

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

2014

Open to Public
Inspection

A For the 2014 calendar year, or tax year beginning 7/01, 2014, and ending 6/30, 2015

B Check if applicable:
☒ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT
116 NASSAU STREET
NEW YORK, NY 10038

D Employer identification number 13-3149200

E Telephone number 212) 714-1184

G Gross receipts \$ 3,255,341.

F Name and address of principal officer: TODD GRASINGER
SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes ☐ No ☒
H(b) Are all subordinates included? Yes ☐ No ☐
 If 'No,' attach a list. (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4347(a)(1) or ☐ 527

J Website: WWW.AVP.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1980 **M** State of legal domicile: NY

H(c) Group exemption number ▶

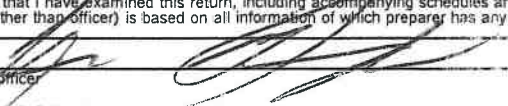
Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT (AVP) EMPOWERS LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND HIV-AFFECTED COMMUNITIES AND ALLIES TO END ALL FORMS OF VIOLENCE THROUGH ORGANIZING AND EDUCATION, AND SUPPORTS SURVIVORS THROUGH COUNSELING AND ADVOCACY.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	36
	6	Total number of volunteers (estimate if necessary)	6	450
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,896,949.	3,173,106.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	43,420.	41,056.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,262.	-46,904.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,963,631.	3,167,258.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,737,102.	1,948,789.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	70,000.	50,500.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 274,256.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	881,427.	907,128.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,688,529.	2,906,417.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	275,102.	260,841.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	894,303.	1,183,239.
	22	Net assets or fund balances. Subtract line 21 from line 20	573,756.	601,851.
			320,547.	581,388.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.


Sign Here

Signature of officer:  Date: 11-12-15

TODD GRASINGER BOARD CHAIR

Type or print name and title.

Paid Preparer Use Only

Print/Type preparer's name: KENNETH J LEDERER Preparer's signature:  Date: 11/06/15

Check ☐ if self-employed PTIN: P00396373

Firm's name: LEDERER, LEVINE & ASSOCIATES LLC

Firm's address: 1099 WALL ST WEST SUITE 280 LYNDHURST, NJ 07071

Firm's EIN: 22-3778048

Phone no.: 201-933-3780

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒

- 1 Briefly describe the organization's mission:

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? SEE SCHEDULE O

☒ Yes ☐ No

If 'Yes,' describe these new services on Schedule O.

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ...

☐ Yes ☒ No

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

- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 890,244. including grants of \$) (Revenue \$)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 855,049. including grants of \$) (Revenue \$ 41,056.)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 238,443. including grants of \$) (Revenue \$)

LEGAL SERVICES: BEGINNING IN 2013, AVP LAUNCHED A LEGAL SERVICES PROGRAM WHICH PROVIDES FREE, HOLISTIC, DIRECT LEGAL SERVICES TO UNDERSERVED LGBTQ AND HIV-AFFECTED SURVIVORS OF VIOLENCE ACROSS ALL FIVE BOROUGHES OF NEW YORK CITY. SERVICES RANGE FROM INTAKE, ADVICE, AND REPRESENTATION ON ISSUES SUCH AS ORDERS OF PROTECTION, CHILD SUPPORT, CHILD CUSTODY, LEGAL SEPARATION/DIVORCE, IMMIGRATION MATTERS, HOUSING MATTERS, NAME CHANGES AND REPRESENTATION AS COMPLAINING WITNESSES IN CRIMINAL COURT AS CLIENTS NEED THESE SERVICES. CLIENT REFERRALS TO THE LEGAL SERVICES DEPARTMENT PRIMARILY COME THOROUGH AVP'S CLIENT SERVICES DEPARTMENT, AS WELL AS OTHER COMMUNITY-BASED ORGANIZATIONS. IN FISCAL YEAR 2015, OUR LEGAL SERVICES DEPARTMENT PROVIDED FULL LEGAL INTAKE AND CONSULTATION TO 146 NEW CLIENTS, 85 OF WHOM WERE ACCEPTED FOR REPRESENTATION.

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

(Expenses \$ 170,826. including grants of \$) (Revenue \$)

4e Total program service expenses 2,154,562.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	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.		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
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.	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.	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.	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.		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.		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.		X
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 any tax-exempt bonds?		
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.		X
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.		X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.		X
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
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.		X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.		
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
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.		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2014)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1 a 4		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1 b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2 a 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.	2 a 36		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2 b	X	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.	3 b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		X
b If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year.	7 d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12.	10 a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10 b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.	11 a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b		
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12 b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13 a		
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.	13 b		
c Enter the amount of reserves on hand.	13 c		
14 a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14 b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒ **X****Section A. Governing Body and Management**

	1 a	1 b	2	3	4	5	6	7 a	7 b	8 a	8 b	9
1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	14											
1 b Enter the number of voting members included in line 1a, above, who are independent.		14										
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?												X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?												X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? SEE SCH O												
5 Did the organization become aware during the year of a significant diversion of the organization's assets?												X
6 Did the organization have members or stockholders?												X
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?												X
7 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?												X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:												
a The governing body?										X		
b Each committee with authority to act on behalf of the governing body?										X		
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.												X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	10 a	10 b	11 a	11 b	12 a	12 b	12 c	13	14	15 a	15 b	16 a	16 b
10 a Did the organization have local chapters, branches, or affiliates?													X
10 b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?													
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			X										
11 b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O													
12 a Did the organization have a written conflict of interest policy? If "No," go to line 13.			X										
12 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			X										
12 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. SEE SCHEDULE O			X										
13 Did the organization have a written whistleblower policy?			X										
14 Did the organization have a written document retention and destruction policy?			X										
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?													
a The organization's CEO, Executive Director, or top management official.			X										
b Other officers or key employees of the organization. SEE SCHEDULE O			X										
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).													
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?												X	
16 b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?													

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **TODD GRASINGER 116 NASSAU STREET NEW YORK NY 10038 (212) 714-1184**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** 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.

