(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

A F	or the	e 2019 calendar year, or tax year beginning $$ JUL $1,$ 2019 $$ and ending	JUN 30, 2020	
B c	heck if op l icabl	C Name of organization NEW YORK CITY GAY AND LESBIAN	D Employer identifi	cation number
	Addre chang	ss Arme uror enge aborece		
	Name chang	e Doing business as	13-31492	00
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) Room/s 116 NASSAU STREET	suite E Telephone numbe $212-714-$	
	Jreturn. termir ated		G Gross receipts \$	6,845,123.
	Amen		H(a) Is this a group re	
	Application	F Name and address of principal officer: KITO HUGGINS	for subordinates	
	pendi	SAME AS C ABOVE	H(b) Are all subordinates in	
	ax-ex	empt status: X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1) or	527 If "No," attach a	list. (see instructions)
		te: WWW.AVP.ORG	H(c) Group exemption	n number 🕨
K F	orm of	organization: X Corporation Trust Association Other ▶ L	Year of formation: 1980 r	VI State of legal domicile: NY
Pa	rt I	Summary		
ø	1	Briefly describe the organization's mission or most significant activities: SEE SCHE	DULE O	
Activities & Governance				
ž		Check this box if the organization discontinued its operations or disposed of n	1	
ŏ			<u>3</u>	20
8		Number of independent voting members of the governing body (Part VI, line 1b)		20
es		Total number of individuals employed in calendar year 2019 (Part V, line 2a)		85 625
tivit		Total number of volunteers (estimate if necessary)		0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		0.
_	D	Net unrelated business taxable income from Form 990-T, line 39	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	3,723,400.	6,697,012.
ıne		D	130,142.	85,664.
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	93.	146.
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-19,872.	6,000.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,833,763.	6,788,822.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,093,536.	3,318,074.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
фe		Total fundraising expenses (Part IX, column (D), line 25) 409,602.		
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,272,718.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,366,254.	4,591,880.
		Revenue less expenses. Subtract line 18 from line 12	-532,491.	2,196,942.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)	2,226,076.	4,778,782.
et A	21	Total liabilities (Part X, line 26)	530,458.	886,222.
	rt II	Net assets or fund balances, Subtract line 21 from line 20 Signature Block	1,695,618.	3,892,560.
		Ilties of perjupgcludechate I have examined this return, including accompanying schedules and sta	tamenta, and to the heat of my	/knowledge and helief it is
		thes of perfendicional properties and state of the properties of the p		/ Knowledge and Deller, it is
ii ue,	COLLEC	is, and doingle to be detailed on prepared (other than officer) is based on an information of which prepared	2/12/2021	
Sigr		Signature of officer	Date	
Her		KITO HUGGINS, CHAIRPERSON		
Hier	-	Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		DEREK FLANAGAN	02/04/21 if self-employ	P01303468
Prep		Firm's name GRASSI & CO. CPAS', P.C.		11-3266576
Use		Firm's address 488 MADISON AVENUE, 21ST FLOOR		
_		NEW YORK, NY 10022	Phone no. 21	26616166
May	the II	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

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Part III | Statement of Program Service Accomplishments

Page	2

Pai	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:
	THE NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT (AVP) MISSION
	IS TO EMPOWER LGBTQ AND HIV-AFFECTED COMMUNITIES AND ALLIES TO END ALL
	FORMS OF VIOLENCE THROUGH ORGANIZING AND EDUCATION, AND SUPPORT
	SURVIVORS THROUGH COUNSELING AND ADVOCACY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 \$1,678,760. including grants of \$) (Revenue \$85,664.)
	CLIENT SERVICES DEPARTMENT (CS): AVP PROVIDES DIRECT SERVICES TO
	SURVIVORS OF LGBTQ AND HIV-AFFECTED SURVIVORS OF VIOLENCE, REACHING
	1400 SURVIVORS, INCLUDING WITH CRISIS INTERVENTION, SAFETY PLANNING,
	COUNSELING, ADVOCACY, ECONOMIC EMPOWERMENT SERVICES, AS WELL AS
	INFORMATION AND REFERRALS TO ORGANIZATIONS AND INSTITUTIONS THAT
	PROVIDE SERVICES AND RESOURCES OUTSIDE THE SCOPE OF AVP'S SERVICES.
	AVP OPERATES A FREE BILINGUAL, 24-HOUR, 365-DAY-A-YEAR CRISIS
	INTERVENTION HOTLINE THAT IS STAFFED BY TRAINED VOLUNTEERS AND OUR
	PROFESSIONAL COUNSELORS AND ADVOCATES, ANSWERING 2,200 CALLS ANNUALLY.
4b	(Code:) (Expenses \$ 1,025,979. including grants of \$) (Revenue \$)
40	COMMUNITY ORGANIZING AND OUTREACH: AVP ORGANIZES COMMUNITY AND PUBLIC
	RESPONSES TO SPECIFIC VIOLENT INCIDENTS THROUGHOUT NEW YORK CITY AND
	STATE AND CREATES CAMPAIGNS THAT ADDRESS LGBTQ AND HIV-AFFECTED
	PEOPLE'S SAFETY. AVP COLLABORATES WITH COMMUNITY LEADERS AND
	COMMUNITY-BASED ORGANIZATIONS TO RAISE AWARENESS ABOUT THE INTERSECTION
	OF LGBTQ AND HIV-AFFECTED IDENTITIES AND VIOLENCE THROUGH COALITIONS,
	NETWORKS AND OTHER COLLABORATIVE WORK. AVP REACHED 7,000 PEOPLE THROUGH
	OUTREACH AND ORGANIZING EFFORTS IN FY20. AVP'S TRAINING AND EDUCATION
	INSTITUTE REACHED 2,400 PEOPLE IN HUNDREDS OF TRAININGS WITH COMMUNITY
	MEMBERS, POLICE, COURT STAFF, DISTRICT ATTORNEYS' OFFICES, RAPE CRISIS
	CENTERS AND OTHER MAINSTREAM HEALTH AND HUMAN SERVICE PROVIDERS.
4c	(Code:) (Expenses \$ 667,379 • including grants of \$) (Revenue \$)
	LEGAL SERVICES: AVP LAUNCHED THE LGBTQ LEGAL SERVICES PROJECT PROVIDING
	HOLISTIC, DIRECT LEGAL SERVICES TO UNDERSERVED LESBIAN, GAY, BISEXUAL,
	TRANSGENDER AND QUEER (LGBTQ) SURVIVORS ALL FORMS OF VIOLENCE,
	CO-LOCATED WITH AVP'S EXISTING CULTURALLY COMPETENT DIRECT SOCIAL
	SERVICES. IN FY 20, AVP SERVED 399 CLIENTS WITH 604 LEGAL CASE
	MATTERS. THE PROJECT'S GOAL IS TO INCREASE ACCESS TO LEGAL SERVICES
	AND, ULTIMATELY, INCREASE SAFETY, FOR UNDERSERVED LGBTQ COMMUNITIES.
	SEE CONTINUATION ON SCHEDULE O
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 3,372,118.
	Form 990 (2019)

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Pa	rt 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)?			1
•		1	х	
_	If "Yes," complete Schedule A		X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part I	3		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	4		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	5		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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	٣		
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		_		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	۱.,		₩
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
		14a		X
14a		144		
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	l		37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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	16		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	17		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	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"			
	complete Schedule G, Part III	19	L	Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		x
	2 of 20 20	_	aan	(2019)

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Pai	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
ZTU	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
L	Schedule K. If "No," go to line 25a	24b		
		240		\vdash
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>	200		
C	·	200		x
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_^_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		├^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1
	Part V, line 1	34		<u> </u>
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	If "Yes," complete Schedule R, Part V, line 2	36		<u> X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	t see a see		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		.03	.,,
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C		4.0		
00000	(gambling) winnings to prize winners?	l 1c	990	<u> </u> (2019)
90ZUU4	4 01-20-20	1 0111	230	(4013)

