Jump to Schedule: Form 990

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efile Publ	ic Visu	al Render ObjectId: 201	.911359349312701 - Subr	nission: 20	019-05	-15	TI	N: 13-3149200
			anization Exempt F				0	MB No. 1545-0047
Form シンし	J	Under section 501(c), 527, or 49	•				s)	2017
epartment of the	Tressurv	Do not enter social	I security numbers on this form a	is it may be r	made pub	olic.		Doen to Public
ternal Revenue		► Go to <u>www.irs.gov</u>	<u>/Form990</u> for instructions an	d the latest	informa	tion.		Inspection
For the 2	2018 ca	llendar year, or tax year beginn	ing 07-01-2017 ,and ending	06-30-201	.8			
Check if appl Address cha		C Name of organization NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT						cation number
Name chan	ge	Doing business as				13-3149200	)	
Initial return Final return/te		Doing Dusiness as			-	C Talashaas au		
Amended re Application		Number and street (or P.O. box if ma 116 NASSAU STREET	I is not delivered to street address) R	oom/suite		E Telephone nu (212) 714-1		
	p =	City or town, state or province, count	ry, and ZIP or foreign postal code			(212) / 11 1	101	
		NEW YORK, NY 10038	officer			G Gross receipt		541,182
		F Name and address of principal MIKE HOFMAN	oncer:	H(a		a group return inates?	for	Ves 🖉 No
		116 NASSAU STREET NEW YORK, NY 10038		H(b		subordinates		Yes No
Tax-exempt	t status:		nsert no.) 4947(a)(1) or		If "No,'	" attach a list.		
Website:	► ww	W.AVP.ORG		H(c)	) Group	exemption nun	nber I	•
Form of orga	nization:	Corporation Trust Associ	ation 🔲 Other 🕨	L Year	r of format	ion: 1980 M S	State o	f legal domicile: NY
Part I 1 Bri	Sumr efly des	<b>nary</b> cribe the organization's mission or	most significant activities:					
		EVENT VIOLENCE THROUGH ORGA E DOMESTIC VIOLENCE NETWORK						
2 Cł	heck this	s box 🕨						
	Number of voting members of the governing body (Part VI, line 1a)							
	<ul> <li>Number of independent voting members of the governing body (Part VI, line 1b)</li> <li>Total number of individuals employed in calendar year 2017 (Part V, line 2a)</li> </ul>							17 53
<b>6</b> To	otal num	ber of volunteers (estimate if nece	ssary)				6	300
		elated business revenue from Part					7a	0
DING	et unreia	ated business taxable income from	Form 990-1, line 34		· · ·	r Year	7b	0 Current Year
<b>8</b> Co	ontributi	ons and grants (Part VIII, line 1h)				4,193,496		4,511,159
	-	service revenue (Part VIII, line 2g)				62,470		85,495
10 In		nt income (Part VIII, column (A), lir enue (Part VIII, column (A), lines 5				57 -19,692		588 -24,753
		enue—add lines 8 through 11 (mus		12)		4,236,331		4,572,489
<b>13</b> Gr	rants an	d similar amounts paid (Part IX, co	lumn (A), lines 1–3 )			0		0
		aid to or for members (Part IX, col				0		0
15 Sa		other compensation, employee ben nal fundraising fees (Part IX, colum		-		2,431,729 20,000		2,579,668
5		aising expenses (Part IX, column (D), lir		-		20,000		
<b>17</b> Of	ther exp	enses (Part IX, column (A), lines 1	1a-11d, 11f-24e)			918,694		1,140,680
		enses. Add lines 13–17 (must equa				3,370,423		3,720,348
	evenue	ess expenses. Subtract line 18 from	n ine 12		eginning o	865,908 of Current Year		852,141 End of Year
20 To 21 To 22 Ne						1.010.776		0.706.054
20 To		ets (Part X, line 16)		•		1,842,776 466,808		2,736,254 508,145
22 Ne		s or fund balances. Subtract line 2:		•		1,375,968		2,228,109
owledge ar	ies of pe nd belief	ature Block erjury, I declare that I have examin ; it is true, correct, and complete.						
y knowledg						9-05-14		
gn	Signati	ure of officer			Date			
ere		OFMAN VICE CHAIRPERSON r print name and title						
		int/Type preparer's name	Preparer's signature	Date		PTIN		
aid				2019-05	self-e	employed	03468	
reparer		rm's name 🕨 GRASSI & CO CPAS' PC			Firm'	s EIN 🕨 11-3266	5576	
se Only	Fi	rm's address ▶ 488 MADISON AVENUE 2	1ST FLOOR		Phon	e no. (212) 661-	6166	
		NEW YORK, NY 10022						

