIZATIONS IN THE NATIONAL COALITION OF
	ANTI-VIOLENCE PROGRAMS (NCAVP) AND THE COALITION RUNS THE OVW NATIONAL LGBTQ TRAINING
	AND TECHNICAL ASSISTANCE CENTER COORDINATED MORE THAN 30 STATEWIDE ORGANIZATIONS
	THROUGH A NYS DOMESTIC VIOLENCE NETWORK. REACHED MORE THAN 22,000 PEOPLE THROUGH
	ORGANIZING AND OUTREACH; TRAINED MORE THAN 4,200 PEOPLE THROUGH OUR EDUCATION AND
	TRAINING PROGRAM; HELD FOUR HOTLINE CLASSES FOR HOTLINE VOLUNTEERS.
A.	(Code: \$ 166,656. including grants of \$) (Revenue \$)
40	
	SEE SCHEDULE O
40	Other program services. (Describe in Schedule O.) SEE SCHEDULE O
- 1	(Expenses \$ 46,560. including grants of \$) (Revenue \$)
46	Total program service expenses ► 1,527,471.

Form 990 (2010) NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT

13-3149200

Page 2

Form 990 (2010) NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT 13-3149200 Page 3 Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation) If 'Yes,' complete 1 X X 2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions). 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 3 X Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II..... 4 X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III...... 5 provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I..... Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to 6 X 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 X 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 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?/f Yes, complete Schedule D, Part V. 10 X If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10% Yes, complete Schedule D. Part VI..... 11a X b Did the organization report an amount for investments- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. 11b X c Did the organization report an amount for investments- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII. X 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX..... 11d X X e Did the organization report an amount for other liabilities in Part X, line 25?If 'Yes,' complete Schedule D, Part X. 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.... 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII. 12a b Was the organization included in consolidated, independent audited financial statements for the tax year'lf 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b X X 13 Is the organization a school described in section 170(b)(1)(A)(ii)?/f 'Yes,' complete Schedule E..... 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States?..... 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV 14b X 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, Parts II and IV..... 15 X 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, Parts III and IV..... X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)..... 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a% 'Yes,' complete Schedule G, Part III. 19 X 20 aDid the organization operate one or more hospitals? If 'Yes,' complete Schedule H..... 20 X

b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)......

	One of the quite a content of the quite of t		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23		Х
24	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 lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25.	24a		X
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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
1	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ3f 'Yes,' complete Schedule L, Part I	25b		х
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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŧ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.	28c		Х
	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		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?// 'Yes,' complete Schedule N, Part II	32		Х
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		Х
	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		Х
	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	-	X
8	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?/f 'Yes,' complete Schedule R, Part V, line 2			
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X	(0010

BAA

CIL	Statements regarding other mornings and raw compliance				
	Check if Schedule O contains a response to any question in this Part V		******	Yes	No
	E de la constant de Deut 2 of Ferra 1006 Feder O if not constantin	1al	4	T CS	140
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1b	0		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				
	Did the organization comply with backup withholding rules for reportable payments to vendor (gambling) winnings to prize winners?	s and reportable gaming	. 1c	Х	1000
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 2	27		
b	If at least one is reported on line 2a, did the organization file all required federal employmen	t tax returns?	2b	X	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required toe-file. (see ins				1
За	Did the organization have unrelated business gross income of \$1,000 or more during the year		. За		X
	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q.		. 3b		
	At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other fif 'Yes,' enter the name of the foreign country:	or other authority over, a nancial account)?	. 4a		Х
10	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and F	inancial Accounts.			
E =	Was the organization a party to a prohibited tax shelter transaction at any time during the ta		. 5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelf		. 5b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		. 5c		
	Does the organization have appual gross receipts that are normally greater than \$100,000, a				
	solicit any contributions that were not tax deductible?	ining and a state of the state	6a		Х
	If 'Yes,' did the organization include with every solicitation an express statement that such c not tax deductible?	ontributions or girts were	6b		
	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and payor?	******	7a	-	
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for w Form 8282?	hich it was required to file	7c		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year			100	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal				X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber		7f	-	X
g	If the organization received a contribution of qualified intellectual property, did the organizat as required?	ion file Form 8899	. 7g	,	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	e organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizationSid the nave excess business	8		
9	Sponsoring organizations maintaining donor advised funds.		1500		
	Did the organization make any taxable distributions under section 4966?		9a	1	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9t		
	Section 501(c)(7) organizations.Enter:	\			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations.Enter:	1 1			
	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).	11b			
12a	Section 4947(a)(1) nonexempt charitable trusts. Is the organization filing Form 990 in lieu or	Form 1041?	12:	3	NAME OF TAXABLE PARTY.
		12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			10000	
a	Is the organization licensed to issue qualified health plans in more than one state?		13:	a	U LONG
	Note. See the instructions for additional information the organization must report on Schedu	ule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	Ç		
C	Enter the amount of reserves on hand	13c			7
	Did the organization receive any payments for indoor tanning services during the tax year?.		14	а	X
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in		14	b	

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Schedule O. See Instructions.			[82]
_	Check if Schedule O contains a response to any question in this Part VI.	i le e le le la		. X
Se	ction A. Governing Body and Management		-	
1	a Enter the number of voting members of the governing body at the end of the tax year		Yes	No
	b Enter the number of voting members included in line 1a, above, who are independent 1b 13		100	
×				
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			72
A	of officers, directors or trustees, or key employees to a management company or other person?	3	-	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	The state of the s	6		X
7	a Does the organization have members, stockholders, or other persons who may elect one or more members of the			37
	governing body?	7a		X
	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8a	X	
	b Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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	9		X
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	The state of the s		Yes	No
10	a Does the organization have local chapters, branches, or affiliates?	10a		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?	101		
	a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	10b	Х	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O	III		
	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X	
	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	129	Λ	
	to conflicts?	12b	X	
11	c Does the organization regularly and consistently monitor and enforce compliance with the policy?/f 'Yes,' describe in Schedule O how this is doneSEE SCHEDULE. O	12c	Х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management official	15a	X	
1	b Other officers of key employees of the organizationSEE .SCHEDULE .O	15b	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16:	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
1	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?	16b		
_	ction C. Disclosure			
	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) a inspection. Indicate how you make these available. Check all that apply.	vailabl	e for p	oublic
	X Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest postatements available to the public. SEE SCHEDULE O	icy, ar	nd fina	ancial
	State the name, physical address, and telephone number of the person who possesses the books and records of the org CARLA SMITH 240 WEST 35TH ST NEW YORK NY 10001 (212) 714-1184	anizati	on:	

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

Check if Schedule O contains a response to any question in this Part VII.....