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Part V Statements Regarding Other IRS Filings and Tax Compliance 13-3149200 Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		1	
	i i		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_		
	filed for the calendar year ending with or within the year covered by this return		.,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	_X_
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	-	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		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).			37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>	-	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	<u>X</u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>	-	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>	-	_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			77
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<u>7a</u>		_X_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37
_	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	 	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
ь 11		-		
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
D	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.	100		
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			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			77
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	on l y)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	KITO HUGGINS - (212)-714-1184			
	116 NASSAU STREET, NEW YORK, NY 10038			

Form **990** (2019)

Form 990 (2019) ANTI-VIOLENCE PROJECT

Part VIII Compensation of Officers Directors Trustees Key Employees Highest

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

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

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<u> Page</u> **7**

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

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

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average			(C Pos	C) ition	1		(D) Reportable	(E) Reportable	(F) Estimated
name and the	hours per week	box	, unle	ss per	son i	than o s both or/trus	n an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KITO HUGGINS	1.00								_	_
BOARD CHAIR		Х		Х				0.	0.	0.
(2) THOMAS ZUZELO	1.00								_	
BOARD VICE CHAIR		Х		Х				0.	0.	0.
(3) WILL CHAMBERLIN	1.00								_	_
SECRETARY		Х		Х				0.	0.	0.
(4) ASWINI KRISHNAN	1.00	l								_
TREASURER	1 22	Х		Х				0.	0.	0.
(5) MICHAEL HOFFMAN	1.00	l								
BOARD MEMBER	<u> </u>	Х						0.	0.	0.
(6) SHANNON BURKE	1.00	l								
BOARD MEMBER	1	Х						0.	0.	0.
(7) CARRIE DAVIS	1.00	l								
BOARD MEMBER	<u> </u>	Х						0.	0.	0.
(8) LIZ EDMAN	1.00	l								
BOARD MEMBER	<u> </u>	Х						0.	0.	0.
(9) BRIAN FRIEDMAN	1.00	l								
BOARD MEMBER	<u> </u>	Х						0.	0.	0.
(10) DEVIN GRAHAM	1.00	l								
BOARD MEMBER	<u> </u>	Х						0.	0.	0.
(11) RACQUEL JOSEPH	1.00								_	_
BOARD MEMBER	<u> </u>	Х						0.	0.	0.
(12) BEN LEE	1.00	l								
BOARD MEMBER	1 22	Х						0.	0.	0.
(13) JEREMY ORLOFF	1.00	l								
BOARD MEMBER	1	Х						0.	0.	0.
(14) RICHARD SAENZ	1.00	l								
BOARD MEMBER	<u> </u>	Х						0.	0.	0.
(15) MATTHEW MEYER	1.00	<u></u>						_	_	_
BOARD MEMBER	1 22	Х				_	_	0.	0.	0.
(16) ERIN KELLY	1.00	l							_	_
BOARD MEMBER	1	Х	$ldsymbol{ldsymbol{ldsymbol{eta}}}$			_		0.	0.	0.
(17) IMARA JONES	1.00	l							_	_
BOARD MEMBER		Х						0.	0.	0 • Form 990 (2019)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) (B) (C) (D) (E)								\Box		(F)			
Name and title	Average	Position (do not check more than one						Reportable	Reportable		Es	timate	d
	hours per	рох	, unle	ss per	son i	s both	n an	compensation	compensation		an	nount o	of
	week		cer an	d a d	irecto	r/trus	tee)	from	from related			other	
	(list any	ector						the	organizations	_		pensa	
	hours for related	or dii	98			ated		organization	(W-2/1099-M I SC) (د		om the	
	organizations	ustee	trust		e.	suadı		(W-2/1099-M I SC)			_	anizati d re l ate	
	below	lual tr	tiona) ploye	st con yee	_					anizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				J. 90	Latir	,,,,
(18) KAY DOSU	1.00									\neg			
DEVELOPMENT COMMITTEE C-CHAIR		х						0.		0.			0.
(19) GREG JACOBS	1.00									\Box			
DEVELOPMENT COMMITTEE CO-CHAIR		Х						0.		0.			0.
(20) JAMES OSULLIVAN	1.00												
GOVERNANCE COMMITTEE CHAIR		Х						0.		0.			0.
(21) BEVERLY TILLERY	35.00												
EXECUTIVE DIRECTOR				Х				180,128.		0.	<u> </u>	2,25	<u> 8.</u>
(22) CATHERINE SHUGRUE-DOS SANTOS	35.00												
DEPUTY EXECUTIVE DIRECTOR OF PROGRAM						X		127,917.		0.	2	6,95	<u>54.</u>
(23) VIRGINIA GOGGIN	35.00												
DIRECTOR OF LEGAL PROGRAMS						Х		101,633.		0.		3,88	<u> 31.</u>
_										\dashv	<u> </u>		
										\dashv			
		l											
	<u> </u>						Ļ	409,678.		0.	1	3,09) 2
1b Subtotal								0.		0.	4.	3,03	0.
c Total from continuation sheets to Part VI								409,678.		0.	1	3,09	
d Total (add lines 1b and 1c)							0 10	•		<u>• • </u>		<i>J</i> , 0 .	<i>.</i>
compensation from the organization	ot inflited to th	ose	nste	u al	ove	;) vvi i	o re	ceived more man proo,	ooo or reportable				3
Compensation from the organization												Yes	No
3 Did the organization list any former officer,	director truste	ee k	ev e	mol	ove	e or	hia	hest compensated empl	lovee on	ſ			
line 1a? If "Yes," complete Schedule J for si			-	-	-		_	por compensated comp	-		3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	-				-			=			5		Х
Section B. Independent Contractors	•												
1 Complete this table for your five highest co	mpensated ind	epe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of compe	nsat	tion fro	m	
the organization. Report compensation for t	the ca l endar ye	ear e	ndir	ıg w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)			(C		
Name and business	address	N	ONE	<u> </u>				Description of s	ervices	C	ompe	nsatior	1
							_						
							\dashv						
							_						
							\dashv						
2 Total number of independent contractors (in \$100,000 of compensation from the organize	-	ot l ir	nited	to ·	thos (ted	above) who received mo	ore than				

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Unrelated Revenuè excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts **b** Membership dues 1b 160,946. c Fundraising events 1c d Related organizations 1d 2,975,466. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 3,560,600. similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f 6,697,012. h Total. Add lines 1a-1f **Business Code** 85,664. 900099 85,664. 2 a TRAINING & OTHER Program Service f All other program service revenue 85,664. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 146. 146. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis Other Revenue and sales expenses c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 160,946. of contributions reported on line 1c). See 59,250. Part IV, line 18 **b** Less: direct expenses 2,949. 2,949. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a OTHER REVENUE 900099 3,051. 3,051 b d All other revenue 3,051 Total. Add lines 11a-11d 6,788,822. 85,664. 6,146. Total revenue. See instructions 12

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Part IX | Statement of Functional Expenses

	rt IX Statement of Functional Expense				
Sect	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
_	Check if Schedule O contains a respons	se or note to any line in t	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
4	individuals. See Part IV, lines 15 and 16 Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
3	trustees, and key employees	192,405.	146,040.	27,742.	18,623.
6	Compensation not included above to disqualified	252,2000	220,0200	27,77220	20,0200
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,667,654.	2,024,932.	384,609.	258,113.
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	241,809.	183,549.	34,863.	23,397.
10	Payroll taxes	216,206.	164,114.	31,172.	20,920.
11	Fees for services (nonemployees):	·		·	•
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	318,413.	97,787.	217,670.	2,956.
12	Advertising and promotion	11 501	10 105	1 454	100
13	Office expenses	11,721.	10,125.	1,474.	122.
14	Information technology				
15	Royalties	421,213.	319,728.	60 720	40.756
16	Occupancy	94,682.	84,623.	60,729. 5,042.	40,756. 5,017.
17	Iravel	94,002.	04,023.	5,042.	5,017.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20 21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	19,843.	15,062.	2,861.	1,920.
23	Insurance	21,143.	17,924.	1,926.	1,293.
24	Other expenses, Itemize expenses not covered	,		=,5200	=,2330
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM ACTIVITIES	185,464.	185,464.	0.	0.
b	SOFTWARE, OFFICE AND EQ	68,157.	48,588.	10,082.	9,487.
С	TELEPHONE AND COMMUNICA	36,195.	29,699.	3,887.	2,609.
d	EQUIPMENT RENTAL	34,655.	22,741.	9,015.	2,899.
е	All other expenses	62,320.	21,742.	19,088.	21,490.
25	Total functional expenses. Add lines 1 through 24e	4,591,880.	3,372,118.	810,160.	409,602.
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 if following SOP 98-2 (ASC 958-720)				200