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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TODD GRASINGER BOARD CHAIR	1 0	X		X				0.	0.	0.
(2) DARA MAJOR VICE CHAIR	1 0	X		X				0.	0.	0.
(3) RAYMOND TUROCZY TILL 1/15 TREASURER	1 0	X		X				0.	0.	0.
(4) THOMAS SALATTE TILL 1/15 SECRETARY	1 0	X		X				0.	0.	0.
(5) BRIAN FRIEDMAN BOARD MEMBER	1 0	X						0.	0.	0.
(6) BRENDA BELLO BOARD MEMBER	1 0	X						0.	0.	0.
(7) CHRIS TUTTLE BOARD MEMBER	1 0	X						0.	0.	0.
(8) OVITA WILLIAMS BOARD MEMBER	1 0	X						0.	0.	0.
(9) MIKE HOFMAN BOARD MEMBER	1 0	X						0.	0.	0.
(10) CHRISTINE NEWMAN TILL 6/15 BOARD MEMBER	1 0	X						0.	0.	0.
(11) LANAYA IRVIN BOARD MEMBER	1 0	X						0.	0.	0.
(12) ELWIN WU BOARD MEMBER	1 0	X						0.	0.	0.
(13) HONORABLE THOMAS K DUANE BOARD MEMBER	1 0	X						0.	0.	0.
(14) SCOTT HERNANDEZ TILL 1/15 BOARD MEMBER	1 0	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) SHARON L STAPEL EXECUTIVE DIREC	35 0			X				128,997.	0.	3,329.
(16) CARLA SMITH CFO	35 0					X		103,849.	0.	12,151.
(17) CATHERINE SHUGRUE-DOS SANTOS DIR OF CLIENT SVCS	35 0					X		101,857.	0.	1,665.
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total								334,703.	0.	17,145.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								334,703.	0.	17,145.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c 274,614.				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 1,834,464.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 1,064,028.				
	g Noncash contributions included in lines 1a-1f: \$	40,181.				
	h Total. Add lines 1a-1f		3,173,106.			
Program Service Revenue	2 a TRAINING FEES	Business Code 900099	41,056.	41,056.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		41,056.			
	3 Investment income (including dividends, interest and other similar amounts)					
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
Other Revenue	6 a Gross rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including.. \$ 274,614. of contributions reported on line 1c). See Part IV, line 18	a 35,100.				
	b Less: direct expenses	b 88,083.				
	c Net income or (loss) from fundraising events		-52,983.		-52,983.	
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue		Business Code			
11 a SUBLEASE REVENUE	531390	5,828.		5,828.		
b OTHER REVENUE	900099	251.		251.		
c						
d All other revenue						
e Total. Add lines 11a-11d		6,079.				
12 Total revenue. See instructions		3,167,258.	41,056.	0.	-46,904.	

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).

Check if Schedule O contains a response or note to any line in this Part IX.

Do not include amounts reported on lines 6b, 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 domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	141,410.	73,920.	64,624.	2,866.
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.	1,529,588.	1,201,266.	185,000.	143,322.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.	128,203.	97,806.	19,185.	11,212.
10 Payroll taxes.	149,588.	114,154.	22,346.	13,088.
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	25,000.		25,000.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.	50,500.			50,500.
f Investment management fees.				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	164,359.	154,063.	6,945.	3,351.
12 Advertising and promotion.				
13 Office expenses.				
14 Information technology.				
15 Royalties.				
16 Occupancy.	287,266.	219,220.	42,914.	25,132.
17 Travel.	65,456.	64,767.	659.	30.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	1,078.		1,078.	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	18,852.	14,386.	2,816.	1,650.
23 Insurance.	10,972.	7,687.	3,285.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>PRINTING AND PUBLICATIONS</u>	63,681.	54,974.		8,707.
b <u>FEES AND ASSESSMENTS</u>	57,553.	2,764.	54,558.	231.
c <u>REPAIRS AND MAINTENANCE</u>	54,801.	46,073.	5,943.	2,785.
d <u>PROGRAM ACTIVITIES</u>	49,315.	49,315.		
e All other expenses.	108,795.	54,167.	43,246.	11,382.
25 Total functional expenses. Add lines 1 through 24e.	2,906,417.	2,154,562.	477,599.	274,256.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash — non-interest-bearing	33,202.	1	109,980.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	782,676.	3	728,982.
	4 Accounts receivable, net	15,545.	4	37,481.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other 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 organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	13,990.	9	56,733.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 765,825.		
	b Less: accumulated depreciation	10b 633,158.	31,179.	10c 132,667.
	11 Investments — publicly traded securities		11	
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	17,711.	15	117,396.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	894,303.	16	1,183,239.	
Liabilities	17 Accounts payable and accrued expenses	450,458.	17	458,817.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	32,999.	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	90,299.	25	143,034.
	26 Total liabilities. Add lines 17 through 25	573,756.	26	601,851.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-281,818.	27	10,927.
	28 Temporarily restricted net assets	602,365.	28	570,461.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 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	
	33 Total net assets or fund balances.	320,547.	33	581,388.
	34 Total liabilities and net assets/fund balances.	894,303.	34	1,183,239.

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Form 990 (2014)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,167,258.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,906,417.
3	Revenue less expenses. Subtract line 2 from line 1	3	260,841.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	320,547.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	581,388.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

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Form 990 (2014)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT

Employer identification number

13-3149200

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e ☐ Check this box if the organization received a written determination from the IRS that is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations:
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2014

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	2,112,353.	2,216,624.	2,562,472.	2,896,949.	3,173,146.	12,961,544.
2 Tax revenues levied for the organization's benefit and either paid to 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.	2,112,353.	2,216,624.	2,562,472.	2,896,949.	3,173,146.	12,961,544.
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).						645,903.
6 Public support. Subtract line 5 from line 4.						12,315,641.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4.	2,112,353.	2,216,624.	2,562,472.	2,896,949.	3,173,146.	12,961,544.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						0.
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 VI.) SEE PART VI	31,717.	32,762.	34,996.	34,979.	6,079.	140,533.
11 Total support. Add lines 7 through 10.						13,102,077.
12 Gross receipts from related activities, etc (see instructions).					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)).	14	94.00 %
15 Public support percentage from 2013 Schedule A, Part II, line 14.	15	92.93 %
16a 33-1/3% support test – 2014. 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. ▶ <input checked="" type="checkbox"/>		
b 33-1/3% support test – 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11 and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17.	18	%

- 19a **33-1/3% support tests – 2014.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶ ☐
- b **33-1/3% support tests – 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶ ☐
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?