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employees.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
 organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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 heliner the organization		Telate	u oi			IOIT CO	mpe			(F)
(A)	(B)	(C) Position (check all that ap					v)	(D)	(E)	Estimated
Name and title∋	Average hours per week (describe hours for related organiza- tions in Schedule O)	or director		Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) JERRY BLAKE BOARD MEMBER	1	Х						0.	0.	0.
(2) KENNETH ROGERS, CPA TREASURER	1	X		Х				0.	0.	0.
(3) THOMANS SALATTE SECRETARY	1	Х		Х				0.	0.	0.
(4) ADDY_CHABATA BOARD_MEMBER	1	Х						0.	Ō.	0.
_(5)_KEVIN_KRUEGER CHAIRPERSON	1	Х		Х				0.	0.	0.
(6) ELIZABETH ANN KIVLAN VICE CHAIR	1	Х		Х				0.	0.	0.
O KEVIN COSTIN BOARD MEMBER	1	Х						0.	0.	0.
(8) THEODORE MCCOMBS BOARD MEMBER	1	Х						0.	0.	0.
(9) LAUREN WAINWRIGHT BOARD MEMBER	1	Х						0.	0.	0.
(10) ANDREW OWENS BOARD MEMBER	1	Х						0.	0.	0.
(11) OVITA WILLIAMS, LCSW-R BOARD MEMBER	1	X						0.	0.	0.
(12) FARRA TROMPETER BOARD MEMBER	1	X						0.	0.	0.
(13) ELWIN WU BOARD MEMBER	1	Х						0.	0.	0.
(14) SHARON L STAPEL EXECUTIVE DIREC	35			Х				130,000.	0.	4,779.
(15)										
(16)										
(17)										

Section A. Officers, Directors, Trus	lees, r	rea	L. 11	ihir	уус	C 3,	6000	u riigiiest con		
(A)	(B)				c)			(D)	(E)	(F)
Name and title	Average hours per week	Posi	tion (check				Reportable compensation from	Reportable compensation from related organizations	Estimated amount of other compensation
	hours per week (describe hours for related organi- zations in Sch O)	dividu	stituti	Officer	Key employee	Highest compensated employee	ormer	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization
	organi-	tor	onal		ploy	ee moo				and related organizations
	in Sch O)	stee	truste		86	pens				
			ñ			ied				
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
(29)										
1b Sub-total		ere.	1111	111	,	r per s	>	130,000.	0.	
c Total from continuation sheets to Part VII, Section							>	0.	0.	
d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limite							0.50	130,000.	0.	
from the organization 1	a to tho	se II	Siec	aoi	ove,) WH	o re	cerved more than	\$100,000 III report	able compensation
Wall the organization										Yes No
3 Did the organization list any former officer, director	or truste	e, k	еу е	emp	loye	ee, o	r hi	ghest compensate	ed employee	. 3 X
on line 1a? If 'Yes,' complete Schedule J for such in										
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater to such individual	han \$15	50,00	00?/	f Ye	es' d	omp	olete	e Schedule J for	11 011)	. 4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or accrue to the organization of the services rendered to the organization.	ompens	atio	n fro	om a	any	unre	elate	ed organization or	individual	
Section B. Independent Contractors										
1 Complete this table for your five highest compensate compensation from the organization.	ed inde	pend	dent	cor	ntra	ctors	s tha	at received more	than \$100,000 of	
(A) Name and business addres	ss							Description		(C) Compensation
									in the second	
2 Total number of independent contractors (including \$100,000 in compensation from the organization▶		limi	ted	to t	hosi	e list	ted a	above) who recei	ved more than	

Part VIII Section A. Officers, Directors, Trus		ey	En			es,	and			
(A)	(B)	Desi	S 1		c)			(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organi- zations in Sch O)			Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
(29)										
1b Sub-total	in dieler			e La cita			10-	130,000.	0	
c Total from continuation sheets to Part VII, Section							•	0.	0	
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limite	A be deen			el ala			>	130,000.	0 0100 000 in repor	
from the organization 1	a to tho	se II	stet	ab c	ove)	Wne	o re	ceived more man	\$100,000 in repor	table compensation
 3 Did the organization list anyformer officer, director on line 1a? If 'Yes,' complete Schedule J for such in 4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater to such individual. 	ndividua portable han \$15	coi 50,00	mpe	nsa f'Ye	tion	and	oth	ner compensation e Schedule J for		Yes No X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or accrue to the organization of the property	compens	atio	n fr	om :	any J for	unre	elate	ed organization or erson	individual	. 5 X
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization.		pen	den	t COI	ntrac	ctors	tha			
(A) Name and business addres	SS							Description	of services	(C) Compensation
2 Total number of independent contractors (including \$100,000 in compensation from the organization►		limi	ited	to t	hose	e list	ted	above) who recei	ved more than	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1

P 65	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
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c 167,053. d Related organizations 1d e Government grants (contributions) 1e 1,201,400. f All other contributions, gifts, grants, and similar amounts not included above 1f 743,900.				
SONTRI AND OT	g Noncash contributions included in lns 1a-1f: \$ 4,132. h Total. Add lines 1a-1f.	2,112,353.			
	Business Code	2,112,000.			
REVENU	2a TRAINING FEES 900099	4,761.	4,761.		Carella musical de Carella de Car
PROGRAM SERVICE REVENUE	b				
AM	e				
PROGR	f All other program service revenue	4,761.			
	 Investment income (including dividends, interest and other similar amounts). Income from investment of tax-exempt bond proceeds. Royalties. 				
	6a Gross Rents				
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory. (i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses				
	d Net gain or (loss)				
OTHER REVENUE	8a Gross income from fundraising events (not including. \$\frac{167,053.}{}\] of contributions reported on line 1c).				
R REV	See Part IV, line 18 a 25, 475.				
ОТНЕ	b Less: direct expenses b 31,980.	-6,505.			-6 FOF
	c Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities. See Part IV, line 19 a	-0,303.			-6,505.
	b Less: direct expenses b		全国产业		
	c Net income or (loss) from gaming activities	Market and Market State of the			
	10a Gross sales of inventory, less returns and allowances		自主持 自主持被認定		
	b Less: cost of goods soldb				
1	c Net income or (loss) from sales of inventory		·		
	Miscellaneous Revenue Business Code	FIRST DAMES AND			
	11a SUBLEASE REVENUE 531390	31,055.			31,055.
	b OTHER 900099	662.			662.
	c				
	d All other revenue				
	e Total. Add lines 11a-11d.	31,717.	Fills () A Paris "		
	2 Total revenue. See instructions.	2,142,326.	4,761.	0.	25,212.

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).