_	e IRS discuss this return with the preparer shown above? (see instructions)		<b>No</b> Form <b>99</b>	<b>0</b> (2017
	Page 2			
m 9	90 (2017)			Page
Part		III       III         AVP) PROVIDES DIRECT SERVICES, INCLUDING A 24-HOUR         SUPPORT GROUPS, LEGAL SERVICES AND A SPEAKER'S         VICTINS OF HATE VIOLENCE, SEXUAL ASSALLT, STALKING, SERVE TO RESPOND TO AND PREVENT VIOLENCE THROUGH         WINT AND EDUCATION AND PREVENT VIOLENCE THROUGH         WINT AND EDUCATION AND PREVENT VIOLENCE THROUGH         Immunology and the services of the se	ĺ	
	Check if Schedule O contains a response or note to any line in this Part III			
.ING REA D IN GAN	CHEDULE OTHE NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT (AVP) PROVIDES DIRECT SERVICES, INCL IUAL HOTLINE, COUNSELING, ADVOCACY AND ACCOMPANIMENT, AS WELL AS SUPPORT GROUPS, LEGAL SERVICES AN U, TO LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND HIV-AFFECTED VICTIMS OF HATE VIOLENCE, SEXUAL AS ITIMATE PARTNER VIOLENCE. AVP ALSO WORKS WITH THE COMMUNITIES WE SERVE TO RESPOND TO AND PREVENT \ IIZING, PUBLIC ADVOCACY, POLICY WORK, TRAINING, LEADERSHIP DEVELOPMENT AND EDUCATION. AVP COORDINAT ITE PARTNER VIOLENCE NETWORK IN NEW YORK STATE AND A NATIONAL COALITION OF ANTI-VIOLENCE PROGRAMS	d a s Ssaul /Iolei 'Es a :	PEAKER' T, STALI NCE THR STATEW	S KING, OUGH
I	Did the organization undertake any significant program services during the year which were not listed on			
	the prior Form 990 or 990-EZ?		Yes 🗹	No
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	_		_
	services?		Yes	🗹 No
1	Describe the organization's program service accomplishments for each of its three largest program services, as measure Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the expenses, and revenue, if any, for each program service reported.		expenses	5.
	(Code: ) (Expenses \$ 1,257,359 including grants of \$ ) (Revenue \$ DIRECT CLIENT SERVICES: AVP PROVIDES DIRECT SERVICES TO SURVIVORS OF LGBTQ AND HIV-AFFECTED SURVIVORS OF VIOLENCE, INTERVENTION, SAFETY PLANNING, COUNSELING, ADVOCACY, ECONOMIC EMPOWERMENT SERVICES, AS WELL AS INFORMATION AND F ORGANIZATIONS AND INSTITUTIONS THAT PROVIDE SERVICES AND RESOURCES OUTSIDE THE SCOPE OF AVP'S SERVICES. AVP OPERA 24-HOUR, 365-DAY-A-YEAR CRISIS INTERVENTION HOTLINE THAT IS STAFFED BY VOLUNTEERS THAT COMPLETE AVP'S 40-HOUR HOTLI PROFESSIONAL COUNSELORS AND ADVOCATES. AVP WELCOMES SURVIVORS AT WALK-IN HOURS AT ALL OF OUR EIGHT INTAKE SITES BOROUGHS, INCLUDING AT ALL FIVE NEW YORK FAMILY JUSTICE CENTERS, AS WELL AS COMMUNITY-BASED ORGANIZATIONS SERVINC AFFECTED PEOPLE. IN FY2018, AVP ANSWERED OVER 2,800 HOTLINE CALLS, PROVIDED DIRECT CLINICAL AND LEGAL SERVICES TO OV CLIENTS. BY PROVIDING DIRECT SERVICES IN ALL FIVE BOROUGHS, WE ARE ABLE TO SERVE LGBTQ AND HIV-AFFECTED SURVIVORS OF WHO NEED OUR SERVICES WHERE THEY LIVE, WORK, AND SPEND TIME, AND WE WORK WITH COMMUNITIES TO ADDRESS THE ISSUES INTIMATE PARTIRER VIOLENCE, AND INTERSECTING FORMS OF VIOLENCE, AS WELL AS COMMUNITY-BASED DROP-IN GROUPS FOR SURVIVORS OF INTIMATE PARTIRER VIOLENCE, AND INTERSECTING FORMS OF VIOLENCE, AS WELL AS COMMUNITY-BASED DROP-IN GROUPS FOR SURVIVORS OF INTIMATE PARTIRER VIOLENCE, AND INTERSECTING FORMS OF VIOLENCE, AS WELL AS COMMUNITY-BASED DROP-IN GROUPS FOR TRAN- NON-CONFORMING PEOPLE AND THOSE WHO SUPPORT THEM. ALL SUPPORT GROUPS FOR SURVIVORS OF INTRICE AS UPPORTINE AND FOCUSED CURRICUL FROM TRAUMA TO HEALING, AND ARE CULTURALLY SPECIFIC, DESIGNED FOR THE UNIQUE NEEDS AND EXPERIENCES OF LGBTQ AND H: OF VIOLENCE. IN 2018, AVP STARTED OFFENING COUNSELING SERVICES TO LGBTQ SURVIVORS OF VIOLENCE INCARCERATED AT RIKE OF THE STILL SURVIVORS PROGRAM.	INCLUI REFERR TES A NE TRA ACROS G LGBT ER 21,3 F ALL F SPECI SPECI SEXU/ NSGENI UM TO IV-AFFI	DING CRIS ALS TO FREE BILI INING AN S THE FIV Q AND HIV 800 INDIV ORMS OF FIC TO TH AL VIOLEN DER AND O MOVE PE ECTED SU	NGUAL, ID OUR IE IDUAL VIOLEN IEIR ICE, GENDER OPLE RVIVOR:
	(Code: ) (Expenses \$ 903,459 including carsts of \$ ) (Revenue \$ COMMUNITY ORGANIZING AND PUBLIC ADVOCACY: AVP'S COMMUNITY ORGANIZING EFFORTS REACHED MORE THAN 14,000 PEOPLE IN ONE-TO-ONE HANDOUTS OF INFORMATION ABOUT VIDENCE FACING LEGT OPEOPLE AND SAFER-SEX MATERIALS THROUGHOUT NEW Y AVP CREATES CAMPAIGNS THAT ADDRESS LGBTQ AND HIV-AFFECTED PEOPLE'S SAFETY. IN ADDITION, AVP COLLABORATES CLOSELY W AND COMMUNITY-BASED ORGANIZATIONS TO RAISE AWARENESS ABOUT THE INTERSECTION OF LGBTQ AND HIV-AFFECTED DEDETITIE YEAR, AVP LAUNCHED AN ADVOCACY CAMPAIGN TO ADDRESS VIDLENCE IMPACTION OF LGBTQ AND HIV-AFFECTED DEDITITE YEAR, AVP LAUNCHED AN ADVOCACY CAMPAIGN TO ADDRESS VIDLENCE IMPACTION OF LGBTQ AND HIV-AFFECTED DEDITITE YEAR, AVP LAUNCHED AN ADVOCACY CAMPAIGN TO ADDRESS VIDLENCE IMPACTION OF LGBTQ AND HIV-AFFECTED DEDITITE YEAR, AVP LAUNCHED AN ADVOCACY CAMPAIGN TO ADDRESS VIDLENCE IMPACTION OF LGBTQ AND HIV-AFFECTED DEDITITE YEAR, AVP LAUNCHED AN ADVOCACY CAMPAIGN TO ADDRESS VIDLENCE IMPACTING TRANSGENDER AND GENDER NON-CONFORMING ( INITIATED A TGNC LEADERSHIP ACADEMY WHICH 15 A FIVE MONTH LEADERSHIP PROGRAM THAT INCLUDES WORKSHOPS AND SKILLS ' MONTH INTERNSHIP. AVP TRAINS THOUSANDS OF INDIVIDUALS AND GROUPS INCLUDING COMMUNITY MEMBERS, POLICE, DISTRICT A' CRISIS CENTERS, DOMESTIC VIDLENCE AGENCIES AND OTHER MAINSTREAM HEALTH AND HUMMAN SERVICE PROVIDES. AVP CONDUCTE REACHING OVER 2,500 PARTICIPANTS THROUGH OUR EDUCATION AND TRAINING INSTITUTE. AVP'S TRAINING AND EDUCATION INSTIT LEARNINGO VER 2,500 PARTICIPANTS THROUGH OUR EDUCATION AND TRAINING INSTITUTE. AVP'S TRAINING AND EDUCATION AND EXOLATION AD LEARNORK OF ORGANIZATIONS DE VIDLENCE. AND ' VIDLENCE FOR PEOPLE ACROSS THE COUNTRY WHO ARE STUDYING VIDLENCE AGAINST OR WITHINI LGBTQ AND HIV-AFFECTED COMMI AVP COORDINATES THE NATIONAL COALITION OF ANTI-VIDLENCE RROGRAMS (NCAVP), A NATIONAL NETWORK OF ORGANIZATIONS ACROSS T NCAVP PROVIDES NATIONAL ADVOCACY FOR LOCAL ORGANIZATIONS, AND PROVIDES SUPPORT TO COMMUNITIES THAT DO NOT HAVE AFFECTED ORGANIZATION	ORK'S (ITH CC S AND TGNC) TRAINI TTORN D 115 "UTE AI SERVES UNITIE DICATI THE U.S AN LGE TFORM TQ AND PORT,	FIVE BOR MMUNITY VIOLENCE NEW YOR NGS AND EY'S OFFII TRAINING SO SERV S AS A RE S AS A RE S AS A RE S AS A NE TRAINING TRAINING FROM WH HIV-AFE WHICH CC	OUGHS. ( LEADEF E. THIS KERS. A A TWO- CES, RAF S ES AS A SEARCH AL WOR DING CANADA OR HIV- HICH TO ECTED DNTAIN
	(Code:         ) (Expenses \$         444,726         including grants of \$         ) (Revenue \$           LEGAL SERVICES: BEGINNING IN 2013, AVP LAUNCHED A LEGAL SERVICES PROGRAM WHICH PROVIDES FREE, HOLISTIC, DIRECT LEGA         UNDERSERVED LGBTQ AND HIV-AFFECTED SURVIVORS OF VIOLENCE ACROSS ALL FIVE BOROUGHS OF NEW YORK CITY. SERVICES RAN           AND REPRESENTATION ON ISSUES SUCH AS ORDERS OF PROTECTION, CHILD SUPPORT, CHILD CUSTODY, LEGAL SEPARATION/DIVORCI         HOUSING MATTERS, NAME CHANGES AND REPRESENTATION AS COMPLAINING WITNESSES IN CRIMINAL COURT AS CLIENTS ENDED THE           REFERRALS TO THE LEGAL SERVICES DEPARTMENT PRIMARILY COME THOROUGH AVPS CLIENT SERVICES DEPARTMENT, AS WELL AS O'         ORGANIZATIONS. IN FISCAL YEAR 2018, OUR LEGAL SERVICES DEPARTMENT PROVIDED FULL LEGAL INTAKE AND CONSULTATION TO 19           ADDITIONALLY, 126 CASES THAT WERE ACCEPTED FOR REPRESENTATION FROM FY 2017 WERE CARRIED OVER INTO FY 2018.         TO THE CASE THAT WERE ACCEPTED FOR REPRESENTATION FROM FY 2017 WERE CARRIED OVER INTO FY 2018.	GE FRO E, IMMI SE SER THER C	ICES TO M INTAKI GRATION VICES. CI	MATTER IENT Y-BASE
	(Code: ) (Expenses \$ 145,109 including grants of \$ ) (Revenue \$ COMMUNICATIONS: RESPONSIBLE FOR THE DISSEMINATION OF PROGRAM- RELATED INFORMATION THROUGH COMMUNITY ALERTS, RE WEBSITE AND SOCIAL MEDIA.	PORTS		ELEASE
	Other program services (Describe in Schedule 0.)			
	(Expenses \$ 145,109         including grants of \$ ) (Revenue \$           Total program service expenses > 2,750,653	0	)	
n 9			Form <b>99</b>	0 (201
art	V Checklist of Required Schedules		Vec	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete	_		
	Schedule A 📆		Voc	
I	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <sup>5</sup> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		res	No
	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		No