	Yes	No
11a		
11b		
11c		

b A family member of a person described in (a) above?

c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI

Section B. Type I Supporting Organizations

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year

	Yes	No
1		
2		

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

	Yes	No
1		

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

	Yes	No
1		
2		
3		

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

a ☐ The organization satisfied the Activities Test. Complete line 2 below.b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement

3 Parent of Supported Organizations. Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income

		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B – Minimum Asset Amount

		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

BAA

Schedule A (Form 990 or 990-EZ) 2014

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D – Distributions**

	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E – Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

BAA

Schedule A (Form 990 or 990-EZ) 2014

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2014	2013	2012	2011	2010
	\$ 6,079.	\$ 34,979.	\$ 34,996.	\$ 32,762.	\$ 31,717.
TOTAL	<u>\$ 6,079.</u>	<u>\$ 34,979.</u>	<u>\$ 34,996.</u>	<u>\$ 32,762.</u>	<u>\$ 31,717.</u>

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT

Employer identification number

13-3149200

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- ☒ 501(c)(3) (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT

13-3149200

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CALAMUS FOUNDATION 787 SEVENTH AVE 9TH FL NEW YORK, NY 10019	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NONPROFIT FINANCE FUND 70 WEST 36TH STREET 11TH FL NEW YORK, NY 10018	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	F. B. HERON 100 BROADWAY 17TH FL NEW YORK, NY 10005	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT

13-3149200

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

BAA

13-3149200

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---------------------------	------------------------	--------------------	--

	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---------------------------	------------------------	--------------------	--

- - -			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship 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) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship 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) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----
-----	-----

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service
Name of the organization**Supplemental Financial Statements**▶ Complete if the organization answered 'Yes' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014**Open to Public
Inspection**

Employer identification number

NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT

13-3149200

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

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

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

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

Part II Conservation Easements.

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the 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 historic structure listed in the National Register.....	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1..... ▶ \$

(ii) Assets included in Form 990, Part X..... ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1..... ▶ \$

b Assets included in Form 990, Part X..... ▶ \$

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

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

- a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

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

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

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

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

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

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. ☐

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements		305,782.	193,248.	112,534.
d Equipment		198,352.	194,265.	4,087.
e Other		261,691.	245,645.	16,046.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				132,667.

BAA

Schedule D (Form 990) 2014

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(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) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related.

N/A

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

(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 IX Other Assets.

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

(a) Description	(b) Book value
(1) SECURITY DEPOSIT	117,396.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	117,396.

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ADVANCES	143,034.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	143,034.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. SEE PART XIII. ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	3,380,962.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2a	
	b Donated services and use of facilities	2b	213,704.
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d.	2e	213,704.
3	Subtract line 2e from line 1.	3	3,167,258.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b.	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b.	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,167,258.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	3,120,121.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	213,704.
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d.	2e	213,704.
3	Subtract line 2e from line 1.	3	2,906,417.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b.	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b.	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,906,417.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

THE AGENCY'S ACCOUNTING POLICY IS TO PROVIDE LIABILITIES FOR UNCERTAIN TAX POSITIONS WHEN A LIABILITY IS PROBABLE AND ESTIMABLE. MANAGEMENT IS NOT AWARE OF ANY VIOLATION OF ITS TAX STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES, NOR OF ANY EXPOSURE TO UNRELATED BUSINESS INCOME TAX. THE AGENCY IS NO LONGER SUBJECT TO EXAMINATION BY FEDERAL OR STATE TAX AUTHORITIES FOR FISCAL YEARS PRIOR TO 2012.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT

Employer identification number

13-3149200

Part I

Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☒ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations

2 a 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? ☒ Yes ☐ No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 W.DOUGLAS WINGO 350 7TH AVE NEW YORK NY 10001	DEVELOP DIR		X	67,383.	32,500.	34,883.
2 ANDREW SHACKETT 770 BWAY, 2N FL NEW YORK NY 10003	CONSULTANT		X	6,000.	18,000.	
3						
4						
5						
6						
7						
8						
9						
10						
Total				73,383.	50,500.	34,883.

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

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 COURAGE (event type)	(b) Event #2 FUSION (event type)	(c) Other events 1 (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1 Gross receipts	248,212.	32,106.	29,396.	309,714.
	2 Less: Contributions	230,462.	22,176.	21,976.	274,614.
	3 Gross income (line 1 minus line 2)	17,750.	9,930.	7,420.	35,100.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	5,000.	300.	9,000.	14,300.
	7 Food and beverages	22,246.	4,500.	344.	27,090.
	8 Entertainment	3,150.			3,150.
	9 Other direct expenses	26,685.	16,858.		43,543.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				88,083.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-52,983.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
REVENUE	1 Gross revenue				
	2 Cash prizes				
DIRECT EXPENSES	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization **licensed** to conduct gaming activities in each of these states? ☐ Yes ☐ Nob If 'No,' explain: _____

_____10a Were any of the organization's gaming licenses revoked, suspended or **terminated** during the tax year? ☐ Yes ☐ Nob If 'Yes,' explain: _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ 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? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ _____

Address ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

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

c If 'Yes,' enter name and address 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

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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 ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**Noncash Contributions**

- Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014**Open To Public
Inspection**

Name of the organization

NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT

Employer identification number

13-3149200

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (GIFTS/PRIZES)	X	22	40,181.	
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Yes No

30a		X
31		X
32a		X

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

Schedule M (Form 990) (2014)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

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 SERVICES AND A SPEAKER'S BUREAU, TO LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND HIV-AFFECTED VICTIMS OF HATE VIOLENCE, SEXUAL ASSAULT, STALKING, AND INTIMATE PARTNER VIOLENCE. AVP ALSO WORKS WITH THE COMMUNITIES WE SERVE TO RESPOND TO AND PREVENT VIOLENCE THROUGH ORGANIZING, PUBLIC ADVOCACY, POLICY WORK, TRAINING AND EDUCATION. AVP COORDINATES A STATEWIDE INTIMATE PARTNER VIOLENCE NETWORK IN NEW YORK STATE AND A NATIONAL COALITION OF ANTI-VIOLENCE PROGRAMS NATIONWIDE.