	All other organizations must com not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
-	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.	136,258.	89,881.	35,396.	10,981.
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	1,054,196.	805,727.	74,594.	173,875.
8	Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)				
9	Other employee benefits	120,197.	90,969.	10,272.	18,956.
10	Payroll taxes	107,297.	80,767.	9,845.	16,685.
11	Fees for services (non-employees):				
	Management				
1	Legal				
	: Accounting				
	Lobbying				
•	Professional fundraising services. See Part IV, line 17	27,092.			27,092.
	Investment management fees				
ç	Other	113,074.	83,574.	29,500.	
12	Advertising and promotion	800.	800.		
13	Office expenses.				
14	Information technology				
15	Royalties				
16	Occupancy	273,848.	206,135.	25,128.	42,585.
17	Travel	50,698.	46,097.	4,245.	356.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	10,886.		10,886.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	47,273.	35,584.	4,338.	7,351.
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.).	7,284.	5,483.	668.	1,133.
9	TELEPHONE & COMMUNICATIONS	28,740.	23,280.	3,798.	1,662.
	PRINTING AND PUBLICATIONS	19,240.	5,871.	1,542.	11,827.
	REPAIRS & MAINTENANCE	18,107.	13,572.	3,050.	1,485.
	MISCELLANEOUS	14,020.	14,000.	3,000.	20.
	OFFICE PROGRAM SUPPLIES	12,949.	11,050.	1,617.	282.
	All other expenses	42,833.	14,681.	14,463.	13,689.
	Total functional expenses. Add lines 1 through 24f	2,084,792.	1,527,471.	229,342.	327,979.
	Joint costs. Check here I if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
BAA					Form 990 (2010)

'ain X	Balance Sheet	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		1	6,428.
2	Savings and temporary cash investments		2	205 670
3	Pledges and grants receivable, net		3	395,679
4	Accounts receivable, net.		4	
5	Receivables from current and former officers, directors, trustees, key employee and highest compensated employees. Complete Part II of Schedule L	S,	5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1) persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary))),	6	
	organizations (see instructions)		7	
7 8 9	Notes and loans receivable, net		-	
8	Inventories for sale or use		8	27 200
9	Prepaid expenses and deferred charges	15,123.	9	27,388
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	article and a second a second and a second a		
l k	Less: accumulated depreciation	1. 104,067.	10c	56,795
	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	18,672.	15	18,672
16	Total assets. Add lines 1 through 15 (must equal line 34)	623,404.	16	504,962
17	Accounts payable and accrued expenses		17	179,000
18	Grants payable		18	
19	Deferred revenue	412	19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	Payables to current and former officers, directors, trustees, key employees,	原则是非洲东岸		
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II	50,000.	22	
	of Schedule L.		-	140,996
500				140,990
24				157,284
25	Other liabilities. Complete Part X of Schedule D			477,280
26	Total liabilities. Add lines 17 through 25.	055,250.	20	477,200
	Organizations that follow SFAS 117, check here▶ X and complete lines			
	27 through 29 and lines 33 and 34.	-53,492.	27	-235,226
27 28 29	Unrestricted net assets			262,908
28	Temporarily restricted net assets		29	202, 900
40			23	ALTO TAKEN YES MADE
	Organizations that do not follow SFAS 117, check here and complete			
30	lines 30 through 34.		20	
	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	27 (22
33	Total net assets or fund balances			27,682
5 34	Total liabilities and net assets/fund balances	623,404	34	504,96

Form 990 (2010)

For	m 990 (2010) NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT 13-	3149200		Pag	ge 12
IP/e	Reconciliation of Net Assets				
LOCATION DE LA CONTRACTION DEL CONTRACTION DE LA	Check if Schedule O contains a response to any question in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,14	12,3	26.
2	? Total expenses (must equal Part IX, column (A), line 25)	2	2,08	34,7	92.
3	n argum - Myssey at man ve farger og after ar ar ar hinnig		Į	57,5	34.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-2	29,8	52.
5					0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	- 4	27,6	82.
Pe	Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		erene er		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a 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 line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t review, or compilation of its financial statements and selection of an independent accountant?	the audit,	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	ied on a			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	Single	3a	Х	
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits.	uired audit	3b	х	

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Form 990 (2010)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

2010

2010

Employer Identification number

NYC	GAY & LESBIAN	ANTI-VIOLENCE	PROJECT					13-31	49200			
Pair	Reason for Pub	lic Charity Status	(All organizations	s must	comple	ete this	part.)	See i	nstruct	ions.		Personal
The o	organization is not a priva	ate foundation becaus	e it is: (For lines 1 thro	ough 11,	check o	nly one	box.)					
3	A church, convention	n of churches or asso	ciation of churches des	cribed in	section	170(b)(1)(A)(i).					
2	A school described in	n section 170(b)(1)(A)	(ii). (Attach Schedule E	Ξ.)								
3	A hospital or a coop	erative hospital service	e organization describe	ed insect	ion 170	(b)(1)(A)	(iii).					
4	A medical research	organization operated	in conjunction with a h	nospital o	describe	d irsecti	ion 170(b)(1)(A)	(iii) Ente	er the hosp	tal's	
	name, city, and state											
5	170(b)(1)(A)(iv). (Co	mplete Part II.)	f a college or universit	7.	100		Was a say	nmental	unit des	scribed ise	ction	
6 7	X An organization that	ocal government or go normally receives a s A)(vi). (Complete Par	overnmental unit descr substantial part of its si t II.)	ibed inse upport fr	ction 17 om a go	vernme	A)(v). ntal unit	or from	the gen	eral public	describ	ed
8			0(b)(1)(A)(vi). (Complet	te Part II)							
9	An organization that from activities relate investment income a	normally receives: (1 d to its exempt functi) more than 33-1/3% o ons— subject to certain s taxable income (less	of its supp	ort fron	(2) no	more th	an 33-1.	/3% of it	s support f	rom gro	SS
10	An organization orga	nized and operated e	exclusively to test for pr	ublic safe	ety. See	section	509(a)(4).				
11	more publicly suppor	ted organizations des	exclusively for the bene scribed in section 509(a tion and complete lines	a)(1) or s s 11e thre	ection 5 ough 11	i09(a)(2) n.). Sese	f, or car ction 50	ry out th 9(a)(3).	Check the	box that	or
	a Type I	b Type II		II – Fund					d _	Type III -		
е	By checking this box other than foundation section 509(a)(2).	, I certify that the org n managers and other	anization is not control r than one or more pub	lled directions of the direction of the	tly or in ported o	directly organiza	by one tions de	or more scribed	disquali in section	fied persor on 509(a)(1) or	
f	If the organization re	ceived a written dete	rmination from the IRS	that is a	Type I,	Type II	or Type	e III sup	porting o	organizatio),;	
g	Since August 17, 200	06, has the organizati	on accepted any gift of	or contrib	ution fro	m any	of the fo	llowing	persons	?		
											Yes 1	No
	(i) A person who obelow, the gove	directly or indirectly c erning body of the su	ontrols, either alone or poorted organization?	together	with pe	rsons d	lescribed	in (ii)	and (iii)	11g(i)		
			bed in (i) above?									
	2.5		described in (i) or (ii) a									
h			e supported organizati							haranna and and and and and and and and and		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)	column (s the ation in) listed in verning nent?	(v) Did y the organ columi your su	n (i) of		ation in	(vii) Amoun	t of suppor	t
				Yes	No	Yes	No	Yes	No			
(A)												
(B)				-								
(C)												
ZIDA.												
(D)												
(E)								5,2,34%				
Total					2.1							

