### SCHEDULE C (Form 990 or 990-EZ)

# Political Campaign and Lobbying Activities

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

Section 527 organizations: Complete Part I-A only.

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

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

|     |   | rganizations: Complete Part III.  | rronn 330-EZ, rait  | , ilite 33a (Froxy Tax),  | unerr  |
|-----|---|---|---|---|--|
|     | of organization   | rgariizations. Complete Fare III.   |   | Employer identificat  | tion number  |
| NVC | CAY & TESETAN ANT   | T-VIOLENCE PROJECT  |   | 13-3149200  | )  |
| Par | t LA Complete if the or   | rganization is exempt under section   | n 501(c) or is a s  | ection 527 organiz  | ation.   |
| 1   | Provide a description of the  | organization's direct and indirect political c  | ampaign activities in   | Part IV.  |  |
| 2   | Political expenditures  |   |   | ▶\$   |  |
|     |   |   |   |   |  |
| Par | 1 B Complete if the or  | rganization is exempt under section   | on 501(c)(3).   |   |  |
| 1   | Enter the amount of any exc   | ise tax incurred by the organization under  | section 495.5   |   | 0.   |
| 2   | Enter the amount of any exc   | ise tax incurred by organization managers   | under section 4955  | ▶\$   | 0.   |
| 3   | If the organization incurred a  | section 4955 tax, did it file Form 4720 for   | this year.?   | +++++++++++++++++++   | Yes No   |
| 4a  | Was a correction made?  | ing a series of the series of |   |   | Yes No   |
| b   | If 'Yes,' describe in Part IV.  |   |   |   |  |
| Par | t I-C Complete if the or  | rganization is exempt under section   | on 501(c), except   | section 501(c)(3).  |  |
| 1   | Enter the amount directly ex  | pended by the filing organization for section   | n 527 exempt functio  | n activities 🟲 💲  |  |
| 2   | Enter the amount of the filing function activities  | g organization's funds contributed to other   | organizations for sec   | tion 527 exempt   | And the last of th |
| 3   | line 17b  | ditures. Add lines 1 and 2. Enter here and  |   | · · · · · · · · · · · · · · · · · · ·   |  |
| 4   | Did the filing organization file  | eForm 1120-POL for this year?   |   |   | Yes No   |
| 5   | Enter the names, addresses organization made payments amount of political contributionsegregated fund or a political contributions. | and employer identification number (EIN)<br>s. For each organization listed, enter the arons received that were promptly and direct<br>al action committee (PAC). If additional spa   | of all section 527 poli<br>mount paid from the f<br>lly delivered to a sepa<br>ice is needed, provide | tical organizations to w<br>iling organization's fund<br>arate political organizati<br>e information in Part IV | hich the filing<br>ls. Also enter the<br>on, such as a separate  |
|     | (a) Name  | (b) Address   | (c) EIN   | (d) Amount paid from filing organization's funds. If none, enter-0  | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0  |
| (1) | 7000  |   |   |   |  |
| (2) |   |   |   |   |  |
| (3) |   |   |   |   |  |
| (4) |   |   |   |   |  |
| (5) |   |   |   |   |  |
|     |   |   |   |   |  |

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

(6)