FORM 990, PART III, LINE 2 - NEW SERVICES

ON THE NATIONAL LEVEL, AVP'S NATIONAL COALITION OF ANTI-VIOLENCE PROGRAMS (NCAVP) LAUNCHED A NATIONAL MOVEMENT BUILDING PROJECT TO SUPPORT THE LEADERSHIP OF TRANSGENDER PEOPLE, LGBTQ PEOPLE OF COLOR, AND LGBTQ YOUTH LEADERS WORKING TO END VIOLENCE. ON THE NEW YORK STATE LEVEL, AVP LAUNCHED THE NEW YORK STATE LGBTQ IPV NETWORK TRAINING AND TECHNICAL ASSISTANCE CENTER THROUGH THE NEW YORK STATE LGBTQ IPV NETWORK WHICH AVP HAS COORDINATED FOR OVER A DECADE. THE NEW TRAINING AND TECHNICAL ASSISTANCE CENTER PROVIDES FREE TRAINING, TECHNICAL ASSISTANCE AND ONGOING EDUCATION TO RESIDENTIAL AND NON-RESIDENTIAL DOMESTIC VIOLENCE PROGRAMS TO INCREASE THE PROGRAMS' LGBTQ CULTURAL COMPETENCY AND ABILITY TO PROVIDE SERVICES TO LGBTQ INTIMATE PARTNER VIOLENCE SURVIVORS THROUGHOUT NEW YORK STATE. ON THE NEW YORK CITY LEVEL, AVP'S LEGAL SERVICES DEPARTMENT CONTINUED TO GROW WITH THE ADDITION OF A PART-TIME STAFF ATTORNEY, AND AN EXPANSION OF THE TYPES OF VIOLENCE THE DEPARTMENT CAN ADDRESS.

Name of the organization	Employer identification number
NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT	13-3149200

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

COMMUNITY ORGANIZING AND PUBLIC ADVOCACY: AVP'S COMMUNITY ORGANIZING EFFORTS REACHED MORE THAN 75,000 PEOPLE IN FISCAL YEAR 2015 WITH ONE-TO-ONE HANDOUTS OF INFORMATION ABOUT VIOLENCE FACING LGBTQ PEOPLE AND SAFER-SEX MATERIALS THROUGHOUT NEW YORK'S FIVE BOROUGHES. AVP ORGANIZES CITY-WIDE RESPONSES TO SPECIFIC VIOLENT INCIDENTS THROUGHOUT NEW YORK CITY THROUGH OUR RAPID INCIDENT RESPONSE PROCESS, AND CREATES CAMPAIGNS THROUGH OUR COMMUNITY ACTION COMMITTEES THAT ADDRESS LGBTQ AND HIV-AFFECTED PEOPLE'S SAFETY. IN ADDITION, AVP COLLABORATES CLOSELY WITH COMMUNITY LEADERS AND COMMUNITY-BASED ORGANIZATIONS TO RAISE AWARENESS ABOUT THE INTERSECTION OF LGBTQ AND HIV-AFFECTED IDENTITIES AND VIOLENCE. OUR POPULAR SAFE BAR*SAFE NIGHTS PROGRAM IN PARTICULAR IS DESIGNED TO STOP PICK-UP VIOLENCE AND DATING VIOLENCE BEFORE IT HAPPENS BY WORKING WITH BARS AND CLUBS TO ALERT THEIR PATRONS AND STAFF OF THE DANGERS OF PICK-UP VIOLENCE, DISTRIBUTING SAFETY TIPS, AND ENCOURAGING THE REPORTING OF SUCH INCIDENTS TO AVP. RELATED, THIS YEAR AVP ALSO LAUNCHED THE "FOR A SAFE TIME" CAMPAIGN, AN INNOVATIVE ADVERTISING CAMPAIGN AIMED AT REACHING AN EVER-INCREASING NUMBER OF LGBTQ AND HIV-AFFECTED NEW YORKERS WHO EXPERIENCE VIOLENCE WHILE USING ONLINE DATING SITES AND APPS. AVP HAS DEVELOPED THE COMMUNITY LEADERSHIP INSTITUTE, WHERE SURVIVORS OF VIOLENCE AND ALLIES LEARN TO ENGAGE IN COMMUNITY ORGANIZING AND PUBLIC ADVOCACY THROUGH SKILL-BASED CURRICULA. ONE PART OF THE COMMUNITY LEADERSHIP INSTITUTE, AVP'S SPEAKER'S BUREAU, ALLOWS CLIENTS AND COMMUNITY MEMBERS TO SHARE THEIR STORIES TO EDUCATE SCHOOL AND COMMUNITY GROUPS AND SERVICE PROVIDERS ABOUT HOW TO PREVENT VIOLENCE, AND WHAT TO DO IF THEY OR SOMEONE THEY KNOW IS AFFECTED BY VIOLENCE AGAINST OR WITHIN LGBTQ AND HIV-AFFECTED COMMUNITIES. THIS YEAR, AVP REVISED OUR SPEAKER'S BUREAU CURRICULUM TO INCLUDE A MEDIA TRAINING TO PREPARE SURVIVORS FOR PUBLIC SPEAKING ENGAGEMENTS. EACH YEAR, THROUGH ITS TRAINING AND EDUCATION INSTITUTE, AVP TRAINS THOUSANDS OF INDIVIDUALS AND GROUPS INCLUDING COMMUNITY MEMBERS, POLICE, DISTRICT ATTORNEY'S OFFICES, RAPE CRISIS CENTERS, DOMESTIC VIOLENCE AGENCIES AND OTHER

Name of the organization	Employer identification number
NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT	13-3149200