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

Schedule A (Form 990 or 990-EZ) 2010

Part III 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) >	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')	2,084,978.	2,124,835.	2,189,062.	1,870,677.	1,718,785.	9,988,337.
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 by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	2,084,978.	2,124,835.	2,189,062.	1,870,677.	1,718,785.	9,988,337.
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)						100,934.
6	Public support. Subtract line 5 from line 4.						9,887,403.
Sec	tion B. Total Support				L		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	2,084,978.	2,124,835.	2,189,062.	1,870,677.	1,718,785.	9,988,337.
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.	25,000.	38,108.	4,355.	35,213.	31,717.	134,393.
	Total support. Add lines 7 through 10						10,126,647.
12	Gross receipts from related activ	vities, etc (see ins	structions)		Tankin Kanada da da da da da		0.
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 501(c)(3)
Sec	tion C. Computation of Pu	blic Support F	Percentage			1.0	97.6%
14	Public support percentage for 20	010 (line 6, colum	n (f) divided by II	ne 11, column (f))	15	
	Public support percentage from						
	33-1/3% support test— 2010. If the and stop here. The organization	qualifies as a pul	blicly supported o	rganization			22
k	33-1/3% support test— 2009. If the and stop here. The organization	the organization of qualifies as a pul	lid not check a bo blicly supported o	ox on line 13 or 16 or 16 or 16 or 16 or 16	Sa, and line 15 is	33-1/3% or more,	check this box
17a	10%-facts-and-circumstances to more, and if the organization the organization meets the 'fact	meets the facts.	and-circumstance	es' test, check this	s box ancetob ner	e. Explain in Fart	IA LIOM
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	meets the 'facts- nd-circumstances'	and-circumstance test. The organi	es' test, check this zation qualifies a	s box an cstop her s a publicly suppo	re. Explain in Part orted organization.	IV now the
	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	a, or 1/b, check th	obedula A (Form	990 or 990-EZ) 2010
BAA					3	DO TENDE A (1 OITH	JJU 01 JJU-EZ/ 2010

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal yr beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any 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 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons		·				
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
. 0	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support						
Callan	Allere are not as a fine at the contract of th						
Calen	dar year (or fiscal yr beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 10a		(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 10 a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 10 a b	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b,	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 10 a b c 11 12	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add his 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and	s for the organiza	ation's first, secon	d third fourth o	r fifth tay year ac	a section 501(c)(3	
9 10 a b c 11 12	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add hs 9, 10c, 11, and 12.)	s for the organiza	ation's first, secon	d third fourth o	r fifth tay year ac	a section 501(c)(3	
9 10 a b 11 12 13 14 Sec	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add his 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(3	
9 10 a b 11 12 13 14 Sec	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	is for the organiza stop here blic Support F	ation's first, secon Percentage n (f) divided by lir	d, third, fourth, o	r fifth tax year as	a section 501(c)(3	3)
9 10 a b 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	is for the organiza stop here blic Support P 10 (line 8, columi 2009 Schedule A,	etion's first, secon Percentage n (f) divided by lin Part III, line 15.	d, third, fourth, o	r fifth tax year as	a section 501(c)(3	8
9 10 a b 11 12 13 14 Sec 15 16 Sec	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add liss 9, 10c, 11, and 12.) First five years. If the Form 990 in organization, check this box and tion C. Computation of Pul Public support percentage from 20	is for the organiza stop here	Percentage n (f) divided by lir Part III, line 15. me Percentage	d, third, fourth, one 13, column (f))	r fifth tax year as	a section 501(c)(3	8
9 10 a b c 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add his 9, 10c, 11, and 12.) First five years. If the Form 990 i organization, check this box and tion C. Computation of Pul Public support percentage from 20 Public support percentage from 21 tion D. Computation of Inv	is for the organiza stop here	Percentage n (f) divided by lir Part III, line 15. me Percentage column (f) divided	d, third, fourth, one 13, column (f)	r fifth tax year as	a section 501(c)(3	§)
9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add his 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pullic support percentage for 20 Public support percentage from 2 tion D. Computation of Investment income percentage finvestment income percentage finvestment income percentage fins not more than 33-1/3%, check	is for the organiza stop here	Percentage n (f) divided by lir Part III, line 15. me Percentage column (f) divided e A, Part III, line did not check the here. The organi	d, third, fourth, one 13, column (f)) d by line 13, column 17. box on line 14, a zation qualifies a	r fifth tax year as mn (f))	a section 501(c)(3 15 16 17 18 than 33-1/3%, arrted organization.	8)
9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18 19 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add his 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pullic support percentage for 20 Public support percentage from 2 tion D. Computation of Investment income percentage fi	is for the organiza stop here	Percentage In (f) divided by line Part III, line 15. The Percentage column (f) divided e A, Part III, line did not check the behere. The organic did not check a beandstop here. The	d, third, fourth, one 13, column (f)) d by line 13, column 17. box on line 14, a zation qualifies a contine 14 or line organization qualifies qualifies a contine 14 or line organization qualifies a contine organization q	r fifth tax year as mn (f)) nd line 15 is more s a publicly suppo ne 19a, and line 1 lifies as a publicly	a section 501(c)(3 15 16 17 18 than 33-1/3%, arrted organization 6 is more than 33	8)

Schedule A	(Form 990	or 990-E	Z) 2010	NYO	CGAY	& I	ESBIA	AN A	NTI-	VIOLE	ENCE	PROJE	CT	13-31	49200		Page 4
Part IV	Supplem Part II, I (See ins	nental li ine 17a truction	nforma or 17b; s).	tion. ; and	Comp Part II	lete I, lin	this pa e 12. /	art to Also	provi comp	de the	e exp his pa	lanation art for a	ns re	equired by additional	Part I	I, line 1 ation.	10;
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2010

SCHEDULE A. PARTIV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT Nat 49200

NYC GAY & LESBIAN ANTI VIOLENCE PROJECT

13-3149200

11/08/11

04:05PM

PART	I. LINE	10 - OTH	ER INCOME
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NATURE AND SOURCE	2010	2009	2008	2007	2006
OTHER	TOTAL \$ 31,717.	35,213. \$ 35,213.	4,355. \$ 4,355.	38,108. \$ 38,108.	25,000. \$ 25,000.