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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		No
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		No
	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🗐	7		No
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😨	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?If "Yes," complete Schedule D, Part IV 🔞	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 🗐	10		No
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 🗐	11a	Yes	
	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		No
	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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🐿	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 😒	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🕵	12a	Yes	
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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		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		No

Form **990** (2017)

Form	990 (2017)			Page <b>4</b>
Pai	tiv Checklist of Required Schedules (continued)			
			Yes	No
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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from orpayables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes,"complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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— Page 4 —

2/4/20	20 IRS Full Filing			
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, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulationssections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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? If "Yes," complete Schedule R, Part V, line 2	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Yes	
Pai	tV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   11		Yes	No
	Enter the number of Forms W-2G included in line 1a. <i>Enter -0</i> -if not applicable . <b>1b</b> 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
		F	orm <b>99</b>	<b>0</b> (2017)

# \_\_\_\_\_ Page 5 \_\_\_\_\_

Form	990 (2017)			Page 5					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and TaxStatements, 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? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes						
3a	Did the organization have unrelated business gross income of $1,000$ or more during the year?	3a		No					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b							
	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)? 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).	4a		No					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No					
		5b		110					
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No					
b	<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?								
7	7 Organizations that may receive deductible contributions under section 170(c).								
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?								
b	<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?								
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wasrequired to file Form 8282?								
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
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							
h	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							
9a	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		<b>—</b>					
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12 10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>								
		1 1	l	I					

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11	Section 501(c)(12) organizations. Enter:	1 1	1
а	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against 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	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
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		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0 $\ldots$	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? If "Yes," see instructions and file Form 4720, Schedule N .	15	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16	
		For	m <b>990</b> (2017)
	Page 6		