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

MAINSTREAM HEALTH AND HUMAN SERVICE PROVIDES. IN FISCAL YEAR 2015, AVP CONDUCTED 229 TRAININGS REACHING 6,365 PARTICIPANTS THROUGH OUR EDUCATION AND TRAINING INSTITUTE. AVP'S TRAINING AND EDUCATION INSTITUTE ALSO SERVES AS A CLEARINGHOUSE FOR THE MOST UP-TO-DATE INFORMATION, STUDIES, ARTICLES, AND CURRICULA ON THE ISSUE OF VIOLENCE, AND SERVES AS A RESEARCH RESOURCE FOR PEOPLE ACROSS THE COUNTRY WHO ARE STUDYING VIOLENCE AGAINST OR WITHIN LGBTQ AND HIV-AFFECTED COMMUNITIES.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

DIRECT CLIENT SERVICES: AVP'S CLIENT SERVICES DEPARTMENT PROVIDES DIRECT SOCIAL SERVICES THAT ARE DESIGNED TO MEET LGBTQ AND HIV-AFFECTED SURVIVORS' UNIQUE AND INDIVIDUAL NEEDS THROUGH A SURVIVOR-CENTERED, TRAUMA-INFORMED, EMPOWERMENT-BASED, HARM REDUCTION APPROACH. THE DEPARTMENT IS STAFFED BY DIRECT SERVICE PROFESSIONALS WITH EXPERTISE AND EXPERIENCE IN MEETING THE SPECIFIC NEEDS OF NEW YORK CITY'S DIVERSE LGBTQ AND HIV-AFFECTED SURVIVORS, STARTING WITH OUR FREE 24-HOUR, BILINGUAL (ENGLISH/SPANISH) HOTLINE, WHICH IN FISCAL YEAR 2015 ANSWERED 2,618 CALLS. LAST YEAR AVP ALSO PROVIDED VITAL DIRECT CLIENT SERVICES, INCLUDING SHORT AND LONG TERM COUNSELING, ADVOCACY WITH THE POLICE, COURTS, AND OTHER SOCIAL SERVICE AND SUPPORTIVE SERVICES PROVIDERS, TO 1,294 INDIVIDUAL CLIENTS EXPERIENCING ALL FORMS OF VIOLENCE. AVP PROVIDES OPPORTUNITIES FOR SURVIVORS TO BUILD COMMUNITY AND SAFETY IN OUR EXTENSIVE GROUP PROGRAMMING, WHICH INCLUDES DISTINCT SUPPORT GROUPS FOR HATE VIOLENCE, SEXUAL VIOLENCE, AND INTIMATE PARTNER VIOLENCE, AS WELL AS SUPPORT GROUPS THAT FOCUS SPECIFICALLY ON TRANSGENDER AND GENDER-NONCONFORMING COMMUNITIES. SINCE 2010, AVP HAS EXPANDED ITS DIRECT CLIENT SERVICES INTAKE SITES TO 10 LOCATIONS THROUGHOUT THE FIVE BOROUGHES AND HAS DEVELOPED SPECIALIZED PROGRAMS WORKING WITH TRANSGENDER AND GENDER NON-CONFORMING PEOPLE OF COLOR.

Name of the organization

NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT

Employer identification number

13-3149200

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

COMMUNICATIONS: RESPONSIBLE FOR THE DISSEMINATION OF PROGRAM- RELATED INFORMATION THROUGH MONTHLY E-NEWSLETTERS, COMMUNITY ALERTS, MEDIA RELEASES WEBSITE AND SOCIAL MEDIA.

NATIONAL WORK: AVP COORDINATES THE NATIONAL COALITION OF ANTI-VIOLENCE PROGRAMS (NCAVP), A NATIONAL NETWORK OF ORGANIZATIONS DEDICATED TO ENDING VIOLENCE IN ALL ITS FORMS AFFECTING LGBTQ AND HIV-AFFECTED INDIVIDUALS. WITH OVER 50 MEMBER ORGANIZATIONS ACROSS THE U.S. AND IN CANADA, NCAVP PROVIDES NATIONAL ADVOCACY FOR LOCAL ORGANIZATIONS, AND PROVIDES SUPPORT TO COMMUNITIES THAT DO NOT HAVE AN LGBTQ AND/OR HIV-AFFECTED ORGANIZATION IN THEIR REGION. THROUGH NCAVP, AVP PARTICIPATES IN CREATING AND IMPLEMENTING A NATIONAL PLATFORM FROM WHICH TO FIGHT ANTI-LGBTQ AND HIV-AFFECTED VIOLENCE, AS WELL AS SEXUAL VIOLENCE AND INTIMATE PARTNER VIOLENCE WITHIN LGBTQ AND HIV-AFFECTED COMMUNITIES. NCAVP ANNUALLY PRODUCES THE NATIONAL HATE VIOLENCE REPORT AND NATIONAL INTIMATE PARTNER VIOLENCE REPORT, WHICH CONTAIN SOME OF THE MOST COMPREHENSIVE RESEARCH ON LGBTQ AND HIV-AFFECTED COMMUNITIES' EXPERIENCES OF VIOLENCE. THESE REPORTS HAVE RECEIVED THE ATTENTION OF THE WHITE HOUSE AS WELL AS MAJOR ONLINE AND PRINT MEDIA OUTLETS. NCAVP'S ADVOCACY HAS SHIFTED THE LANDSCAPE FOR LGBTQ AND HIV-AFFECTED SURVIVORS, AND HAS CREATED UNPRECEDENTED FEDERAL SUPPORT FOR LGBTQ ANTI-VIOLENCE WORK. NCAVP ALSO SERVES AS A NATIONAL TRAINING AND TECHNICAL ASSISTANCE CENTER, FUNDED BY THE DEPARTMENT OF JUSTICE, WHICH PROVIDES NATIONAL TRAINING AND BEST PRACTICES TO THE DOMESTIC AND SEXUAL VIOLENCE FIELD FOR SERVING LGBTQ SURVIVORS ACROSS THE COUNTRY, AND CO-COORDINATES THE FIRST NATIONAL LEARNING CENTER ON LGBTQ DOMESTIC VIOLENCE, A RESEARCH AND POLICY PROJECT FUNDED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. IN FISCAL YEAR 2015, THE TRAINING AND TECHNICAL ASSISTANCE CENTER REACHED 445 PEOPLE ACROSS THE COUNTRY, WORKING WITH MAINSTREAM PROGRAMS TO ASSIST THEM IN OPENING THEIR DOORS AND SERVICES TO LGBTQ

Name of the organization

NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT

Employer identification number

13-3149200

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

SURVIVORS.