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, or 990-PF

OMB No. 1545-0047

2010

Name of the organization		Employer identification frame
NYC GAY & LESBIAN ANTI	-VIOLENCE PROJECT	13-3149200
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(<u>3</u>) (enter number) organization 4947(a)(1) nonexempt charitable trust not to 527 political organization	
Form 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust trea 501(c)(3) taxable private foundation	ited as a private foundation
Check if your organization is covere Note. Only a section 501(c)(7), (8),	d by the General Rule or a Special Rule or (10) organization can check boxes for both the General	Rule and a Special Rule. See instructions.
General Rule For an organization filing Form 9 contributor. (Complete Parts I are	990, 990-EZ, or 990-PF that received, during the year, \$5,0 nd If.)	000 or more (in money or property) from any one
Special Rules		
509(a)(1) and 170(b)(1)(A)(vi), a	ition filing Form 990 or 990-EZ, that met the 33-1/3% supported from any one contributor, during the year, a complete part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete	contribution of the greater of \$5,000 or
aggregate contributions of more	10) organization filing Form 990 or 990 EZ, that received fi than \$1,000 for use <i>exclusively</i> for religious, charitable, sci dren or animals. Complete Parts I, II, and III.	rom any one contributor, during the year, ientific, literary, or educational purposes, or
If this box is checked, enter here purpose. Do not complete any o	10) organization filing Form 990 or 990 EZ, that received fifor religious, charitable, etc, purposes, but these contribute the total contributions that were received during the year of the parts unless the General Rule applies to this organiza	tions did not aggregate to more than \$1,000. Tor arexclusively religious, charitable, etc, ation because it received nonexclusively
religious, charitable, etc, contrib	utions of \$5,000 or more during the year	
990-PF) but it must answer 'No' on I	covered by the General Rule and/or the Special Rules doe Part IV, line 2 of their Form 990, or check the box on line le eet the filing requirements of Schedule B (Form 990, 990-	H of its Form 990-EZ, or on line 2 of its Form
BAA For Paperwork Reduction Ac	t Notice, see the Instructions for Form 990,	Schedule B (Form 990, 990-EZ, or 990-PF) (2010

of Part I

NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT

Page 1 of 1
Employer identification number

1	3	_	3	1	1	9	2	n	0
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	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BRIAN A. MCCARTHY FOUNDATION 260 WEST 54TH STREET #36G NEW YORK, NY 10019	\$50,000 <u>.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	THE PAUL RAPOPORT FOUNDATION 220 EAST 60 STREET SUITE 3H NEW YORK, NY 10022	\$256,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	ARCUS FOUNDATION 402 EAST MICHIGAN AVENUE KALAMAZOO, MI 49007	\$100,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

BAA

Page

of 1

of Part II

Name of organization NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT Employer identification number

13-3149200

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Part I Noncash Property (see instructions.) (d) Date received (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (a) No. from Part I N/A (d) Date received (a) No. from Part I (c) (b) FMV (or estimate) (see instructions) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (b) (a) No. from Part I Description of noncash property given (d) (a) No. from Part I (c) (b) FMV (or estimate) (see instructions) Date received Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) (a) No. from Description of noncash property given Part I (c) FMV (or estimate) (see instructions) (b) Description of noncash property given (d) (a) Date received No. from Part I

Name of organization

Employer identification number

MYC	CAY	2	LESBIAN	ANTT	-VIOLENCE	PROJECT

13-3149200

व्यक्तात्त ॥॥	Exclusively religious, charitable, e organizations aggregating more th	rtc, individual contribution nan \$1,000 for the year. Co	ns to section of the color of t	on 501(c)(7), (8), or (10) (a) through (e) and the following line entry.
	For organizations completing Part III, enter contributions of \$1,000 or less for the year.	(Enter this information once. Se	aritable, etc, ee instructions	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	N/A			
	Transferee's name, addre	(e) Transfer of gift ss, and ZIP + 4	Rela	itionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addre	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee
(a) No. from Part I	from Purpose of gift Use of gift			(d) Description of how gift is held
-				
	Transferee's name, addre	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee
(a) No. from Part I	(b) (c) Purpose of gift Use of gift			(d) Description of how gift is held
	Transferee's name, addre	(e) Transfer of gift ss, and ZIP + 4	Rel	ationship of transferor to transferee

SCHEDULE C (Form 990 or 990-EZ)

(3)

(4)

(5)

(6)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

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

OMB No. 1545-0047 2010

Department of the Treasury Internal Revenue Service If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Employer identification number 13-3149200 NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. Part I-B Complete if the organization is exempt under section 501(c)(3). 0. 2 Enter the amount of any excise tax incurred by organization managers under section 4955..... ▶ \$ 0. 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No Yes No 4a Was a correction made?.... b If 'Yes,' describe in Part IV. Part IPC Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities..... Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, Did the filing organization fileForm 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (e) Amount of political (c) FIN (d) Amount paid from filing (a) Name (b) Address contributions received and promptly and directly delivered to a separate organization's funds. If none, enter-0-. political organization. If none, enter -0-(1) (2)

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

Schedule C (Form 990 or 990-EZ) 2010

Part IFA Complete if the section 501(h))	organizatio	n is exempt under sec	tion 501(c)(3) and 1	iled Form 5768 (ele	ction under
		ongs to an affiliated group.			
		ecked box A and 'limited con	trol' provisions apply.		
	Limits on Lobb	ying Expenditures eans amounts paid or incurr		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures					
b Total lobbying expenditures	s to influence a	legislative body (direct lobby	ying)	464.	
c Total lobbying expenditures	464.	0.			
d Other exempt purpose exp	2,084,328.				
e Total exempt purpose expe	enditures (add li	ines 1c and 1d)		2,084,792.	0.
Lobbying nontaxable amou both columns.				254,240.	
If the amount on line le, column	(a) or (b) be	The lobbying nontaxable as	mountis		
Not over \$500,000	1 (a) 01 (u) 15	20% of the amount on line 1e.			
Over \$500,000 but not over \$1,000,	000	\$100,000 plus 15% of the excess	over \$500,000.		是是AMATER OF
Over \$1,000,000 but not over \$1,500		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$17,0		\$225,000 plus 5% of the excess of			
Over \$17,000,000	00,000	\$1,000,000.	V 01 V 1/1000/0001		
g Grassroots nontaxable amo	ount (enter 25%			63,560.	0,
h Subtract line 1g from line	la If zero or le	ss enter .0.	5. 7. 2. 2. 2. 2	0.	0.
i Subtract line 1f from line 1	c If zero or les	s enter -0-		0.	0.
i If there is an amount other	than zero on e		ne organization file Forn	n 4720 reporting	. Yes No
		4-Year Averaging Period that made a section 501(h) enns below. See the instructi	Inder Section 501(h)		
	Lol	bying Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount			241,103.	254,240.	495,343.
b Lobbying ceiling amount (150% of line 2a, column (e))					743,015.
c Total lobbying expenditures			742.	464.	1,206.
d Grassroots nontaxable amount			60,276.	63,560.	123,836.
e Grassroots ceiling amount (150% of line 2d, column (e))					185,754.
f Grassroots lobbying expenditures			74.	Cabadda C.F	74. n 990 or 990-EZ) 2010
BAA				Schedule C (Forn	11 330 01 330 EZ) 2010