Schedule C (Form 990 or 990-EZ) 2010

| Part II-A Complete if t section 501(                                 |   | n is exempt under se  | ection 501(c)(3) and       | iled Form 5768 (ele              | ction under                 |
|--|---|---|----------------------------|----------------------------------|-----------------------------|
|  | . * *                                       | ongs to an affiliated group   |                            |                                  |                             |
|  |   | cked box A and 'limited co  |                            |                                  |                             |
|  | Limits on Lobb                              | ying Expenditures<br>ans amounts paid or incu                                     |                            | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditu  | ires to influence or                        | ublic opinion (grass roots le   | obbying)                   |                                  |                             |
| b Total lobbying expenditu   |   |   |                            | 464.                             |                             |
| c Total lobbying expenditu   |   |   |                            | 464.                             | 0.                          |
| d Other exempt purpose e   |   |   |                            | 2,084,328.                       |                             |
| e Total exempt purpose ex  | •   |   | _                          | 2,084,792.                       | 0.                          |
| f Lobbying nontaxable am   |   |   |                            | 254,240.                         |                             |
| If the amount on line 1e, colu                                       | mm (a) or (b) is                            | The lobbying nontaxable   | amount is                  | SIEWMAN (SIEW L                  |                             |
| Not over \$500,000   | (4) 01 (4) 10                               | 20% of the amount on line 1e.   |                            |                                  |                             |
| Over \$500,000 but not over \$1,0                                    | 000,000                                     | \$100,000 plus 15% of the excess  | s over \$500,000.          |                                  |                             |
| Over \$1,000,000 but not over \$                                     |   | \$175,000 plus 10% of the excess  |                            |                                  |                             |
| Over \$1,500,000 but not over \$                                     |   | \$225,000 plus 5% of the excess   |                            |                                  |                             |
| Over \$17,000,000  | ,   | \$1,000,000.  |                            |                                  |                             |
| g Grassroots nontaxable a  | mount (enter 25%                            |   | 7.7                        | 63,560.                          | 0.                          |
| h Subtract line 1g from lin  | - The second of the second of the second of | W - 1 / 1 / 1   |                            | 0.                               | 0.                          |
| i Subtract line 1f from line   |   |   |                            | 0.                               | 0.                          |
| j If there is an amount oth  | ner than zero on ei                         |   | the organization file Form | 1 4720 reporting                 | Yes No                      |
|  |   | 4-Year Averaging Period<br>nat made a section 501(h)<br>ns below. See the instruc |                            |                                  |                             |
|  | Lob   | bying Expenditures Durin  | g 4-Year Averaging Perio   | od                               |                             |
| Calendar year (or fiscal year beginning in)                          | (a) 2007                                    | <b>(b)</b> 2008   | (c) 2009                   | (d) 2010                         | (e) Total                   |
| 2a Lobbying non-taxable amount                                       |   |   | 241,103.                   | 254,240.                         | 495,343.                    |
| <b>b</b> Lobbying ceiling<br>amount (150% of line<br>2a, column (e)) |   |   |                            |                                  | 743,015.                    |
| c Total lobbying expenditures  |   |   | 742.                       | 464.                             | 1,206.                      |
| d Grassroots nontaxable amount                                       |   |   | 60,276.                    | 63,560.                          | 123,836.                    |
| e Grassroots ceiling<br>amount (150% of line<br>2d, column (e))      |   |   |                            |                                  | 185,754.                    |
| f Grassroots lobbying  |   |   |                            |                                  |                             |

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

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

| Schedule C (Form 990 of 990-EZ)2010 MIC GAI & LESDIAN ANII-VIOLENCE PROJECT | 13-3149200 | Page 4 |
|---|------------|--------|
| Part IV Supplemental Information (continued)                                |            |        |
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## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