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	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	ote to any l	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			313,645.	1	2,107,501.
	2	Savings and temporary cash investments	197,288.	2	500,668.		
	3	Pledges and grants receivable, net			1,377,623.	3	1,871,548.
	4	Accounts receivable, net			64,237.	4	34,713.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	ostantia l co	ntributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu	alified perso	ons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sectio	on 4958(c)(3)(B)		6	
ध	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	D :1			34,721.	9	38,365.
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	10a	184,396. 79,390.			
	b	Less: accumulated depreciation	10b		117,081.	10c	105,006.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	e 11			12	
	13	Investments - program-related. See Part IV, Iin	e 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			121,481.	15	120,981.
	16	Total assets. Add lines 1 through 15 (must ed			2,226,076.	16	4,778,782.
	17	Accounts payable and accrued expenses			315,425.	17	433,434.
	18	Grants payable			26 000	18	
	19	Deferred revenue			36,000.	19	0.
	20					20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
<u>ia</u>		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unr				23	261,704.
	24	Unsecured notes and loans payable to unrela		Г		24	201,704.
	25	Other liabilities (including federal income tax,	-				
		parties, and other liabilities not included on lin of Schedule D	,	·	179,033.	OF	191,084.
	26	of Schedule D Total liabilities. Add lines 17 through 25		Г	530,458.	25 26	886,222.
	26	Organizations that follow FASB ASC 958, c			330, 430.	20	000,222
S		and complete lines 27, 28, 32, and 33.	HECK HELE				
ğ	27				852,427.	27	2.766.230.
3ala	28	Net assets with donor restrictions			843,191.	28	2,766,230. 1,126,330.
ĕ		Organizations that do not follow FASB ASC			010/101		
五		and complete lines 29 through 33.	7 000, 01100				
٥	29	Capital stock or trust principal, or current fund	ds			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	<u> </u>			1,695,618.	32	3,892,560.
Z	33	Total liabilities and net assets/fund balances		Г	2,226,076.	33	4,778,782.
							Form 990 (2019)

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Pai	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,78				
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,59	1,8	<u>80.</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,19	6,9	42.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,69	5,6	18.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	3,89	2,5	<u>60.</u>		
Pai	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.					
2a	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:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	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:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	g l e Audit					
	Act and OMB Circular A-133?		3a	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х			
			Form	990	(2019)		

932012 01-20-20

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization NEW YORK CITY GAY AND LESBIAN
ANTI-VIOLENCE PROJECT

Employer identification number 13-3149200

Pa	art I	Reason for Public (Charity Status (All organizations must co	mplete th	is part.) Se	e instructions.					
The	organ	nization is not a private found										
1	\Box	A church, convention of ch	,	•	•	•	I)(A)(i).					
2	П	A school described in sect					·/· ·/··					
3	\Box						i\					
4	\vdash	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
4			ation operated in cor	njunction with a nospital	described	III Sectio		the hospital s hame,				
_		city, and state: An organization operated for	ar the benefit of a col	llaga ar university award	l or operate	ad by a ga	warnmantal unit dagaribe	ad in				
5				nege of university owned	or operati	ed by a go	iverninental unit describe	eu III				
_		section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
6												
7	Δ	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). (C										
8	Н	A community trust describe										
9		An agricultural research org					=	=				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or				
		university:										
10	Ш	An organization that norma						-				
		activities related to its exen	•	•				-				
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	ifter June 30, 1975.				
		See section 509(a)(2). (Co	•									
11	Н	An organization organized a										
12	Ш	An organization organized a	•	•	•		•					
		more publicly supported or	_					Check the box in				
	_	lines 12a through 12d that o					• •					
а	l											
		the supported organization			majority o	f the direc	tors or trustees of the su	pporting				
	_	organization. You must c	- ·									
b) [_							=				
		control or management o			ame perso	ns that co	ntro l or manage the supp	ported				
	_	organization(s). You mus	-									
C	:		-					ed with,				
	_	its supported organization		·								
C			-									
		that is not functionally int	_		-			/eness				
		requirement (see instructi	•	•								
e	•	☐ Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II, Type III					
		functionally integrated, or	• •	nally integrated supporting	ng organiz	ation.						
f		er the number of supported o	-									
ç		vide the following informatior (i) Name of supported	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization l isted	(v) Amount of monotony	(vi) Amount of other				
	,	organization	(11) EIN	(described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	support (see instructions)				
_		g		above (see instructions))	Yes	No						
_												
Tota	al											

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Schedule A (Form 990 or 990-EZ) 2019 ANTI-VIOLENCE PROJECT

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	, , , , , , , , , , , , , , , , , , ,	•	,			_		
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
	Gifts, grants, contributions, and	(4,) = 0.10	(3) = 5 + 5	(6) = 5	(4) = 0.10	(0) = 0.10	(1)		
	membership fees received. (Do not								
	include any "unusual grants.")	3070681.	4193496.	4511159.	3723400.	6697012.	22195748.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	3070681.	4193496.	4511159.	3723400.	6697012.	22195748.		
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)						2398824.		
6	Public support. Subtract line 5 from line 4.						19796924.		
	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
7	Amounts from line 4	3070681.	4193496.	4511159.	3723400.	6697012.	22195748.		
8	Gross income from interest,						_		
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources		57.	588.	93.	146.	884.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)	646.	751.	126.	976.	3,051.	5,550.		
11	Total support. Add lines 7 through 10						22202182.		
12	Gross receipts from related activities,	etc. (see instructio	ns)			12			
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)			
	organization, check this box and stop						>		
Sec	ction C. Computation of Public	Support Per	centage						
14	Public support percentage for 2019 (li	ne 6, co l umn (f) div	vided by line 11, co	o l umn (f))		14	89 . 17 %		
15	Public support percentage from 2018	Schedu l e A, Part I	I, l ine 14			15	93.65 %		
16a	33 1/3% support test - 2019. If the o	rganization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and		
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶ X		
b	33 1/3% support test - 2018. If the o	rganization did no	t check a box on l i	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box		
	and stop here. The organization quali	fies as a pub l icly s	upported organiza	tion			>		
17a	10% -facts-and-circumstances test								
	and if the organization meets the "fact	s-and-circumstand	es" test, check thi	is box and stop h	i ere. Explain in Par	t VI how the orgar	nization		
	meets the "facts-and-circumstances" t	est. The organizat	ion qua l ifies as a p	oublicly supported	organization		>		
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on l ine	13, 16a, 16b, or 1	7a, and line 15 is	10% or		
	more, and if the organization meets th	e "facts-and-circur	nstances" test, ch	eck 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								
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	· >		
			<u>-</u>	<u>-</u>	0.1	1 A /F			

Schedule A (Form 990 or 990-EZ) 2019 ANTI-VIOLENCE PROJECT

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

(Complete only if you checked the box on line 10 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.)

qualify under the tests listed be Section A. Public Support	ilow, please comp	plete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to					1	
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
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 year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
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, thir	d, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) organiza	ation,
check this box and stop here						
Section C. Computation of Public	Support Per	rcentage				
15 Public support percentage for 2019 (lin	ne 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2018	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	19 (line 10c, colu	mn (f), divided by l i	ne 13, column (f))		17	%
18 Investment income percentage from 2						%
19a 33 1/3% support tests - 2019. If the	organization did ı	not check the box	on line 14, and line	e 15 is more than :	33 1/3%, and l ine 17	7 is not
more than 33 1/3%, check this box an	d stop here. The	e organization qua l i	fies as a publicly s	supported organiza	ation	>
b 33 1/3% support tests - 2018. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
line 18 is not more than 33 1/3%, chec	ck this box and s	top here. The orga	ınization qua l ifies a	as a publicly supp	orted organization	
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	>

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Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 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 9a) 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 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **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.)