Form	990 (2017)			Page <b>6</b>
Par	IVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a ' 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	-	onse to	lines 💽
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	17	Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b>	17		
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or mor members of the governing body?	e 7a		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b the following:	y		
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Cod	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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	Yes	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giverise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participatio in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exemp status with respect to such arrangements?			
	ction C. Disclosure	100		l

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s

NY

only)available for public inspection. Indicate how you made these available. Check all that apply. ✓ Own website ✓ Another's website ✓ Upon request ○ Other (explain in Schedule O)

- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 19 policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records:

   DARA MAJOR 116 NASSAU STREET
   NEW YORK, NY 10038 (212) 714-1184
   20

Form 990 (2017)

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							
Sectio	n A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
year.	te this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax							
	l of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardless of amount sation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.							
of compen-								

Dage 7

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for	more perse	than on is	one botl	not box h an	check c, unle office ustee	ess er	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) DARA MAJOR	1.00	×		x				0	0	0
CHAIRPERSON		^		^				0	0	U
(2) MIKE HOFMAN	1.00	×		x				0	0	0
VICE CHAIRPERSON		~		~				0	U	0
(3) THOMAS SALATTE	1.00	v		~						
SECRETARY		х		х				0	0	0
(4) THOMAS ZUZELO TREASURER	1.00	х		x				0	0	0
(5) WILL CHAMBERLIN BOARD MEMBER	1.00	х						0	0	0
(6) HONORABLE THOMAS K DUANE BOARD MEMBER	1.00	х						0	0	0
(7) BRIAN FRIEDMAN BOARD MEMBER	1.00	x						0	0	0
(8) LANAYA IRVIN BOARD MEMBER	1.00	x						0	0	0
(9) ERIN KELLY BOARD MEMBER	1.00	х						0	0	0
(10) ASWINI KRISHNAN BOARD MEMBER	1.00	x						0	0	0
(11) KEVIN KRUEGER BOARD MEMBER	1.00	х						0	0	0
(12) TIQ MILAN BOARD MEMBER	1.00	х						0	0	0
(13) ALEXANDER E C MOLE BOARD MEMBER	1.00	x						0	0	0
(14) MARCUS MORTON BOARD MEMBER	1.00	х						0	0	0
(15) ALEXANDRO PADRES BOARD MEMBER	1.00	х						0	0	0
(16) PAULINE SOBELMAN BOARD MFMBFR	1.00	х						0	0	0

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– Page 8 –

Form 990 (2017)

Page **8** Section A. Officers. Directors. Trustees, Key Employees, and Highest Compensated Employees (continued) Dort V/II

	(B) Average hours per week (list any hours for	Average hours per week (list any hours for         Position (do not check more than one box, unless person is both an officer and a director/trustee)         Reportable compensation from the organization (W- 2/109-MISC)								Estir amount compe fron	F) nated of other nsation n the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	rela	ation and ated zations
18) BEVERLY TILLERY				х				167,436	(	D	3,494
EXECUTIVE DIRECTOR (19) CATHERINE SHUGRUE DOS SANTOS											
CO-DIRECTOR OF CLIENT SVCS	35.00					×		110,101			4,441
1b Sub-Total . c Total from continuation sheets to Part d Total (add lines 1b and 1c)	VII, Section A	• •			I	> > >		277,537	0		7,93
2 Total number of individuals (including b of reportable compensation from the or		those li	isted a	abov	ve)	who re	eceiv	ved more than \$100	,000		
3 Did the organization list any former off line 1a? If "Yes," complete Schedule J for the schedule J for the schedule J for										Yes	No
4 For any individual listed on line 1a, is the organization and related organizations of individual									ne	4 Yes	
5 Did any person listed on line 1a receive services rendered to the organization?										5	No
Section B. Independent Contractor Complete this table for your five highes from the organization. Report compensi	t compensated in									ensation	
	(A) I business address							Descrip	(B) tion of services		<b>C)</b> ensation
	(including but not	t limite	d to t	hose	e lis	ted ab	ove)	) who received more	e than \$100,000 c		<b>90</b> (2017)