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

AS REQUIRED BY THE NONPROFIT REVITALIZATION ACT, AVP UPDATED ITS BYLAWS, CERTIFICATE OF INCORPORATION, CONFLICT OF INTEREST AND WHISTLEBLOWER POLICIES AND PROCEDURES AS REQUIRED BY THE NEW LAW.

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

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

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

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

FOR KEY EMPLOYEES: THE POSITIONS ARE COMPARED TO COMPARABLE POSITIONS IN THE FIELD, REVIEWED BY THE FINANCE AND EXECUTIVE COMMITTEES OF THE BOARD AND REVIEWED BY THE FULL BOARD OF DIRECTORS. MINUTES ARE MAINTAINED FOR THESE MEETINGS.

Name of the organization

Employer identification number

NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT

13-3149200

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

ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.

Form **8868**

(Rev. January 2014)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only. . . . ☐**All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.**

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.		Employer identification number (EIN) or
	NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT		13-3149200
	Number, street, and room or suite number. If a P.O. box, see instructions.		Social security number (SSN)
	240 WEST 35TH ST #200		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	NEW YORK, NY 10001		

Enter the Return code for the return that this application is for (file a separate application for each return). **01**

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

- The books are in the care of ► CARLA SMITH

Telephone No. ► (212) 714-1184 Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. ☐. If it is for part of the group, check this box. ☐ and attach a list with the names and EINs of all members the extension is for.

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

- ☐ calendar year 20 ____ or
- ☒ tax year beginning 7/01, 20 13, and ending 6/30, 20 14.

- If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

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

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form 8868 (Rev. 1-2014)

FIF20501L 12/31/13

**NEW YORK CITY GAY AND LESBIAN
ANTI-VIOLENCE PROJECT, INC.
FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2015 AND 2014**

**NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT, INC.
FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2015 AND 2014**

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LEDERER, LEVINE & ASSOCIATES, LLC
CERTIFIED PUBLIC ACCOUNTANTS

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INDEPENDENT AUDITOR'S REPORT

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

We have audited the accompanying financial statements of New York City Gay and Lesbian Anti-Violence Project, Inc. (the "Agency") which comprise the statements of financial position as of June 30, 2015 and 2014, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of New York City Gay and Lesbian Anti-Violence Project, Inc. as of June 30, 2015 and 2014 and the results of its operations and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.


Lederer, Levine & Associates, LLC

November 9, 2015

NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT, INC.
STATEMENTS OF FINANCIAL POSITION
AS OF JUNE 30, 2015 AND 2014

	<u>2015</u>	<u>2014</u>
ASSETS		
Cash and cash equivalents (Notes B and G)	\$ 109,980	\$ 33,202
Contributions receivable (Note C)	332,258	480,279
Accounts receivable (Note B)	37,481	15,545
Government grants receivable (Note B and H)	396,724	302,397
Prepaid expenses and other assets	56,733	13,990
Property and equipment, net (Notes B and D)	132,667	31,179
Security deposits	<u>117,396</u>	<u>17,711</u>
TOTAL ASSETS	<u>\$ 1,183,239</u>	<u>\$ 894,303</u>
LIABILITIES		
Accrued expenses and other payables	\$ 458,817	\$ 450,458
Refundable advances	143,034	52,586
Loan payable (Note E)		32,999
Deferred rent payable (Note H)		<u>37,713</u>
TOTAL LIABILITIES	<u>601,851</u>	<u>573,756</u>
COMMITMENTS AND CONTINGENCIES (Note H)		
NET ASSETS		
Unrestricted	10,927	(281,818)
Temporarily restricted (Note I)	<u>570,461</u>	<u>602,365</u>
TOTAL NET ASSETS	<u>581,388</u>	<u>320,547</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 1,183,239</u>	<u>\$ 894,303</u>

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

NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT, INC.
STATEMENTS OF ACTIVITIES
FOR THE YEARS ENDED JUNE 30, 2015 AND 2014

	2015			2014		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
SUPPORT AND REVENUE:						
Special events - revenue	\$ 269,533	\$	269,533	\$ 249,162	\$	249,162
Less: cost of direct benefits to donors	(88,083)		(88,083)	(52,092)		(52,092)
Net revenue from special events	181,450		181,450	197,070		197,070
Government grants (Note H)	1,834,464		1,834,464	1,639,739		1,639,739
Contributions	297,651	766,377	1,064,028	343,265	688,639	1,031,904
Rental income	5,828		5,828	33,765		33,765
Donated goods and services (Note F)	253,885		253,885	240,944		240,944
Other income	41,307		41,307	44,634		44,634
Net assets released from restrictions	798,281	(798,281)		535,775	(535,775)	
TOTAL SUPPORT AND REVENUE	<u>3,412,866</u>	<u>(31,904)</u>	<u>3,380,962</u>	<u>3,035,192</u>	<u>152,864</u>	<u>3,188,056</u>
EXPENSES:						
Program services	2,332,266		2,332,266	2,134,310		2,134,310
Management and general	513,599		513,599	480,556		480,556
Fundraising and development	274,256		274,256	298,088		298,088
TOTAL EXPENSES	<u>3,120,121</u>		<u>3,120,121</u>	<u>2,912,954</u>		<u>2,912,954</u>
Change in Net Assets	292,745	(31,904)	260,841	122,238	152,864	275,102
Net Assets - Beginning of Year	<u>(281,818)</u>	<u>602,365</u>	<u>320,547</u>	<u>(404,056)</u>	<u>449,501</u>	<u>45,445</u>
Net Assets - End of Year	<u>\$ 10,927</u>	<u>\$ 570,461</u>	<u>\$ 581,388</u>	<u>\$ (281,818)</u>	<u>\$ 602,365</u>	<u>\$ 320,547</u>

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

NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT, INC.
STATEMENTS OF FUNCTIONAL EXPENSES
FOR THE YEARS ENDED JUNE 30, 2015 AND 2014