	Yes	No
1		
1		
2		
3a		
3b		
0.0		
Зс		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9c		
10a		
10b		
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	t IV Supporting Organizations (continued)			age o
	Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1,0
	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?	11a		
b	A family member of a person described in (a) above?	11b		
	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.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	mon of type in earpperting enganizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	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).	1		
Sec	tion D. All Type III Supporting Organizations	<u> </u>		
	mon 217 m 1) po m ouppor mig organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ü	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.	3		
Sec	tion 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. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	١	
2	Activities Test. Answer (a) and (b) below.	uctions	Yes	No
– 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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? <i>Provide details in Part VI</i> .	3a		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 ANTI-VIOLENCE PROJECT 13-3149200 Page 6

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations	10 0113100 rage 0
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omp l ete Se	ections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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	Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting orga	anization (see
	instructions).			

<u>Schedule A (Form 990 or 990-EZ) 2019 ANTI-VIOLENCE PROJECT 13-3149200 Page 7</u>

	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions	. , , , , , , , , , , , , , , , , , , ,	(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	3		
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	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)																					
<u>SCHEDUI</u>	LE	Α,	PAR	RT_	II,	LI	NE	10,	EX	PLA	NAT	NOI	FO:	R C	THE	R]	NCO	1Ε :			
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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.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT Employer identification number

13-3149200

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization
NEW YORK CITY GAY AND LESBIAN
ANTI-VIOLENCE PROJECT

Employer identification number

13-3149200

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NOVO FOUNDATION 535 FIFTH AVENUE NEW YORK, NY 10017	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
2	NEW YORK CITY COMMUNITY TRUST 909 THIRD AVENUE NEW YORK, NY 10022	\$ 225,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
3	H. VAN AMERINGEN 509 MADISON AVENUE NEW YORK, NY 10022	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ARCUS FOUNDATION 44 WEST, 28TH STREET, 17TH FLOOR NEW YORK, NY 10001	\$ 450,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
5_	START SMALL FOUNDATION 1708 W CHICAGO AVE APT 3 CHICAGO, NY 60622	\$1,750,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

, , ,	, ,	<u> </u>
Name of organization	Employer identification number	
NEW YORK CITY GAY	Y AND LESBIAN	
ANTI-VIOLENCE PRO	OJECT	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
		\$	
(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
		· · · · · · · · · · · · · · · · · · ·	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number NEW YORK CITY GAY AND LESBIAN 13-3149200 ANTI-VIOLENCE PROJECT Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info once.) 🏲 🕏 Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NEW YORK CITY GAY AND LESBIAN ANTT-VIOLENCE PROJECT

Employer identification number 13-3149200

Pai	t I Organizations Maintaining Donor Advised		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		2 2111
	, ,	(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 wr	iting that the assets held in donor advis	sed funds
_	are the organization's property, subject to the organization's ex	_	
6	Did the organization inform all grantees, donors, and donor adv		
-	for charitable purposes and not for the benefit of the donor or c		
Pai			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreation	on or education) Preservation of	f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c
d	Number of conservation easements included in (c) acquired after	er 7/25/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation easer	ment is located 🕨	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing cons	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial statem	ents that describes the
Dai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of A	Art Historical Treasures or Ot	thar Similar Assats
ı aı	Complete if the organization answered "Yes" on Form 9		iner Olimai Assetsi
10	If the organization elected, as permitted under FASB ASC 958,		and balance sheet works
ıa	of art, historical treasures, or other similar assets held for public	·	
	service, provide in Part XIII the text of the footnote to its financi		·
h	If the organization elected, as permitted under FASB ASC 958,		
b	art, historical treasures, or other similar assets held for public e	•	
	provide the following amounts relating to these items:	Allibrion, education, or research in farti	lerance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		\ \
			. .
2	If the organization received or held works of art, historical treas		
~	the following amounts required to be reported under FASB ASC		a gan, provido
а	Revenue included on Form 990, Part VIII, line 1	•	> \$
	Assets included in Form 990, Part X		

Schedule D (Form 990) 2019

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

Schedule D (Form 990) 2019 ANTI-VIOLENCE PROJECT 13-3149200 Page

	t III Organizations Maintaining C	Ollections of Ar		al Trac	ocurac o	r Otha		T 2 - 2 T			ge ∠
	•								<u>(continu</u>	ied)	
3	Using the organization's acquisition, accession	on, and other record	s, cneck any	of the fo	ollowing that	t make s	ignificant	use of its			
	collection items (check all that apply):										
a	Public exhibition	C			ange progra						
b	Scholarly research	е	e Oth	er							
C	Preservation for future generations										
4	Provide a description of the organization's co							se in Part	XIII.		
5	During the year, did the organization solicit or								٦.,		
Dar	to be sold to raise funds rather than to be ma								<u>Yes</u>		No
Fai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the org	anization	answered	res on	Form 990), Part IV, I	line 9, or		
	Is the organization an agent, trustee, custodia		ion (for cont	ributions	or other cor	acto not	inaludad				
та									7 v		NI.
	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a								」Yes		No
D	ir Yes, explain the arrangement in Part XIII a	and complete the fol	llowing table):					Amount		
	Devianing belongs						-		Amount		
	Beginning balance										
a	Additions during the year										
•	Distributions during the year										
) ()	Ending balance Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.		*								NO
Par											
	TT THE THE THE TENT OF THE TEN	(a) Current year	(b) Prior		(c) Two vea			years back	(e) Four y	aare h	nack
12	Beginning of year balance	(a) Current year	(b) FIIOI	yeai	(C) TWO yea	13 Dack	(u) IIIIee	years back	(e) rour y	tais L	Jack_
1a h	Contributions										
b	Net investment earnings, gains, and losses										
4	Grants or scholarships										
u	Other expenditures for facilities										
е	. '										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end halance	e (line 1a. co	Jumn (a))	held as:	Į.					
a	Board designated or quasi-endowment	•	% %	namm (a))	noia ao.						
h	Permanent endowment		— ′°								
Č											
Ū	The percentages on lines 2a, 2b, and 2c shou										
За	Are there endowment funds not in the posses	•	ation that are	e held and	d administer	red for th	ne organiz	ation			
ou	by:	solon of the organiza	and in an are	riola and	a aarriii iiotoi	00 101 11	io organiz	411011	Г	/es	No
	(i) Unrelated organizations								3a(i)		110
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the								3.5		
	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line	e 11a. Se	e Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o		(b) Cost			ccumulat	ed	(d) Book	value	
	, , ,	basis (investr		basis (other)		preciation		(-7		
	Land			•	·						_
b	Buildings	I									
С	Leasehold improvements			112	2,533.		56,2	67.	56	, 26	6.
d	Equipment				L,959.		12,9			, 05	
е	Other	I			9,904.		10,2			,68	
Total	. Add lines 1a through 1e. (Column (d) must ee		X. column (E	3). line 10	c.)				105		

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 ANTI-VIOLENCE PROJECT 13-3149200 Page 3

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(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)			
<u>(F)</u>			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
	Farms 000 Dart IV line	11a Cas Farra 000 Bart V line 10	
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or end-c	of-vear market value
	(b) Book value	(c) Welliod of Valuation. Gost of end of	n year market value
<u>(1)</u>			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
<u>(9)</u>			
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	<u>: 15.) </u>	>	
	Farms 000 Dart IV line	. 11. av 11. Can Favor 200. Dart V line 25	
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	e TTe or TTI. See Form 990, Part X, line 25.	(b) Book value
			(b) Book value
(1) Federal income taxes (2) DEFERRED RENT			191,084.
(3)			131,004.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25.)		191,084.
a little of the contract of th			