Part VIII	Statement of Rev	/enue				
	Check if Schedule Occ	ontains a response or note t	o any line in this Part VIII			🗆
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
erate	ed campaigns	1a				

	s	erated campaigns	•	•	1a
lts	Ê				

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draising events	1c					
207,308	10					
araising events	1d					
<b>he</b>						
*rnment grants (contribut	ions) 1e					
2,382,734 ther contributions, gifts, g	rants					
anu similar amounts not inclu	ied 1f					
above						
1,921,117						
ncash contributions include ines 1a - 1f:\$	d 11,325					
Total.Add lines 1a-1f		• <b>•</b> 4,511,159				
		Business Code				
,		900099	85,495	85,495		
AINING & OTHERS						
AINING & OTHERS		-				
0						
		↓				
Ee ,						+
All other program serv	vice revenue .					
<b>9 Total.</b> Add lines 2a-2f		85,495				
3 Investment income (in		ntorost and other				Т
similar amounts) .			588			58
4 Income from investment	nt of tax-exempt bo	ond proceeds				
5 Royalties		🕨				
	(i) Real	(ii) Personal				
6a Gross rents						
<b>b</b> Less: rental expenses						
-						
<ul> <li>c Rental income or (loss)</li> </ul>						
<b>d</b> Net rental income or	(loss)					
		(ii) Other				
7a Gross amount	(i) Securities	(II) Other				
from sales of assets other						
than inventory						
<b>b</b> Less: cost or						
other basis and sales expenses						
C Gain or (loss)						
<b>d</b> Net gain or (loss) .		•				
8a Gross income from fu						
(not including \$ contributions reported See Part IV, line 18 b Less: direct expenses						
See Part IV, line 18	a	43,814				
b Less: direct expenses	ь	68,693				
Net income or (loss) f	rom fundraising ev	ents 🕨	-24,879			-24,87
c Net income or (loss) f Gross income from ga See Part IV, line 19						
See Part IV, line 19	 а					
<b>b</b> Less: direct expenses						
c Net income or (loss) f		ies				
10aGross sales of invento		les			1	+
returns and allowance	s					
	а					
<b>b</b> Less: cost of goods so	ld b					
c Net income or (loss) f						
Miscellaneous	Revenue	Business Code				
11aOTHER REVENUE		900099	126			12
b						
c						+
		·	Г			
<b>d</b> All other revenue .						-
	11d		126			

Form 990 (2017)

Part X Balance Sheet

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all col	umps All other eres	nizations must comp	lete column (A)	
Check if Schedule O contains a response or note to any l				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			3	
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,trustees, and key employees	180,024	138,889	22,567	18,568
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,975,606	1,524,184	247,653	203,769
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	244,989	189,009	30,711	25,269
<b>10</b> Payroll taxes	179,049	138,136	22,445	18,468
11 Fees for services (non-employees):				
a Management				
	64	64		
	26,500	0.	26,500	
c Accounting	15,000		15,000	
d Lobbying	15,000		15,000	
e 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 Schedule O)	207,591	82,701	117,290	7,600
12 Advertising and promotion				
13 Office expenses	56,748	50,651	4,748	1,349
14 Information technology				
L5 Royalties				
16 Occupancy	409,151	315,661	51,289	42,201
<b>17</b> Travel	107,937	98,719	8,173	1,045
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
L9 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,425	13,444	2,184	1,797
23 Insurance	16,579	13,637	1,614	1,328
<ul> <li>24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</li> </ul>	10,379	13,037	1,014	1,320
a SOFTWARE, OFFICE AND EQ	67,290	55,467	7,610	4,213
b PROGRAM ACTIVITIES	51,146	51,146	0	0
c TELEPHONE AND COMMUNICA	35,646	29,292	3,486	2,868
d EQUIPMENT RENTAL	33,331	25,751	4,559	3,021
e All other expenses	96,272	23,902	42,966	29,404
25 Total functional expenses. Add lines 1 through 24e	3,720,348	2,750,653	608,795	360,900
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).				

Form 990 (2017)

——— Page 11 —

Page **11** 

Part X	Balance Sneet			
	Check if Schedule O contains a response or note to any line in this Part IX $\ .$			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash-non-interest-bearing	14,521	1	214,006
2	Savings and temporary cash investments	65,481	2	175,526
3	Pledges and grants receivable, net	1,413,228	3	2,019,354
4	Accounts receivable, net	89,809	4	56,659
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete		5	