2015

	Program Services	Management and General	Fundraising and Development	Total
Salaries	\$ 1,272,126	\$ 249,025	\$ 145,837	\$ 1,666,988
Payroll taxes and employee benefits	215,020	42,130	24,651	281,801
Total salaries and related costs	1,487,146	291,155	170,488	1,948,789
Professional fees and consultants (Note F)	154,063	67,945	53,851	275,859
Hotline volunteers (Note F)	177,704			177,704
Occupancy (Note H)	219,220	42,914	25,132	287,266
Special events (Note F)			88,183	88,183
Program activities	49,315			49,315
Travel and transportation (Note F)	64,767	659	30	65,456
Printing and design	54,974		8,707	63,681
Equipment rentals (Note H)	10,482	3,418	2,111	16,011
Repairs and maintenance (Note F)	46,073	5,943	2,785	54,801
Telephone and communication (Note F)	22,853	2,849	1,668	27,370
Office and program supplies	8,961	1,504	791	11,256
Postage and mailing	2,370	736	3,401	6,507
Interest expense		1,078		1,078
Insurance	7,687	3,285		10,972
Staff expenses and dues (Note F)	9,501	16,688	3,311	29,500
Fees and assessments	2,764	54,558	231	57,553
Depreciation and amortization	14,386	2,816	1,650	18,852
Bad debts expense		18,051		18,051
Sub-total	2,332,266	513,599	362,339	3,208,204
Less: expenses deducted directly from revenues on the statements of activities			88,083	88,083
Total Expenses	\$ 2,332,266	\$ 513,599	\$ 274,256	\$ 3,120,121

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

NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT, INC.
STATEMENTS OF FUNCTIONAL EXPENSES
FOR THE YEARS ENDED JUNE 30, 2015 AND 2014

2014

	<u>Program Services</u>	<u>Management and General</u>	<u>Fundraising and Development</u>	<u>Total</u>
Salaries	\$ 1,093,093	\$ 226,974	\$ 129,640	\$ 1,449,707
Payroll taxes and employee benefits	215,986	45,793	25,616	287,395
Total salaries and related costs	1,309,079	272,767	155,256	1,737,102
Professional fees and consultants (Note F)				
Hotline volunteers (Note F)	198,406	77,903	76,266	352,575
Occupancy (Note H)	177,641			177,641
Special events (Note F)	207,476	43,146	24,607	275,229
Program activities		74	60,675	60,749
Travel and transportation (Note F)	58,588			58,588
Printing and design	50,657	1,746	820	53,223
Equipment rentals (Note H)	23,159		16,168	39,327
Repairs and maintenance (Note F)	7,790	2,516	813	11,119
Telephone and communication (Note F)	39,075	7,594	2,956	49,625
Office and program supplies	20,948	4,193	1,623	26,764
Postage and mailing	5,485	1,270	525	7,280
Interest expense	1,730	322	2,051	4,103
Insurance		3,190		3,190
Staff expenses and dues (Note F)	7,416	1,256	716	9,388
Fees and assessments	10,843	1,724	5,829	18,396
Depreciation and amortization	203	48,668		48,871
Bad debts expense	15,814	3,289	1,875	20,978
		10,898		10,898
Sub-total	2,134,310	480,556	350,180	2,965,046
Less: expenses deducted directly from revenues on the statements of activities			52,092	52,092
Total Expenses	\$ 2,134,310	\$ 480,556	\$ 298,088	\$ 2,912,954

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

NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT, INC.
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2015 AND 2014

	<u>2015</u>	<u>2014</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	\$ 260,841	\$ 275,102
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	18,852	20,978
Deferred rent	(37,713)	(44,093)
Bad debts expense	18,051	10,898
Changes in operating assets and liabilities:		
Decrease (Increase) in assets:		
Contributions receivable	129,970	(326,855)
Government grants receivable	(94,327)	(119,291)
Accounts receivable	(21,936)	(15,545)
Prepaid expenses and other assets	(42,743)	7,985
Security deposits	(99,685)	76
Increase (decrease) in liabilities:		
Accrued expenses and other payables	8,359	253,801
Refundable advances	90,448	(19,662)
Net Cash Provided by Operating Activities	<u>230,117</u>	<u>43,394</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Property and equipment acquisitions	(120,340)	(18,189)
Net Cash Used by Investing Activities	<u>(120,340)</u>	<u>(18,189)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Principal repayments of loan payable	(32,999)	(35,999)
Net Cash Used by Financing Activities	<u>(32,999)</u>	<u>(35,999)</u>
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	76,778	(10,794)
Cash and cash equivalents - beginning of year	33,202	43,996
CASH AND CASH EQUIVALENTS - END OF YEAR	<u>\$ 109,980</u>	<u>\$ 33,202</u>
Supplementary Disclosure of Cash Flow Information:		
Cash paid during the year for interest	<u>\$ 1,078</u>	<u>\$ 3,190</u>

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

NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014

Note A – Organization and Nature of Activities

The New York City Gay and Lesbian Anti-Violence Project, Inc ("AVP") (the "Agency") empowers lesbian, gay, bisexual, transgender, queer ("LGBTQ") and HIV-affected communities and allies to end all forms of violence through organizing and education, and supports survivors through counseling and advocacy. AVP operates a free and confidential 24-hour bilingual hotline staffed by AVP staff and trained volunteers, provides crisis intervention, safety planning, counseling and advocacy to individual survivors of violence and engages in community outreach and education to prevent and end violence within and against LGBTQ and HIV-affected communities in New York City. AVP coordinates the NYS Domestic Violence Network which addresses LGBTQ and HIV-affected domestic violence throughout the state. AVP also trains and educates "mainstream service providers", including law enforcement agencies, in NYS about violence within and against the LGBTQ and HIV-affected communities. In 2014, AVP launched a Legal Services Program, which provides free holistic, direct legal services to underserved LGBTQ and HIV-affected survivors of intimate partner violence and sexual violence in all five boroughs. AVP also coordinates the National Coalition of Anti-Violence Programs ("NCAVP") which is a national coalition of programs that addresses the pervasive problem of violence committed against and within the LGBTQ and HIV-affected communities throughout the United States.