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

Schedule D (Form 990) 2019

	NEW	YORK CITY GAY AND	LESBIAN				
		I-VIOLENCE PROJECT				3149200	Page 4
Pai		nue per Audited Financial S		venue per Ret	urn.		
	·	nswered "Yes" on Form 990, Part IV,	line 12a.			6 000	
1	Total revenue, gains, and other support				1	6,927,	907.
2	Amounts included on line 1 but not o		1 - 1				
a	o , ,			120 005			
b				139,085.			
C	, , , , , , , , , , , , , , , , , , , ,						
d	, , , , , , , , , , , , , , , , , , , ,				0-	130	085.
е 3					2e 3	6,788	
4	Subtract line 2e from line 1 Amounts included on Form 990, Part					0,700,	022.
a		, ,	_{4a}				
b							
					4c		0.
5	Total revenue. Add lines 3 and 4c. (T				5	6,788,	
	rt XII Reconciliation of Expe				eturn		
	Complete if the organization a	nswered "Yes" on Form 990, Part IV,	line 12a.				
1	Total expenses and losses per audite	d financial statements			1	4,730,	965.
2	Amounts included on line 1 but not o						
а	Donated services and use of facilities		2a	139,085.			
b							
С	Other losses		2c				
d							
е	Add lines 2a through 2d				2e		<u>.085.</u>
3	Subtract line 2e from line 1				3	4,591,	<u>.880.</u>
4	Amounts included on Form 990, Part		1 1				
а							
b	,		4b				•
_					4c	<i>A</i> FO1	0.
5	Total expenses. Add lines 3 and 4c. our XIII Supplemental Informat	This must equal Form 990. Part I. line	<u> 18.)</u>		5	4,591,	880.
			14.5 (1)/1: 41	101 5 11/11 4			
	vide the descriptions required for Part II				Part X	, line 2; Part X	I,
ines	s 2d and 4b; and Part XII, lines 2d and 4	b. Also complete this part to provide	any additional informati	on.			
-							
PAF	RT X, LINE 2:						
	11 21, 11111 2.						
THE	E AGENCY APPLIES THE	PROVISIONS PERTAI	NING TO UNCE	RTAIN TAX	POS	SITIONS,	
						•	
FAS	SB ASC TOPIC 740, AN	D HAS DETERMINED T	HAT THERE AR	E NO MATEI	RIAL	ı	
UNC	<u>CERTAIN TAX POSITION</u>	S THAT REQUIRE REC	OGNITION OR	DISCLOSURI	<u> IN</u>	THE .	
<u>FI1</u>	NANCIAL STATEMENTS.	THE AGENCY BELIEVE	S IT IS NO L	ONGER SUB	JECT	TO	
INC	COME TAX EXAMINATION	S PRIOR TO 2016.					

Schedule D (Form 990) 2019

932054 10-02-19

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NEW YORK CITY GAY AND LESBIAN

Employer identification number 13-3149200

ANTI-VI	OLENCE PROJECT				13-3149	200
	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I		
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of I fundra (includ	non-g gover aising ding of onal fo	overnment grants nment grants events ficers, directors, trus undraising services?	etees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		<u> </u>				
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit of			or has been notified	it is exempt from re	gistration
or licensing,						

932081 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

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

Schedule G (Form 990 or 990-EZ) 2019 ANTI-VIOLENCE PROJECT

13-3149200 Page 2

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through COURAGE col. (c)) (total number) (event type) (event type) 220,196. Gross receipts 220,196. 2 Less: Contributions 160,946. 160,946. Gross income (line 1 minus line 2) 59,250 59,250. 4 Cash prizes Noncash prizes 296. 296. Direct Expenses 44,475. 44,475. Rent/facility costs 2,550. 2,550. 7 Food and beverages 8,980. 8,980. Entertainment Other direct expenses 56,301. 10 Direct expense summary. Add lines 4 through 9 in column (d) 2,949. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses Noncash prizes Direct Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 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? **b** If "No," explain: **10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2019

932082 09-11-19

Sch	edule G (Form 990 or 990-EZ) 2019 ANTI-VIOLENCE PROJECT 13	3149	<u> 200</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No 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		%
	o An outside facility			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	[100		
17	The fire the harte and address of the person who propares the organization s garning/special events books and records.			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o 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:			
а	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 > \$			
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	G (Form 990 or 990-EZ) Supplemental Info	NEW YORK CITY ANTI-VIOLENCE		13-3149200 Page 4
Partiv	Supplemental into	rmation (continued)		

SCHEDULE J (Form 990) **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

QU 19
Open to Public

OMB No. 1545-0047

pen to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information.

NEW YORK CITY GAY AND LESBIAN

ANTI-VIOLENCE PROJECT

 $Employer\ identification\ number \\ 13-3149200$

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	<u>5a</u>		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	_		37
	The organization?	6a		X
b	Any related organization?	6b		X
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			77
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			77
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	l a		ı

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

Schedule J (Form 990) 2019

ANTI-VIOLENCE PROJECT

Schedule J (Form 990) 2019 ANTI – VIOLENCE PROJECT 13–3149200

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 13-3149200

Page 2

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) BEVERLY TILLERY	Θ	180,128.	0	0	9,111.	3,147.	192,386.	0
EXECUTIVE DIRECTOR	Ξ		0	0	0	0	0	0
(2) CATHERINE SHUGRUE-DOS SANTOS	Ξ	127,91	0	0	25,000.	1,954.	154,871.	0
DEPUTY EXECUTIVE DIRECTOR OF PROGRAM			0.	0	0	0.	0.	0.
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Schedule J (Form 990) 2019

NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT

Page 3 Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. 13-3149200 Schedule J (Form 990) 2019

Part III Supplemental Information

	Schedule J (Form 990) 2019
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SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) epartment of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT

Employer identification number 13-3149200

PARTI, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AVP'S MISSION IS TO EMPOWER LGBTQ AND HIV-AFFECTED COMMUNITIES AND ALLIES TO END ALL FORMS OF VIOLENCE THROUGH ORGANIZING AND EDUCATION AND SUPPORT SURVIVORS THROUGH COUNSELING AND ADVOCACY.

FORM 990 PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: HOLISTIC LEGAL SERVICES RANGE FROM INTAKE, ADVICE, AND REPRESENTATION ON ISSUES SUCH AS ORDERS OF PROTECTION, CHILD SUPPORT, CHILD CUSTODY LEGAL SEPARATION/DIVORCE OR DISSOLUTION, IMMIGRATION MATTERS, FINANCIAL MATTERS, HOUSING MATTERS, NAME CHANGES, ADVANCED DIRECTIVES, AND REPRESENTATION AS COMPLAINING WITNESSES IN CRIMINAL COURT AS CLIENTS NEED THESE SERVICES. CASE MATTERS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE DOCUMENT IS PRESENTED TO AND REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO FILING. THE REVIEW IS CONDUCTED FIRST BY THE AUDIT COMMITTEE. THE BOARD'S AUDIT COMMITTEE THEN PRESENTS THE FORM TO THE FULL BOARD OF DIRECTORS AT A SCHEDULED BOARD MEETING PRIOR TO THE INSTRUCTION TO THE PREPARER TO FILE THE FORM.

FORM 990, PART VI, SECTION B, LINE 12C:

THE GOVERNANCE COMMITTEE OF THE BOARD, WORKING COLLABORATIVELY WITH STAFF ENSURES THESE FORMS ARE UP TO DATE AND FILED IN OUR OFFICES, FOR EVERY BOARD MEMBER. THE DIRECTOR OF FINANCE AND OPERATIONS ENSURES OVERSIGHT OF THE HR AND OPERATIONS SPECIALIST TO ENSURE THIS IS IN THE HR FILES OF KEY STAFF MEMBERS.