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ŝ	6	Part II of Schedule L Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza voluntary employees' beneficiary organizations Part II of Schedule L	n 4958 ations ( (see in	B(c)(3)(B), and of section 501(c)(9)	6	
ssets	7	Notes and loans receivable, net			7	
SS	8	Inventories for sale or use			8	
A	9	Prepaid expenses and deferred charges			9	35,913
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	168,355		
	ь	Less: accumulated depreciation	10b	55,040 116,246	10c	113,315
	11	Investments—publicly traded securities .		• • • • • • • • • • • • • • • • • • •	11	
	12	Investments-other securities. See Part IV, line	11 .		12	
	13	Investments-program-related. See Part IV, line	e 11 .		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		121,231	15	121,481
	16	Total assets. Add lines 1 through 15 (must equ			16	2,736,254
	17	Accounts payable and accrued expenses			17	295,022
	18	Grants payable			18	· · · ·
	19	Deferred revenue		19	56,925	
	20	Tax-exempt bond liabilities			20	
60	21	Escrow or custodial account liability. Complete F		21	-	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee				
abi		persons. Complete Part II of Schedule L		22		
Ë	23	Secured mortgages and notes payable to unrela	ited thi	ird parties	23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	·	25	156,198	
	26	Total liabilities. Add lines 17 through 25		466,808	26	508,145
Assets or Fund Balances	27	Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33 Unrestricted net assets			27	727,374
Bal	28	Temporarily restricted net assets		808,731	28	1,500,735
p	29	Permanently restricted net assets			29	
In		Organizations that do not follow SFAS 117	(ASC	958),		
S or	30	check here > and complete lines 30 th Capital stock or trust principal, or current funds			30	
set	31	Paid-in or capital surplus, or land, building or ec	luipme	ent fund	31	
Ass	32	Retained earnings, endowment, accumulated in	come,	or other funds	32	
Net /	33	Total net assets or fund balances		1,375,968	33	2,228,109
Ż	34	Total liabilities and net assets/fund balances .		1,842,776	34	2,736,254
	L				·	Form <b>990</b> (2017)

Form 990 (2017)

\_\_\_\_\_ Page 12 \_\_\_\_

Forn	n 990 (2017)		Page <b>12</b>
Pa	art XI Reconcilliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI	-	0
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,572,489
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,720,348
3	Revenue less expenses. Subtract line 2 from line 1	3	852,141
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4	1,375,968
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,228,109

Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: 🛛 🖉 Cash 🔲 Accrual 💭 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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	Yes	
	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:			
	Separate basis Consolidated basis Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	20	Voc	

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review or compilation of its financial statements and selection of an independent accountant?

2	11	12	n	2	n
~	-	~	υ	2	υ

	-			
	or the adult, review, or complication or its manual statements and selection or an independent accountant:	2L	162	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth inthe Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Зb	Yes	
		F	orm 99	<b>0</b> (2017)

Form 990 (2017) **Additional Data** 

Return to Form

Software ID: Software Version:

Form 990, Special Condition Description:

**Special Condition Description** 

#### <u>↑ Back to Top</u>

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		OULE A or 990EZ)	Con		Charity Statu	ion 501(c)(3)	organization o		<b>2017</b>
		he Treasury le Service		► Go to	4947(a)(1) nonexe ► Attach to Form <u>www.irs.gov/Form</u>	990 or Form 99	90-EZ.		Open to Public Inspection
IEW 1	ORK CI	he organiza ITY GAY AND L CE PROJECT						Employer identifi	cation number
	rt I		for Public	Charity Stat	us (All organization	s must comple	te this part.) 9	13-3149200 See instructions.	
					it is: (For lines 1 thro				
1		A church, c	onvention of	churches, or as	sociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).	
2		A school de	scribed in <b>se</b>	ection 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ).)		
3		A hospital of	or a cooperat	ive hospital ser	vice organization desc	ribed in <b>section</b>	170(b)(1)(A)(	iii).	
4			esearch orga and state: _	inization operat	ed in conjunction with	a hospital descr	ibed in <b>section</b>	170(b)(1)(A)(iii). E	inter the hospital's
5				d for the benefi mplete Part II.)	t of a college or unive	rsity owned or o	perated by a gov	ernmental unit descr	ibed in <b>section</b>
6					governmental unit de	scribed in <b>secti</b>	on 170(b)(1)(A	A)(v).	
7				- rmally receives (vi). (Complete	a substantial part of it Part II.)	s support from a	a governmental u	init or from the gener	al public described in
8		A communi	ty trust desc	ribed in <b>sectior</b>	n 170(b)(1)(A)(vi).	(Complete Part I	II.)		
9					escribed in <b>170(b)(1)</b> ee instructions. Enter				lege or university or a
10		from activit investment	ies related to income and	its exempt fun unrelated busin	(1) more than 331/3% octions—subject to certess taxable income (leomplete Part III.)	tain exceptions,	and (2) no more	than 331/3% of its si	upport from gross
11		An organiza	ation organize	ed and operated	d exclusively to test fo	r public safety. S	See <b>section 509</b>	(a)(4).	
12		more public	ly supported	l organizations o	d exclusively for the be described in <b>section 5</b> the type of supporting	09(a)(1) or se	ction 509(a)(2	). See section 509(	
а		Type I. A s organizatio	supporting or n(s) the pow	ganization oper	ated, supervised, orco	ntrolled by its s	upported organiz	ation(s), typically by	
b		Type II. A ormanagen	supporting on Supporting of the sub	organization sup	ervised or controlled i ization vested in the s				
с		Type III f	unctionally	integrated. A s	supporting organizatio must completePart			d functionally integra	ted with, itssupported
d		notfunction	ally integrate	ed. The organiza	<ul> <li>d. A supporting organi ation generally must satisfy a set of the set of the</li></ul>	atisfy adistribution	on requirement a		
e		Check this integrated,	box if the org or Type III r	ganization receiven on functionally	ved a written determir integrated supporting	nation from the I organization.	RS that it is a Ty		II functionally
f g	Enter			-				· · · · · · · · - <u>–</u>	
3	(i) N	lame of supp	orted	(ii) EIN	the supported organiz (iii) Type of	(iv) Is the org	anization listed	(v) Amount of	(vi) Amount of
		organizatior	1		organization (described on lines 1- 10 above (see instructions))	in your govern	ing document?	monetary support (see instructions)	other support (see instructions)
						Yes	No		
	Paperv	work Reduc or 990-EZ.	tion Act Not	tice, see the Ir	structions for	Cat. No. 1128	85F :	Schedule A (Form 9	990 or 990-EZ) 2017
					Do				
					Pa	ge 2			