Part INEM Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	(a)		(h)
	(8	,	(b)
	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		antari Assari Salati	
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i).2	-		
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If 'Yes,' describe in Part IV			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or	
section 501(c)(6).			
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?			1
2 Did the organization make only in house lobbying expenditures of \$2,000 or less?			2
			ALTERNATION OF THE PARTY OF THE
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?			
Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	10	3
Part IIIB Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Pais answered 'Yes.'	(c)(5) irt III-	, or A, lin	3
Part IIIB Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Pais answered 'Yes.' 1 Dues, assessments and similar amounts from members.	(c)(5) irt III-	10	3
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Pais answered 'Yes.' 1 Dues, assessments and similar amounts from members. 2 Section 162(e) nondeductible lobbying and political expenditures do not include amounts of political expenses for which the section 527(f) tax was paid).	(c)(5) irt III-	, or A, lin	3
Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Pais answered 'Yes.' 1 Dues, assessments and similar amounts from members. 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year.	(c)(5) rt III-	, or A, lin	3
Complete if the organization is exempt under section 501(c)(4), section 501(section 501(c)(6)) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Pais answered 'Yes.' Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year. b Carryover from last year.	(c)(5) rt III-	, or A, lin	3
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Pais answered 'Yes.' Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures(do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year. b Carryover from last year. c Total	(c)(5) rt III-	, or A, lin	3
Complete if the organization is exempt under section 501(c)(4), section 501(section 501(c)(6)) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Pais answered 'Yes.' Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year. b Carryover from last year.	(c)(5) rt III-	, or A, lin	3
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Pais answered 'Yes.' Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expensions.	(c)(5) int III-	, or A, lin	3
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Pais answered 'Yes.' Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures(do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and policexpenditure next year?	(c)(5) rt III-	, or A, lin 2a 2b 2c 3	3
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Pais answered 'Yes.' Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures(do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions).	(c)(5) rt III-	, or A, lin 2a 2b 2c 3	3
Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Pais answered 'Yes.' Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures(do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions).	(c)(5)	, or A, lin	e 3
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Pais answered 'Yes.' Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures(do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions).	(c)(5)	, or A, lin	e 3
Complete if the organization is exempt under section 501(c)(4), section 501(section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Pais answered 'Yes.' Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year. b Carryover from last year. c Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions). Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Also, complete this part for any additional information.	(c)(5) Int III-	, or A, lin 1 2a 2b 2c 3	e 3
Complete if the organization is exempt under section 501(c)(4), section 501e section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Pais answered 'Yes.' 1 Dues, assessments and similar amounts from members. 2 Section 162(e) nondeductible lobbying and political expenditures(do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year. b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions). Supplemental Information Complete this part for any additional information.	(c)(5) Int III-	, or A, lin 1 2a 2b 2c 3	e 3
Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Pais answered 'Yes.' 1 Dues, assessments and similar amounts from members. 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year. b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions). 2 Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Also, complete this part for any additional information.	(c)(5) Int III-	, or A, lin 2a 2b 2c 3 4 5	e 3
Complete if the organization is exempt under section 501(c)(4), section 501(section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Pais answered 'Yes.' Dues, assessments and similar amounts from members. Section 162(e) nondeductible lobbying and political expenditures do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year. b Carryover from last year. c Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions). Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Also, complete this part for any additional information.	(c)(5) Int III-	, or A, lin 2a 2b 2c 3 4 5	e 3
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Complete if the organization is exempt under section 501(c)(4), section 501(section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Part is answered 'Yes.' 1 Dues, assessments and similar amounts from members. 2 Section 162(e) nondeductible lobbying and political expenditures(do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year. b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions). Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Also, complete this part for any additional information.	(c)(5) Int III-	, or A, lin 2a 2b 2c 3	e 3
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Schedule C (Form 990 or 990-EZ)2010 NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT	13-3149200	Page 4
Part IV Supplemental Information (continued)		
~		

SCHEDULE D (Form 990)

Supplemental Financial Statements

➤ Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

NVC	GAY & LESBIAN ANTI-VIOLENCE PROJECT	13-3149200
Part	CONTRACTOR OF THE PROPERTY OF	
HEAL	the organization answered 'Yes' to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Takin a makasaka ada da kacasa	
	and the second control of the second control	
	Aggregate grants from (during year)	
	Aggregate value at end of year	
	Did the organization inform all donors and donor advisors in writing that the assets held in funds are the organization's property, subject to the organization's exclusive legal control?	ies in
	Did the organization inform all grantees, donors, and donor advisors in writing that grant fused only for charitable purposes and not for the benefit of the donor or donor advisor, or purpose conferring impermissible private benefit?	Ies [140
	Conservation Easements. Complete if the organization answered 'Yo	es' 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 education)	on of an historically important land area
	Protection of natural habitat Preservation	on of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution last day of the tax year.	
		Held at the End of the Tax 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, and not on a hi structure listed in the National Register	storic 2d
3	Number of conservation easements modified, transferred, released, extinguished, or term tax year ▶	
	Number of states where property subject to conservation easement is located▶	
	Does the organization have a written policy regarding the periodic monitoring, inspection, and enforcement of the conservation easements it holds?	handling of violations, Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation e	easements during the year
_	▶	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easer ▶\$	ments during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements o 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	f section Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue include, if applicable, the text of the footnote to the organization's financial statements the	and expense statement, and balance sheet, and lat describes the organization's accounting for
Prepri	Organizations Maintaining Collections of Art, Historical Treasures, Complete if the organization answered 'Yes' to Form 990, Part IV, li	or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its r art, historical treasures, or other similar assets held for public exhibition, education, or re in Part XIV, the text of the footnote to its financial statements that describes these items	evenue statement and balance sheet works of search in furtherance of public service, provide,
	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rever historical treasures, or other similar assets held for public exhibition, education, or resear following amounts relating to these items:	rch in furtherance of public service, provide the
	(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 assumounts required to be reported under SFAS 116 (ASC 958) relating to these items:	ets for financial gain, provide the following
a	Revenues included in Form 990, Part VIII, line 1	▶\$
le.	Assets included in Form 900 Part V	▶\$