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization NEW YORK CITY GAY AND LESBIAN Employer identification number ANTI-VIOLENCE PROJECT 13-3149200

FORM 990, PART VI, SECTION B, LINE 15:

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.

FORM 990, PART VI, SECTION C, LINE 19:

THESE ARE ACCESSIBLE ON OUR WEBSITE, AND UPON REQUEST VIA EMAIL.

FORM 990, PART VI, SECTION B, LINE 14

THE POLICY PROVIDES GUIDELINES FOR THE RETENTION, STORAGE AND

DESTRUCTION OF ALL FILES AND RECORDS BELONGING TO AVP. IT CLARIFIES THE

STANDARD AND TIMEFRAME FOR THE RETENTION, STORAGE, AND DESTRUCTION OF

ALL THE MAJOR CATEGORIES OF DOCUMENTS CREATED AND USED IN THE COURSE OF

AVP'S OPERATIONS. RECORDS WILL BE MAINTAINED FOR THE PERIODS SUFFICIENT

TO SATISFY IRS REGULATIONS, FEDERAL GRANT AND AUDIT REQUIREMENTS, IF

APPLICABLE, AND OTHER LEGAL NEEDS AS MAY BE DETERMINED. RECORD

RETENTION REQUIREMENTS ARE REVIEWED ANNUALLY WITH LEGAL

COUNSEL AND INDEPENDENT AUDITOR TO DETERMINE ANY NECESSARY CHANGES.

FORM 990, PART VI, SECTION B, LINE 13

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT	Employer identification number 13-3149200
THE OBJECTIVES OF THIS POLICY ARE TO ENCOURAGE AND ENABLE	PROTECTED
PERSONS, WITHOUT FEAR OF RETALIATION, TO RAISE CONCERNS RE	GARDING
SUSPECTED UNETHICAL AND/OR ILLEGAL CONDUCT OR PRACTICES ON	I A
CONFIDENTIAL, AND IF DESIRED, ANONYMOUS BASIS SO THAT AVP	CAN ADDRESS
AND CORRECT INAPPROPRIATE CONDUCT AND ACTIONS.	
FORM 990, PART XII, LINE 2C	
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
	_

NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT, INC.

FINANCIAL STATEMENTS

JUNE 30, 2020 AND 2019

NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT, INC.

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INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

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, 2020 and 2019, 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.

Auditors' 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, 2020 and 2019, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As discussed in Note 2 to the financial statements, New York City Gay and Lesbian Anti-Violence Project, Inc. adopted Financial Accounting Standards Board ("FASB") Accounting Standards Updates ("ASU") No. 2014-09 and No. 2018-08. Our opinion is not modified with respect to this matter.

Brassid Co, CPAs, P.C. GRASSI & CO., CPAS, P.C.

White Plains, New York January 15, 2021

NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT, INC. STATEMENTS OF FINANCIAL POSITION JUNE 30, 2020 AND 2019

	<u>2020</u>	<u>2019</u>
<u>ASSETS</u>		
Cash and cash equivalents Contributions receivable Government grants and other receivables Prepaid expenses and other assets Property and equipment, net Security deposits	\$ 2,608,168 650,096 1,256,165 38,365 105,007 120,981	\$ 510,933 558,000 883,860 34,721 117,081 121,481
TOTAL ASSETS	\$ 4,778,782	\$ 2,226,076
LIABILITIES AND NET ASSETS Liabilities: Accrued expenses and other payables Deferred revenue Deferred rent payable Paycheck Protection Program loan payable	\$ 433,434 - 191,084 261,704	\$ 315,425 36,000 179,033
TOTAL LIABILITIES	886,222	530,458
Net Assets: Without donor restrictions: Undesignated Board designated Total without donor restrictions	2,265,562 500,668 2,766,230	641,841 210,586 852,427
With donor restrictions	1,126,330	843,191
TOTAL NET ASSETS	3,892,560	1,695,618
TOTAL LIABILITIES AND NET ASSETS	\$ 4,778,782	\$ 2,226,076

NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT, INC. STATEMENTS OF ACTIVITIES FOR THE YEARS ENDED JUNE 30, 2020 AND 2019

		2020			2019	
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
SUPPORT AND REVENUE Special events - revenue Cost of direct benefits to donors	\$ 220,196 (56,301)	ч	\$ 220,196 (56,301)	\$ 257,715 (59,158)	ч	\$ 257,715 (59,158)
Net revenue from special events	163,895	1	163,895	198,557	1	198,557
Government grants Contributions Donated goods and services Trainings and other revenue Net assets released from restrictions	2,975,466 2,323,600 139,085 88,861 953,861	1,237,000	2,975,466 3,560,600 139,085 88,861	2,818,792 352,833 183,044 131,211 977,544	320,000	2,818,792 672,833 183,044 131,211
TOTAL SUPPORT AND REVENUE	6,644,768	283,139	6,927,907	4,661,981	(657,544)	4,004,437
EXPENSES Program services Connecting conjugations	3,511,203		3,511,203	3,372,190	1	3,372,190
Supporting services. Management and general Fundraising and development	810,160 409,602	1 1	810,160 409,602	771,503 393,235	1 1	771,503 393,235
TOTAL EXPENSES	4,730,965	ī	4,730,965	4,536,928	1	4,536,928
CHANGE IN NET ASSETS	1,913,803	283,139	2,196,942	125,053	(657,544)	(532,491)
NET ASSETS, BEGINNING OF YEAR	852,427	843,191	1,695,618	727,374	1,500,735	2,228,109
NET ASSETS, END OF YEAR	\$ 2,766,230	\$ 1,126,330	\$ 3,892,560	\$ 852,427	\$ 843,191	\$ 1,695,618

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, 2020 AND 2019

			2	2020							2019	o o			
			Supporting Services	g Servir	sec						Supporting Services	Servic	ses		
	Program	Ma	Management	Fund	Fundraising and			Δ.	Program	Man	Management	Fund	Fundraising and		
	Services	an	and Genera	De	Development		Tota	S	Services	and	and General	Dev	Development		Total
Salaries	\$ 2,168,583	69	411,897	↔	276,431	s	2,856,911	ø	1,989,642	€	373,647	ø	247,325	↔	2,610,614
Payroll taxes and employee benefits	350,053		66,488		44,621		461,162		368,052		69,118		45,751		482,921
Total salaries and related costs	2,518,636		478,385		321,052		3,318,073		2,357,694		442,765		293,076		3,093,535
Professional fees and consultants	97,787		217,670		2,956		318,413		89,483		179,141		9,463		278,087
Hotline volunteers	139,085						139,085		170,674						170,674
Occupancy	319,728		60,729		40,756		421,213		316,767		59,487		39,376		415,630
Special events	•		•		2,119		2,119		3,392		269		12,410		16,071
Program activities	185,464		•				185,464		142,008		1		•		142,008
Travel and transportation	84,623		5,042		5,017		94,682		114,421		6,462		6,515		127,398
Printing and design	10,883		496		6,195		17,574		3,862		4,363		3,388		11,613
Equipment renta ls	22,741		9,015		2,899		34,655		24,559		6,039		3,374		33,972
Software, office and equipment maintenance	48,588		10,082		9,487		68,157		62,405		10,442		7,874		80,721
Telephone and communications	29,699		3,887		2,609		36,195		29,664		3,859		2,554		36,077
Office and program supplies	10,126		1,474		122		11,722		18,574		3,420		1,471		23,465
Postage and mai l ing	3,913		299		2,294		6,874		1,126		4,014		1,462		6,602
Insurance	17,923		1,926		1,293		21,142		15,002		1,863		1,233		18,098
Staff expenses and dues	6,945		5,983		3,557		16,485		8,658		7,343		1,985		17,986
Bank, credit card fees and other			11,886		7,326		19,212				39,357		7,326		46,683
Depreciation and amortization	15,062		2,861		1,920		19,843		13,901		2,611		1,728		18,240
Bad debt expense	•		22		1		22		1		89		1		89
Total Expenses	.3 511 203	€.	810 160	€.	409 602	€5	4 730 965	€.	3 372 190	€.	771 503	65	393 235	€.	4 536 928
I Oldi Experises		€	5.0	∍	400,004	€	4,7 00,000	€	3,312,130	∍	000,177	€	000,000	∍	4,000,000