# **Supplemental Financial Statements**

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

OMB No. 1545-0047 2010

Employer identification number

| NYC | GAY & LESBIAN ANTI-VIOLENCE   | PROJECT  |  | 13-31                                   | 49200            |                             |
|-----|---|--|--|---|------------------|-----------------------------|
| Par |   | Advised Funds or Oth   | ner Similar Funds<br>e 6.                    | or Accounts.                            | Complete         | e if                        |
|     |   | (a) Donor advised  | funds  | (b) Funds and                           | d other accor    | unts                        |
| 1   | Total number at end of year   |  |  |   |                  |                             |
| 2   | Aggregate contributions to (during year)  |  |  |   |                  |                             |
| 2   | Aggregate grants from (during year)   |  |  |   |                  |                             |
| A   | Aggregate value at end of year.   |  |  |   |                  |                             |
| 5   | Did the organization inform all donors and dor<br>funds are the organization's property, subject  | or advisors in writing that th   | e assets held in dono                        | or advised                              | Yes              | No                          |
| 6   | Did the organization inform all grantees, donor used only for charitable purposes and not for purpose conferring impermissible private bene               | rs, and donor advisors in wri  | ting that grant funds                        | can be<br>ny other                      | Yes              | No                          |
| Des | t II Conservation Easements. Compl  | lete if the organization   | answered 'Yes' to                            | Form 990, Pa                            | rt IV, line      | 7.                          |
| Pal | Purpose(s) of conservation easements held by  | the organization (check all  | that anniv)                                  |   |                  |                             |
|     | Preservation of land for public use (e.g., r  |  | Preservation of a                            | an historically impo                    | ortant land a    | rea                         |
|     |   | ecreation or education)  |  | a certified historic                    |                  |                             |
|     | Protection of natural habitat   |  | LI reservation or                            | a continua meterre                      |                  |                             |
|     | Preservation of open space Complete lines 2a through 2d if the organization   | bald - muslified appears   | tion contribution in th                      | e form of a conser                      | vation easer     | nent on the                 |
| 2   | last day of the tax year.   | on neid a qualified conserva   | tion contribution in th                      | ic form of a consor                     | 100001 00001     |                             |
|     | lact day of the tax year.   |  |  | Held at t                               | he End of th     | e Tax Year                  |
|     | Total number of conservation easements  |  |  | 2a                                      |                  |                             |
| ŀ   | Total acreage restricted by conservation ease   | ments  | 200000000000000000000000000000000000000      | 2b                                      |                  |                             |
|     | Number of conservation easements on a certi-  | fied historic structure include  | ed in (a)                                    | 2c                                      |                  |                             |
|     | Number of conservation easements included i   |  |  |   |                  |                             |
|     | structure listed in the National Register  Number of conservation easements modified,   | and in the state of the state o | and a solution and extra extra 6.6.5.4.      | 20                                      | on during the    | 9                           |
|     | tax year ▶  |  |  | a by the organization                   | on danking and   |                             |
| 4   | Number of states where property subject to co   |  |  |   |                  |                             |
| 5   | Does the organization have a written policy re<br>and enforcement of the conservation easement  | garding the periodic monitor<br>nts it holds?  | ring, inspection, hand                       | lling of violations,                    | Yes              | No                          |
|     | Staff and volunteer hours devoted to monitori   |  |  |   | ar               |                             |
| 7   | Amount of expenses incurred in monitoring, in \$  | nspecting, and enforcing cor   | nservation easements                         | during the year                         |                  |                             |
| 8   | Does each conservation easement reported o 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  | n line 2(d) above satisfy the  | requirements of sect                         | ion                                     | Yes              | ☐ No                        |
| 9   | In Part XIV, describe how the organization re-<br>include, if applicable, the text of the footnote  | ports conservation easemen<br>to the organization's financi  | ts in its revenue and all statements that de | expense statemen<br>scribes the organiz |                  | ce sheet, and<br>unting for |
| Pa  | rt III Organizations Maintaining Collection Complete if the organization ans  | ections of Art, Historics<br>wered 'Yes' to Form 99  | al Treasures, or 0<br>00, Part IV, line 8    | Other Similar A                         | ssets.           |                             |
|     | alf the organization elected, as permitted unde<br>art, historical treasures, or other similar asset<br>in Part XIV, the text of the footnote to its fina | ts held for public exhibition,<br>incial statements that descri  | bes these items.                             | II III Iuliulei ance oi                 | public 301 VI    | co, provido,                |
| 1   | b If the organization elected, as permitted under<br>historical treasures, or other similar assets he<br>following amounts relating to these items:       | eld for public exhibition, edu-  | cation, or research in                       | Turtificiance of par                    | 2110 301 11001 1 | 2104100 010                 |
|     | (i) Revenues included in Form 990 Part VIII   | , line 1   |  |   | \$               |                             |
|     | (ii) Assets included in Form 990, Part X  |  |  |   | <b>\$</b>        |                             |
|     | If the organization received or held works of amounts required to be reported under SFAS  | art, historical treasures, or o<br>116 (ASC 958) relating to t   | ther similar assets to<br>hese items:        | r financiai gain, pr                    | ovide the for    |                             |
|     | a Revenues included in Form 990, Part VIII, lin   | e 1  |  |   | \$               |                             |
|     | b Assets included in Form 990, Part X   |  |  |   | >\$              |                             |

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

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

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

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Schedule D (Form 990) 2010

Page 3

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

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

SEE PART XIV

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

157,284.