Schedule D (Form 990) 2010 NYC GA	Y & LESB	IAN ANTI-VIOLE	NCE PROJECT	13-3149			Page 2
Pan III Organizations Maintain	ing Collec	tions of Art, Histor	ical Treasures, or	Other Similar Asse	ls (c	ontinu	ıed)
 Using the organization's acquisition items (check all that apply): Public exhibition 	, accession,		ck any of the following to exchange programs	that are a significant use	e of its	collecti	ion
b Scholarly research	euroriu	e [Other					
c Preservation for future generat			and the date of and an additional	ration's averant nurnocc	im		
4 Provide a description of the organizer XIV.		•				_	
5 During the year, did the organization assets to be sold to raise funds rat	her than to b	e maintained as part of	the organization's colle	ection?	Yes		No
Part V Escrow and Custodial A 9, or reported an amount	Arrangement on Form	nts. Complete if o 990, Part X, line 2	rganization answer 11.	ed 'Yes' to Form 99	90, Pa	rt IV,	line
1a Is the organization an agent, truste included on Form 990, Part X?				er assets not	Yes		No
b If 'Yes,' explain the arrangement in	Part XIV an	d complete the followin	g table:				
					mount		
c Beginning balance							
d Additions during the year							
e Distributions during the year				. 1e			
f Ending balance		arkeala da es Liolado e e Otho	*****	. 11		-	
2a Did the organization include an am	ount on Form	990, Part X, line 21?.	7177777777777777		Yes		No
b If 'Yes,' explain the arrangement in	Part XIV.				-		
Part V Endowment Funds. Cor	nplete if th	e organization ans	wered 'Yes' to Forr	n 990, Part IV, line	10.		
THE STATE OF THE S	(a) Current ye		(c) Two years back	(d) Three years back	(e) F	our years	s back
1a Beginning of year balance							
b Contributions							1
c Net investment earnings, gains, and losses							
d Grants or scholarships					Most Si	ujusy y	
e Other expenditures for facilities					Carle 1	loite i	
and programs				SATEMENT OF THE STATE OF			17. 7.74
f Administrative expenses							
g End of year balance						7.7	
2 Provide the estimated percentage	of the year e	nd balance held as:					
a Board designated or quasi-endown		9					
b Permanent endowment	8						
c Term endowment ▶	%						
		300	II II VOVO -FRANCISTIVO	A CASS CHARGO CHARGO			
3a Are there endowment funds not in	the possessi	on of the organization t	that are held and admir	nistered for the		Yes	No
organization by: (i) unrelated organizations					3a(i)		
(ii) unrelated organizations		and the first and the second contract of the second			3a(ii)		
(ii) related organizations			ranta po		3b		
b If 'Yes' to 3a(ii), are the related or				. ()	30		
4 Describe in Part XIV the intended							-
Pant Land, Buildings, and E				Co A A second debad	(AN)	Book va	alua
Description of investment		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(u)	JOOK Va	alue
1a Land	F						
b Buildings	_		100 740	164 706		22	052
c Leasehold improvements			188,749.	164,796.		23	, 953.
d Equipment			188,085.	188,085.	_	20	0.
e Other			227,652.	194,810.			,842.
Total. Add lines 1a through 1e (Column	(d) must equ	al Form 990, Part X, co	olumn (B), line 10(c).).	in in in it in it is a second or 🏲			,795.
BAA				Sched	lule D (Form 9	90) 2010

TEEA3302L 12/20/10

BAA

(9)(10)(11)157,284. Total. (Column (b) must equal Form 990, Part X, column (B) line 25) . .

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

SEE PART XIV

Sch	edule D (Form 990) 2010 NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT	13-3149200	Pa	age 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements			
1			2,142,3	
2	Total expenses (Form 990, Part IX, column (A), line 25).		2,084,7	92.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		57,5	
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities.		- MIS- II-	
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net), Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		57,5	34.
	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return		
1	The first and the control of the property of the control of the co		2,468,3	345.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	MARK!		
-	Net unrealized gains on investments	TAN SE		
	Donated services and use of facilities	019.		
	Recoveries of prior year grants	A Line		
	Other (Describe in Part XIV)			
	Add lines 2a through 2d	2e	326,0)19.
3	Car in approving the Area Signal Section (Albert		2,142,3	326.
-	Amounts included on Form 990, Part VIII, line 12, but not on line1:	阿斯 克		
	Investments expenses not included on Form 990, Part VIII, line 7b	22		
	Other (Describe in Part XIV.).			
	Add lines 4a and 4b.	4c		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		2,142,3	326.
P房	Reconciliation of Expenses per Audited Financial Statements With Expenses per			
1	Total expenses and losses per audited financial statements	1	2,410,8	311.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	Donated services and use of facilities	019.		
	Prior year adjustments			
	Other losses	445		
	Other (Describe in Part XIV.).			
	Add lines 2a through 2d	2 e	326,0	019.
3	Subtract line 2e from line 1.		2,084,	
4	Amounts included on Form 990, Part IX, line 25, but not on line1:	HUE !		
77)	Investments expenses not included on Form 990, Part VIII, line 7b			
1	Other (Describe in Part XIV.).			
- 4	Add lines 4a and 4b	4c		
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	2,084,	792.
Pa	TXIVI Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also	Part IV, lines 1b an	d 2b;	
Part	V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also co additional information.	implete this part to	provide	
arry	additional information,			
	PART X - FIN 48 FOOTNOTE			
	JAKI V. LIICADI DOLINGUE			
	THE AGENCY'S ACCOUNTING POLICY IS TO PROVIDE LIABILITIES FOR UNC	ERTAIN TAX P	OSITION	IS
	TINE "PREMOT S VOCCOMMETING LODGEST TO TO TROUTER DEPOTE TAXABLE TAXABLE		×	
	WHEN A LIABILITY IS PROBABLE AND ESTIMABLE. MANAGEMENT IS NOT AW	ARE OF ANY V	TOLATIC	N
	MUEM W FITYDIFITI TO LEGITORDIE VAN ESTIEMBRE: LEGITORIE TO ROLL TIME	.mm _orma_	,	
	OF ITS TAX STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES, N	OR OF ANY FX	POSTIRE	
	OF ITS TAY STATOS AS AN ORGANIZATION EVENET LEGGE TROOPS TAYEST IN	OTC OT THE PV	100017	
	MO INDELIMED DUGINECE THOME MAY			
	TO UNRELATED BUSINESS INCOME TAX.			
				-

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Schedule D (Form 990) 2010

Schedule D (Form 990) 2010 NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT Part XIV Supplemental Information (continued)	13-3149200 Page 5
Pail XIV Supplemental Information (continued)	
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047 2010

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Name of	Name of the organization							
NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT 13-3149200)			
Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
1	ndicate whether the organization	raised funds th	rough any	of the follo	owing activities. Check	all that	apply.	
а	X Mail solicitations			е	X Solicitation of non-	governn	nent grants	
b	X Internet and email solicitations	S		f	X Solicitation of gover	rnment	grants	
C	Phone solicitations			g	X Special fundraising	events		
	X In-person solicitations			5				
22	oid the organization have a written	or oral agreer	ment with	any individ	ual (including officers.	director	s, trustees or ke	ev — —
(Did the organization have a written employees listed in Form 990, Par	t VII) or entity	in connect	tion with pr	ofessional fundraising	services	\$?	X Yes No
b !	f 'Yes,' list the ten highest paid in compensated at least \$5,000 by th	dividuals or en	tities (fund	draisers) pu	ursuant to agreements i	under w	hich the fundra	ser is to be
(i)	Name and address of individual	(ii) Activity	(III) Did	fundraiser	(iv) Gross receipts	(v) Ar	nount paid to	(vi) Amount paid to
4.7	or entity (fundraiser)		have custod	dy or control	from activity	(or	retained by)	(or retained by) organization
			or contr	ibutions?			aiser listed in olumn (i)	or garrization
			Yes	No			()	
all		PUNDOTNO						
(1)/	W. DOUGLAS WINGO	FUNDRSING EVENT		Х	164,001.		25,000.	139,001.
2								
3								
4	And the state of t							
5								
6								
7								
8								
9								
			-					
10								
Total				>	164,001.		25,000.	139,001.
3 L	ist all states in which the organiz	ation is register	red or lice	nsed to so	licit contributions or ha	s been	notified it is exe	empt from registration
C	r licensing.							
]	<u> </u>							
_								
-								
-								
-								
-								