The accompanying notes are an integral part of these financial statements. ${\bf 5}$

NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT, INC. STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED JUNE 30, 2020 AND 2019

	<u>2020</u>	<u>2019</u>
CASH FLOWS FROM OPERATING ACTIVITIES: Change in net assets	\$ 2,196,942	\$ (532,491)
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization Deferred rent payable Bad debt expense	19,843 12,051 57	18,240 22,835 68
Changes in operating assets and liabilities: (Increase) decrease in assets: Contributions receivable Government grants and other receivables Prepaid expenses and other assets Security deposits	(92,153) (372,305) (3,644) 500	495,642 138,443 1,192 -
Increase (decrease) in liabilities: Accrued expenses and other payables Refundable advances Deferred revenue	118,009 - (36,000)	20,403 (56,925) 36,000
Net Cash Provided by Operating Activities	1,843,300	143,407
CASH FLOWS FROM INVESTING ACTIVITIES: Property and equipment acquisitions	 (7,769)	 (22,006)
Net Cash Used in Investing Activities	 (7,769)	 (22,006)
CASH FLOWS FROM FINANCING ACTIVITIES: Proceeds from Paycheck Protection Program loan payable	 261,704	
Net Cash Provided by Financing Activities	 261,704	 -
NET CHANGE IN CASH AND CASH EQUIVALENTS	2,097,235	121,401
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	 510,933	389,532
CASH AND CASH EQUIVALENTS, END OF YEAR	\$ 2,608,168	\$ 510,933

Note 1 - Agency and Nature of Activities

The New York City Gay and Lesbian Anti-Violence Project, Inc. ("AVP" or 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 New York State 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 support and revenue from governmental sources, private individuals, corporations and foundations.

AVP is a not-for-profit corporation exempt from income taxes under Section 501 (c)(3) of the Internal Revenue Code and is located in New York, NY.

Note 2 - Summary of Significant Accounting Policies

Changes in Accounting Principles

ASU No. 2014-09

Effective July 1, 2019, the Agency adopted the provisions of Financial Accounting Standards Board ("FASB") Accounting Standards Update ("ASU") No. 2014-09, *Revenue from Contracts with Customers* ("ASU 2014-09") using a modified retrospective method of adoption to all contracts with customers at July 1, 2019. ASU 2014-09 requires the Agency to recognize revenue to depict the provision of services to individuals with a history of severe mental illness. The amount to which the Agency expects to be entitled is calculated as the transaction price and recorded as revenue in exchange for providing the services. Because contracts are generally complete within one year, the Agency used the actual transaction price rather than estimating variable consideration amounts for contracts completed during the year ended June 30, 2020.

Note 2 - Summary of Significant Accounting Policies (cont'd.)

Changes in Accounting Principles (cont'd.)

ASU No. 2018-08

Effective July 1, 2019, the Agency adopted the provisions of FASB ASU No. 2018-08, *Clarifying the Scope and Accounting Guidance for Contributions Received and Contributions Made* ("ASU 2018-08") on a modified prospective basis. This ASU provides for guidance to assist the Agency in evaluating the transfer of assets and the nature of the related transactions. The Agency considers whether a contribution is conditional based on whether an agreement includes a barrier that must be overcome and a right of return of assets transferred or a right of release of a promisor's obligation to transfer assets. The presence of both indicates that the recipient is not entitled to the transferred assets or a future transfer of assets until it has overcome any barriers in the agreement.

Basis of Accounting

The Agency prepares its financial statements using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("US GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Fair Value of Financial Instruments

Fair value is defined as 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. To increase the comparability of fair value measurements, a three-tier fair value hierarchy, which prioritizes the inputs used in the valuation methodologies, is as follows:

Level 1 - Valuations based on quoted prices for identical assets and liabilities in active markets.

Level 2 - Valuations based on observable inputs other than quoted prices included in Level 1, such as quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets and liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data.

Level 3 - Valuations based on unobservable inputs reflecting the Agency's own assumptions, consistent with reasonably available assumptions made by other market participants. These valuations require significant judgment.

At June 30, 2020 and 2019, the Agency does not have assets or liabilities required to be measured at fair value in accordance with FASB Accounting Standards Codification ("ASC") Topic 820, Fair Value Measurement.

Note 2 - Summary of Significant Accounting Policies (cont'd.)

Cash and Cash Equivalents

The Agency considers all highly liquid investments with an original maturity of three months or less to be cash equivalents.

Contributions Receivable

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 discounted to reflect the present value of their estimated future cash flows, unless management deems such discount to be immaterial to the financial statements.

Government Grants and Other Receivables

Government grants and other receivables are recorded when earned based on expenses that have been incurred for the purposes specified by the grantors. To the extent amounts received exceed amounts spent, the Agency establishes advances from government funders. For deliverables and fixed-price contracts, revenue is recorded when the deliverable is met or on the established time interval as described in the contract, respectively.

Contributions

Contributions are provided to the Agency either with or without donor restrictions. Revenues and net assets are separately reported to reflect the nature of those gifts – with or without donor restrictions. The value recorded for each contribution is recognized as follows:

	9
Nature of the Gift	Value Recognized
Conditional gifts and grants, with or without restriction	ons
Gifts and grants that depend on the Agency overcoming a donor-imposed barrier to be entitled to the funds	Not recognized until the gift becomes unconditional, <i>i.e.</i> , the donor-imposed barrier is met
Unconditional gifts and grants, with or without restri	ctions
Received at date of gift - cash and other assets	Fair value
Received at date of gift - property, equipment and long-lived assets	Estimated fair value
Expected to be collected within one year	Net realizable value
Collected in future years	Initially reported at fair value determined using the discounted present value of estimated future cash flows technique

Note 2 - Summary of Significant Accounting Policies (cont'd.)

Contributions (cont'd.)

In addition to the amount initially recognized, revenue for unconditional gifts to be collected in future years is also recognized each year as the present-value discount is amortized using the level yield method.

When a donor stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions. Absent explicit donor stipulations for the period of time that long-lived assets must be held, expirations of restrictions for gifts of land, buildings, equipment and other long-lived assets are reported when those assets are placed in service.

Property and Equipment

Property and equipment is stated at cost, less accumulated depreciation and amortization. The Agency capitalizes property and equipment with a useful life of two years or more and a cost of \$1,000 or more. Depreciation and amortization are provided using the straight-line method in amounts sufficient to relate the cost of depreciable assets to operations over their estimated useful lives. Leasehold improvements are amortized over the shorter of their useful lives or the term of the lease.

Estimated Useful Lives

Computers
Furniture and equipment
Leasehold improvements

5 years 5 to 10 years 10 years

Net Assets

Net assets without donor restrictions include funds having no restriction as to use or purpose imposed by donors. Net assets without donor restrictions - board designated represent funds designated by the board of directors for use in the event of an emergency. Net assets with donor restrictions are those whose use has been limited by donors to a specific time period or purpose, or those net assets whose principal may or may not be expended, the income from which is expendable to support general operations.

Donated Goods and Services

Donated goods and services are recorded at their estimated fair value.

Functional Expenses

The costs of providing the Agency's services have been summarized on a functional basis. Accordingly, certain costs have been allocated among the programs and supporting services benefited. Hotline volunteers and program activities are directly charged to program services. Expenses attributable to more than one functional expense category are allocated using a variety of cost allocation techniques such as square footage and time and effort.

Note 2 - Summary of Significant Accounting Policies (cont'd.)