AVP receives its principal revenue from governmental sources, private individuals and corporate foundations.

AVP is a not-for-profit corporation exempt from income taxes under Section 501 (c)(3) of the Internal Revenue Code.

Note B – Summary of Significant Accounting Policies

Basis of Accounting

The Agency follows accounting principles generally accepted in the United States of America ("U.S. GAAP") which include certain specialized requirements set forth in publications of the Financial Accounting Standards Board.

Subsequent Events Evaluation by Management

Management has evaluated subsequent events for disclosure and/or recognition in the financial statements through the date that the financial statements were available to be issued, which is November 9, 2015.

Accounting for Uncertainty in Income Taxes

The Agency's accounting policy is to provide liabilities for uncertain tax positions when a liability is probable and estimable. Management is not aware of any violation of its tax status as an organization exempt from income taxes, nor of any exposure to unrelated business income tax. The Agency is no longer subject to examination by federal or state tax authorities for fiscal years prior to 2012.

Cash and Cash Equivalents

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

Restricted Contributions

Contributions that are restricted by the donor are reported as increases in temporarily or permanently restricted net assets depending on the nature of the restrictions. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets.

Contributed Services and Materials

Contributed services and materials are recorded at the estimated fair value.

NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014
(Continued)

Note B – Summary of Significant Accounting Policies (continued)

Estimates

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

Property and Equipment

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

Grants and Contributions Receivable

Grants and contributions receivable, which consist of unconditional promises to give, are recognized as revenue in the year received. Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of their estimated future cash flows, unless management deems the discount amount to be immaterial to the financial statements.

Fair Value Measurements

Fair value measurements are based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Reclassification

Certain line items in the June 30, 2014 financial statements have been reclassified to conform to the June 30, 2015 presentation.

Note C – Contributions Receivable

Contributions receivable consist of the following as of June 30, 2015 and 2014:

Unconditional promises to be collected in:

	<u>2015</u>	<u>2014</u>
Less than one year	\$ 332,258	\$ 280,279
One to five years		<u>200,000</u>
	<u>\$ 332,258</u>	<u>\$ 480,279</u>

Unconditional promises to give that are expected to be collected in future years have not been discounted to present value as the discount amount is not material to these financial statements.

NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014
(Continued)

Note D – Property and Equipment

Property and equipment consist of the following as at June 30, 2015 and 2014:

	Estimated Useful Lives	2015	2014
Computers	3 years	\$ 194,867	\$ 194,867
Computer software	3 years	3,485	3,485
Furniture and equipment	5 years	249,191	241,385
Leasehold improvements	10 years	305,782	193,248
Website	3 years	12,500	12,500
		765,825	645,485
Less: accumulated depreciation and amortization		(633,158)	(614,306)
		<u>\$ 132,667</u>	<u>\$ 31,179</u>

Note E – Loan Payable

AVP was a borrower on a demand line of credit with a bank, to a maximum of \$200,000. Interest was at the bank's prime rate plus 1.5 percent. In June, 2010, an amendment (the "Amendment") to the loan documents was executed. Under the Amendment, the payment terms changed, resulting in 60 monthly payments of fixed principal in the amount of approximately \$3,000, plus accrued interest. The interest rate is a variable rate at the bank's prime rate plus 2.50%. The interest rate at May 31, 2015 was 5.75%. As at June 30, 2015, the balance on the loan was paid in full.

Note F – Donated Goods and Services

Donated goods and services consisted of the following for the years ended June 30, 2015 and 2014:

	2015	2014
Hotline volunteers	\$ 177,704	\$ 177,641
Consultants		9,260
Lobbying consultants	36,000	36,000
Special event expenses	40,181	6,849
Other event expenses		8,583
Travel		1,067
Telephone		300
Staff training		1,224
Repairs and maintenance		20
	<u>\$ 253,885</u>	<u>\$ 240,944</u>

NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014
(Continued)

Note G – Concentration of Credit Risk

The Agency maintains several bank accounts at a bank which is an institution insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. As of June 30, 2015 and 2014 there were no uninsured cash balances.

Note H – Commitments and Contingencies

The Agency leased real property for program and administrative purposes that expired on March 30, 2015. The Agency entered into a new real property lease in February, 2015. The lease term begins July, 2015 and is scheduled to expire on August 31, 2026. Rental expense amounted to approximately \$247,600 for June 30, 2015 and \$235,000 for June 30, 2014. The Agency has also entered into various equipment lease agreements.

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

	<u>Office Rent</u>	<u>Equipment Rent</u>	<u>Totals</u>
For the years ended June 30, 2016	\$ 320,000	\$ 16,200	\$ 336,200
2017	330,000	15,300	345,300
2018	340,000	15,000	355,000
2019	360,000	10,000	370,000
2020	370,000	8,600	378,600
Therefore	<u>2,167,000</u>	<u>2,167,000</u>	<u>2,167,000</u>
	<u>\$ 3,887,000</u>	<u>\$ 65,100</u>	<u>\$ 3,952,100</u>

AVP records rent expense on the straight line basis as required under accounting principles generally accepted in the United States of America. Deferred rent payable amounted to \$-0- and \$37,713 at June 30, 2015 and 2014, respectively.

- 2) A substantial amount of the Agency's revenues are government reimbursements. Revenues and related expenses are subject to audit verification by the funding agencies. The accompanying financial statements make no provision for possible disallowances. Although such disallowances could be substantial in amount, in the opinion of management, any actual disallowances would be immaterial.

Note I – Temporarily Restricted Net Assets

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

	<u>2015</u>	<u>2014</u>
Purpose restrictions:		
NCAVP (a)	\$ 210,000	\$ 425,396
Bronx program (a) (Hate Violence)		40,971
Intimate Partner Violence program support	79,697	41,335
Sexual Violence program support	40,167	37,917
Enhancing financial viability	154,138	
Hate Violence program support	18,746	15,246
Time restricted	22,313	41,500
Legal work	<u>45,400</u>	
	<u>\$ 570,461</u>	<u>\$ 602,365</u>

- (a) Also time restricted