Sch	edule	G (Form 990 or 990-EZ) 2010 NYC GAY	& LESBIAN ANT	I-VIOLENCE PROJ	ECT 13-314	
Rai		Fundraising Events. Complete if reported more than \$15,000 of fu and 6a. List events with gross recommendations.	ndraising event cor	ntributions and gros	orm 990, Part IV, lii ss income on Form	ne 18, or 990-EZ, lines 1
R			(a) Event #1 COURAGE 2011 (event type)	(b) Event #2 HEROES (event type)	(c) Other events 1 (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1	Gross receipts	166,623.	13,625.	12,280.	192,528.
E	2	Less: Charitable contributions	151,123.	8,875.	7,055.	167,053.
	3	Gross income (line 1 minus line 2)	15,500.	4,750.	5,225.	25,475.
	4	Cash prizes				
D	5	Noncash prizes				
DIRECT	6	Rent/facility costs	5,800.		5,500.	11,300.
	7	Food and beverages	6,734.	6,000.	1,260.	13,994.
	8	Entertainment	5,920.	A-410-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		5,920.
EXPENSES	9	Other direct expenses	766.			766.
š		Direct expense summary. Add lines 4- th		31,980.		
(5)4	11 Net income summary. Combine line 3, column (d), and line 10					-6,505.
		\$15,000 on Form 990-EZ, line 6a.				707100 717070 1710.7
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
E	1	Gross revenue	, , , , , , , , , , , , , , , , , , ,		·	
F	2	Cash prizes				
DIREC	3	Non-cash prizes				
C S T E S	4	Rent/facility costs				
	5	Other direct expenses				4.70 T + 4.50 Y \$ 1 () 45 Y \$ 1
	6	Volunteer labor	Yes %	Yes%	Yes%	
	7	Direct expense summary. Add lines 2 thr				
	8	Net gaming income summary. Combine li	ines 1, column (d) and	line 7		
а	Is th	er the state(s) in which the organization operate gaming o,' explain:	activities in each of the	nese states?		Yes No
		e any of the organization's gaming license es,' explain:			7.	

	edule G (Form 990 or 990 EZ) 2010 NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT 13-3149200	raye 3
11	Does the organization operate gaming activities with nonmembers?	No
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?	No
	Indicate the percentage of gaming activity operated in:	
a	a The organization's facility	%
b	b An outside facility	8
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name •	
	Address ▶	
15a	a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	No
b	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	c If 'Yes,' enter name and address of the third party:	
	Name •	-
	Address >	
16	Gaming manager information:	
	Name •	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	No
k	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
	organization's own exempt activities during the tax year ► \$	N-
Pel	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2 columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also comp this part to provide any additional information (see instructions).	zb, lete

BAA	TEEA3703L 01/13/11 Schedule G (Form 990 or 990.	EZ) 2010

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 2010

Department of the Treasury Internal Revenue Service Name of the organization

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Employer identification number

NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT [13-3149200
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION
THE NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT (AVP) PROVIDES DIRECT
SERVICES, INCLUDING A 24-HOUR HOTLINE, COUNSELING, ADVOCACY AND ACCOMPANIMENT, AS
WELL AS SUPPORT GROUPS, LEGAL CLINICS AND A SPEAKER'S BUREAU, TO LESBIAN, GAY,
BISEXUAL, TRANSGENDER, QUEER, AND HIV-AFFECTED VICTIMS OF HATE VIOLENCE, SEXUAL
ASSAULT, STALKING, AND DOMESTIC VIOLENCE. AVP ALSO WORKS WITH THE COMMUNITIES WE
SERVE TO RESPOND TO AND PREVENT VIOLENCE THROUGH ORGANIZING, PUBLIC ADVOCACY,
POLICY, TRAINING AND EDUCATION. AVP COORDINATES A STATEWIDE DOMESTIC VIOLENCE
NETWORK AND NATIONAL COALITION OF ANTI-VIOLENCE PROGRAMS.
FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS
NATIONAL COALITION OF ANTI-VIOLENCE PROGRAMS: AVP COORDINATES THE NATIONAL COALITION
OF ANTI-VIOLENCE PROGRAMS (NCAVP) ADDRESSES THE PERVASIVE PROBLEM OF VIOLENCE
COMMITTED AGAINST AND WITHIN THE LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER AND
HIV-AFFECTED COMMUNITIES. NCAVP IS A COALITION OF 43 PROGRAMS IN 24 STATES 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 RELEASES TWO ANNUAL REPORTS, ON DOMESTIC VIOLENCE AND
HATE VIOLENCE THAT ARE THE DEFINITIVE REPORTS ON THIS VIOLENCE AS IT AFFECTS LGBTQH
PEOPLE IN THIS COUNTRY. NCAVP CO-AUTHORED WITH THE NATIONAL CENTER FOR VICTIMS OF
CRIME THE GROUNDBREAKING REPORT "WHY IT MATTERS" DISCUSSING SERVICES TO LGBTQH
VICTIMS. NCAVP COORDINATES THE OVW NATIONAL TRAINING AND TECHNICAL ASSISTANCE
CENTER THROUGH A TOLL-FREE WARMLINE, A LIST SERV AND INSTANT MESSAGING FOR DEAF AND
HARD OF HEARING ADVOCATES. NCAVP IS ALSO THE SUBJECT MATTER EXPERT ON LGBTQH
CRIME-RELATED MATTERS FOR THE DEPARMTENT OF JUSTICE'S OFFICE OF VICTIMS OF CRIME.

Name of the organization NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT	Employer identification number 13-3149200			
	13 3149200			
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION				
COMMUNICATIONS: RESPONSIBLE FOR THE DISSEMINATION OF PROGRAM-REI				
THROUGH MONTHLY E-NEWSLETTERS, COMMUNITY ALERTS, WEBSITE AND SO	THROUGH MONTHLY E-NEWSLETTERS, COMMUNITY ALERTS, WEBSITE AND SOCIAL MEDIA.			
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS				
THE DOCUMENT IS PRESENTED AND REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO FILING.				
THE REVIEW IS CONDUCTED FIRST BY 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.				
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS				
ANNUAL REVIEW AND SIGNING OF CONFLICT OF INTEREST POLICIES OCCU	JR 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	R 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 COMPARA	ABLE 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 KE	EPT.			
FOR OFFICERS OF THE BOARD OF DIRECTORS: NO COMPENSATION IS PRO	OVIDED.			
FOR KEY EMPLOYEES: THE POSITIONS ARE COMPARED TO COMPARABLE POS	SITIONS IN THE FIELD,			
REVIEWED BY THE FINANCE AND EXECUTIVE COMMITTEES OF THE BOARD A	AND REVIEWED BY THE			
FULL BOARD OF DIRECTORS. MINUTES ARE MAINTAINED FOR THESE MEET	INGS.			
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	/AILABLE			
ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.				