Operating Leases

Rent expense has been recorded on the straight-line basis over the life of the lease. Deferred rent has been recorded for the difference between the fixed payment and rent expense.

Uncertainty in Income Taxes

The Agency applies the provisions pertaining to uncertain tax positions, FASB ASC Topic 740, and has determined that there are no material uncertain tax positions that require recognition or disclosure in the financial statements. The Agency believes it is no longer subject to income tax examinations prior to 2017.

New Accounting Pronouncements

ASU No. 2016-02

In February 2016, the FASB issued ASU No. 2016-02, *Leases (Topic 842)*. This ASU is the result of a joint project of the FASB and the International Accounting Standards Board ("IASB") to increase transparency and comparability among entitles by recognizing lease assets and lease liabilities on the balance sheet and disclosing key information about leasing arrangements for U.S. GAAP and International Financial Reporting Standards ("IFRS"). The guidance in this ASU affects any entity that enters into a lease (as that term is defined in this ASU), with some specified scope exemptions. The guidance in this ASU will supersede FASB ASC Topic 840, *Leases*.

The ASU provides that lessees should recognize lease assets and lease liabilities on the balance sheet for leases previously classified as operating leases that exceed 12 months, including leases existing prior to the effective date of this ASU. It also calls for enhanced leasing arrangement disclosures.

For nonpublic entities, the amendments of ASU No. 2016-02 are effective for annual reporting periods beginning after December 15, 2021, and interim periods within annual periods beginning after December 15, 2022, based on the decision in ASU No. 2020-05 to defer the implementation dates. Early application is permitted for all entities.

The Agency has not yet determined the effect of adopting this ASU on its financial statements.

Note 3 - Contributions Receivable

Contributions receivable consisted of the following as of June 30, 2020 and 2019:

	<u>2020</u>		<u>2019</u>
Less than one year One to five years	\$ 425,096 225,000	\$	528,000 30,000
	\$ 650,096	<u>\$</u>	558,000

Note 4 - Property and Equipment

Property and equipment consisted of the following at June 30, 2020 and 2019:

		<u>2020</u>		
Computers	\$	9,903	\$	6,937
Furniture and equipment		61,960		57,157
Leasehold improvements		112,534		112,534
		184,397		176,628
Less: Accumulated depreciation				
and amortization		79,390	_	59,547
	<u>\$</u>	105,007	<u>\$</u>	117,081

Note 5 - Donated Goods and Services

Donated goods and services consisted of the following for the years ended June 30, 2020 and 2019:

	<u>2020</u>	<u>201</u>	<u>9</u>
Hotline volunteers Special event expenses	\$ 139,085	T	,674 ,370
	\$ 139,085		,044

Note 6 - Concentration of Credit Risk

The Agency maintains cash balances in several financial institutions, which balances are insured by the Federal Deposit Insurance Corporation ("FDIC") for up to \$250,000 per institution. From time to time, the Agency's balances may exceed these limits.

Note 7 - Commitments and Contingencies

The Agency entered into a real property lease in February 2015. The lease term began July 2015 and is scheduled to expire on August 31, 2026. Rental expense for each of the years ended June 30, 2020 and 2019 amounted to \$382,347. The Agency has also entered into various equipment lease agreements.

Future minimum annual rental commitments under noncancellable lease obligations are as follows:

	Office	Equipment		
Years Ending June 30:	 Rent	F	Rentals	 Totals
2021	\$ 381,406	\$	23,281	\$ 404,687
2022	392,848		18,584	411,432
2023	425,384		6,221	431,605
2024	438,145		6,221	444,366
2025	451,290		4,950	456,240
Thereafter	 77,471		-	 77,471
	\$ 2,166,544	\$	59,257	\$ 2,225,801

The Agency records rent expense on the straight-line basis as required under U.S. GAAP. Deferred rent payable amounted to \$191,084 and \$179,033 at June 30, 2020 and 2019, respectively.

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

As a result of the spread of the COVID-19 coronavirus, economic uncertainties have arisen which are likely to negatively impact the generation of contributions and collections of receivables. Other financial impact could occur, though such potential impact is unknown at this time.

Note 8 - Long Payable - Paycheck Protection Program Loan

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") was enacted to provide emergency assistance for individuals, families, and organizations affected by the coronavirus pandemic. The Paycheck Protection Program ("PPP"), created through the CARES Act, provides qualified organizations with loans of up to \$10,000,000. Under the terms of the CARES Act and the PPP, the Agency can apply for and be granted forgiveness for all or a portion of the loan issued to the extent the proceeds are used in accordance with the PPP. At this time, the Agency believes that its use of the loan proceeds will meet the conditions for forgiveness under the PPP and expects the loan to be recorded as income when it is probable that forgiveness conditions have been met.

At June 30, 2020, the Agency's PPP loan is as follows:

On May 1, 2020, the Agency received a \$261,704 loan from a bank in regards to the PPP established by the Small Business Administration including interest at 1% per annum. The loan had an initial deferment period wherein no payments were due for six months from the date of the disbursement. However, under recently issued SBA guidance, there is an additional tenmonth window during which the Agency does not have to make any repayments and can submit its application for forgiveness. As a result, payments are not required until September 2021. The loan is unsecured and matures on April 30, 2022.

\$ 261,704

261,704

Principal payments on the loan are due as follows:

Years Ending June 30:

2021 \$ -2022 261,704

Note 9 - Donor Restricted Net Assets

Donor restricted net assets are restricted as follows as of June 30, 2020 and 2019:

		<u>2020</u>		<u>2019</u>	
Purpose Restrictions:					
NCAVP*	\$	473,894	\$	480,482	
Development Consultant		7,000		-	
Intimate partner violence program support		60,000		34,000	
Legal fellow*		9,470		59,431	
COVID-19		102,811		-	
TGNC program*		150,000		134,278	
DECRIM		100,840		-	
Civic engagement*		30,000		90,000	
EEP program		_		20,000	
Time restricted		<u> 192,315</u>	_	25,000	
	<u>\$</u>	1,126,330	<u>\$</u>	843,191	

^{*}Includes \$515,000 and \$890,000 that is also subject to time restrictions as of June 30, 2020 and 2019, respectively.

Purpose restricted net assets were released from restrictions by incurring expenses satisfying the following:

		<u>2020</u>		<u>2019</u>
Purpose Restrictions:				
NCAVP	\$	456,587	\$	513,345
Development Consultant		-		40,721
Intimate partner violence program support		14,000		43,000
Legal fellow		89,962		40,569
COVID-19		82,189		-
TGNC program		134,278		84,909
DECRIM		74,160		-
Civic engagement		60,000		60,000
EEP program		10,000		20,000
Time restricted	1	32,685		175,000
	<u>\$</u>	953,861	<u>\$</u>	977,544

Note 10 - Available Resources and Liquidity

The Agency regularly monitors liquidity required to meet its operating needs and other contractual commitments, while also striving to maximize the investment of its available funds. The Agency has various sources of liquidity at its disposal, including cash and cash equivalents, contributions receivable, and government grants and other receivables.

The following reflects the Agency's financial assets as of June 30, 2020 and 2019, reduced by amounts not available for general use within one year of the statement of financial position date because of contractual or donor-imposed restrictions or internal designations.

	<u>2020</u>	<u>2019</u>	
Cash and cash equivalents Contributions receivable Government grants and other receivables Total financial assets	\$ 2,608,168 650,096 1,256,165 4,514,429	\$ 510,933 558,000 883,860 1,952,793	
Less: Net assets with donor-imposed restrictions Less: Board designated net assets*	706,330 500,668	 65,586 210,586	
Financial assets available to meet cash needs for general expenditures within one year	\$ 3,307,431	\$ 1,676,621	

^{*}Funds may be withdrawn, with board approval, based on short-term cash needs.

Note 11 - Subsequent Events

Management has evaluated all events or transactions that occurred after June 30, 2020 through January 15, 2021, which is the date that the financial statements were available to be issued. During this period, there were no material subsequent events requiring disclosure.