| Schedule D (Form 990) 2010 NYC GAY & LESBIAN ANTI-VIOLENCE PROJECT 13-31   | 49200 Page 4    |
|--|-----------------|
| Part X Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements  |                 |
| 1 Total revenue (Form 990, Part VIII,column (A), line 12).   | 2,142,326.      |
| 2 Total expenses (Form 990, Part IX, column (A), line 25)  | 2,084,792.      |
| 3 Excess or (deficit) for the year. Subtract line 2 from line 1  | 57,534.         |
| 4 Net unrealized gains (losses) on investments.  |                 |
| 5 Donated services and use of facilities   |                 |
| 6 Investment expenses  |                 |
| 7 Prior period adjustments   |                 |
| 8 Other (Describe in Part XIV)   |                 |
| 9 Total adjustments (net). Add lines 4 through 8.  |                 |
| 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9  |                 |
| Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return  |                 |
| 1 Total revenue, gains, and other support per audited financial statements   | 2,468,345.      |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |                 |
| a Net unrealized gains on investments  |                 |
| b Donated services and use of facilities   |                 |
| c Recoveries of prior year grants  |                 |
| d Other (Describe in Part XIV)   |                 |
| e Add lines 2a through 2d  |                 |
| 3 Subtract line 2e from line 1   | 2,142,326.      |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line1:  |                 |
| a Investments expenses not included on Form 990, Part VIII, line 7b  |                 |
| b Other (Describe in Part XIV.)  |                 |
| c Add lines 4a and 4b  |                 |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  | 2,142,326.      |
| Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return   | 0 410 011       |
| 1 Total expenses and losses per audited financial statements   | 2,410,811.      |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  |                 |
| a Donated services and use of facilities   |                 |
| b Prior year adjustments   |                 |
| c Other losses   |                 |
| d Other (Describe in Part XIV.).   | 326 010         |
| e Add lines 2a through 2d 2e  3 Subtract line 2e from line 1. 3  |                 |
| 3 Subtract line 2e from line 1   | 2,084,792.      |
| a Investments expenses not included on Form 990, Part VIII, line 7b  |                 |
| b Other (Describe in Part XIV.).   |                 |
| c Add lines 4a and 4b.   |                 |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)   | 2,084,792.      |
| Part XIV Supplemental Information  |                 |
| Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this | s 1b and 2b;    |
| Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this any additional information.   | part to provide |
| ary additional information.  |                 |
| PART X - FIN 48 FOOTNOTE   |                 |
| AUA ACTICANTANTAGOL  |                 |
| THE AGENCY'S ACCOUNTING POLICY IS TO PROVIDE LIABILITIES FOR UNCERTAIN T   | TAX_POSITIONS_  |
| WHEN A LIABILITY IS PROBABLE AND ESTIMABLE, MANAGEMENT IS NOT AWARE OF A   | NY_VIOLATION    |
| OF ITS TAX STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES, NOR OF AN   | IY EXPOSURE     |
| TO UNRELATED BUSINESS INCOME TAX.  |                 |
|  |                 |
|  |                 |
|  |                 |

| Schedule D (Form 990) 2010 NS<br>Part XIV Supplemental In                       | C GAY &     | LESBIAN   | ANTI-VIOLENCE                          | PROJECT | 13-31 | 49200                       | Page 5                          |
|---|-------------|-----------|--|---------|-------|-----------------------------|---------------------------------|
| Part XIV   Supplemental In  | formation ( | (continue | d)                                     |         |       |                             |                                 |
|   |             |           | ~-~~                                   |         |       |                             |                                 |
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| ~   |             |           |  |         |       |                             |                                 |
| BAA   |             |           | TEEA3305L 07/16/10                     | )       | Sc    | chedule D (Form             | 990) 2010                       |

BAA

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

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No. 1545-0047

2010

Open to Public

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

Page 2

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

| Schedule (            | (Form 990 or 990-EZ) 20                  | 010 NYC GAY & LE                          | SBIAN ANTI-VIOLENCE I   | PROJECT 13            | -3149200                             | Page 3          |
|-----------------------|--|---|---|-----------------------|--------------------------------------|-----------------|
| 11 Does               | the organization operate                 | gaming activities with no                 | onmembers?  |                       | Yes                                  | No              |
|                       |  |   | a trust or a member of a partners   |                       |                                      | No              |
| 13 Indica             | ate the percentage of gan                | ning activity operated in:                |   | 1                     |                                      |                 |
|                       |  |   | C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-  |                       |                                      | %               |
|                       |  |   |   |                       |                                      | 8               |
| 14 Enter              | the name and address o                   | f the person who prepare                  | es the organization's gaming/spe  | cial events books and | records:                             |                 |
| Name                  | •  |   |   |                       |                                      |                 |
| Addre                 | ess 🏲                                    |   |   |                       |                                      |                 |
| <b>b</b> If 'Ye of ga |  | aming revenue received the third party \$ | from whom the organization recovery the organization \$                                   |                       |                                      | No              |
| Name                  | •  |   |   |                       |                                      |                 |
| Addre                 | ess ►                                    |   |   |                       |                                      |                 |
| 16 Gami               | ng manager information:                  |   |   |                       |                                      |                 |
| Name                  | •  |   |   |                       |                                      |                 |
| Gami                  | ng manager compensatio                   | n ▶ \$                                    |   |                       |                                      |                 |
| Desci                 | ription of services provide              | d ▶                                       |   |                       |                                      |                 |
|                       | irector/officer                          | Employee                                  | Independent conti   | ractor                |                                      |                 |
| 17 Mand               | atory distributions                      |   |   |                       |                                      |                 |
|                       |  |   | naritable distributions from the g  |                       |                                      | No              |
|                       | 3  |   | aw to be distributed to other exe   |                       |                                      |                 |
|                       | ization's own exempt act                 |   |   |                       |                                      |                 |
| Part IV               | Supplemental Info<br>columns (iii) and ( | rmation. Complete v), and Part III, lines | this part to provide the ex<br>s 9, 9b, 10b, 15b, 15c, 16,<br>rmation (see instructions). | and 17b, as applic    | d by Part I, line<br>cable. Also con | e 2b,<br>nplete |
|                       |  |   |   |                       |                                      |                 |
|                       |  |   | 100   |                       |                                      |                 |
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|                       | · · · · · · · · · · · · · · · · · · ·    |   |   |                       |                                      |                 |
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|                       |  |   |   |                       |                                      |                 |
| BAA                   |  |   | TEEA3703L 01/13/11  | Schedule              | G (Form 990 or 99                    | 90-EZ) 2010     |

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990 or 990-EZ.

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

ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.

| Sc   | hedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)  |
|------|---|
| If y | you checked the box in question <b>4.a.</b> on page 1, complete the following schedule for <b>each</b> PFR, FRC or CCV that the organization engaged fund raising activity in NY State: |
| 1.   | Type of fund raising professional (FRP):  |
|      | Professional fund raiser.   |
|      | Fund raising counsel  |
|      | Commercial co-venturer  |
| 2.   | Name of FRP:  |
|      | W. DOUGLAS WINGO  |
|      | Number and street (or P.O. box if mail is not delivered to street address):   |
|      | 224 WEST 35TH STREET SUITE 604A   |
|      | City or town, state or country and zip + 4:   |
|      | NEW YORK, NY 10001  |
| _    |   |
| 3.   | FRP telephone number:   |
|      | 212-244-4880  |
| 4.   | Services provided by FRP (provide description):   |
|      | CA EVENT PLANNING.  |
|      |   |
|      |   |
|      |   |
|      |   |
| 5.   | Compensation arrangement with FRP (provide description):  |
|      | CONTRACTED AMOUNT.  |
|      |   |
|      |   |
|      |   |
|      |   |
|      | 24/25/20  |
| 6.   | Dates of contract   |
|      | (mm/dd/yyyy) (mm/dd/yyyy)   |
|      |   |
| -    | Amount paid to FRP. \$ 25,000.  |
| 8.   | If services were provided by a CCV, did the CCV provide the charitable organization with the interim report(s) required by Section 173-a.3 of the Executive Law?                        |
|      | required by Section 173-a.3of the Executive Law?  |
|      |   |

### Schedule 4b: Government Contributions (Grants)

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

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

### 5. Fee Instructions

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

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

### a) Article 7-A filing fee

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

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

#### b) ETPL filling fee

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

#### 6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

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