Schedule A (Form 990 or 990-EZ) 2017

Page **2** Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and

#### . . . . . . . . ..

••	-				· · · · ·	
170(b)(1)(A)(ix)						
					<b>.</b>	
(Complete only if you	u checked the box on line ا	e 5, 7, 8, or 9 of Part I or	if theorgai	nization f	failed to c	ualify under Part
		e tests listed below, plea				,
THE IT THE OFGANIZATIO	n faus foonally finder fr	ie resis listed delow. Diea	ise complet	e Pari II	1.)	

S	ection A. Public Support	ans toquan y an		ted below, pied				
Ca	endar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	,	(f) Total
	fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(C) 2015	( <b>u</b> ) 2010	(e) 2017		
1	Gifts, grants, contributions, and membership fees received. (Do not	2,896,949	3,173,146	3,070,681	4,193,496	4	1,511,159	17,845,431
	include any "unusual grant.")	2,050,515	5/1/ 5/1/0	5,6,6,601	1,255,155	1,011,100		1,7010,101
2	Tax revenues levied for the							
	organization's benefit and either paid to or expended on its behalf							
	paid to or expended on its benan							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	2 806 040	2 172 146	3,070,681	4 102 400		1,511,159	17,845,431
4 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by	2,896,949	3,173,146	3,070,081	4,193,496	4	,511,159	17,845,431
5	each person (other than a							
	governmental unit or publicly							
	supported organization) includedon							1,209,454
	line 1 that exceeds 2% of the amount shown on line 11, column							
	(f)							
6	Public support. Subtract line 5							16,635,977
	from line 4.							10,000,0,0,0,0
	ection B. Total Support	r	1	1	1			
	endar year fiscal year beginning in) 🕨	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017		(f)Total
7	Amounts from line 4.	2,896,949	3,173,146	3,070,681	4,193,496	4	4,511,159	17,845,431
8	Gross income from interest,							
	dividends, payments received on				57		588	645
	securities loans, rents, royalties and income from similar sources.							
9	Net income from unrelated business							
	activities, whether or not the							
10	business is regularly carried on Other income. Do not include gain							
10	or loss from the sale of capital	34,979	6,079	646	751		125	42,580
	assets (Explain in Part VI.).							
11	Total support. Add lines 7 through							17,888,656
12	10 Gross receipts from related activities,	etc. (see instructi	ons)			12		I
		-	-			L		
13	First five years. If the Form 990 is f	-			-			
	check this box and <b>stop here</b>							
S	ection C. Computation of Publi		-					
14	Public support percentage for 2017 (li					14		93.000 %
15	Public support percentage for 2016 Se					15		95.090 %
16a	33 1/3% support test-2017. If the	organization did I	not check the box	on line 13, and lin	ne 14 is 33 1/3% or	more, ch	eck this	
	and stop here. The organization qua							
b	33 1/3% support test-2016. If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 1	/3% or mo	ore, chec	_
	box and stop here. The organization							🕨 🗆
17a	<b>10%-facts-and-circumstances tes</b> is 10% or more, and if the organization							
	in Part VI how the organization meets							
	organization			-	dee			
ь	10%-facts-and-circumstances te	st—2016. If the c			line 13, 16a, 16b,	or 17a, ar	nd line	
	15 is 10% or more, and if the organi	zation meets the '	facts-and-circums	stances" test, cheo	ck this box and <b>sto</b>	p here.		
	Explain in Part VI how the organizati	on meets the "fact	s-and-circumstan	ces" test. The org	anization qualifies	as a publi	cly	
	supported organization							🕨 🗆
18	Private foundation. If the organizat	ion did not check	a box on line 13, 1	16a, 16b, 17a, or	17b, check this bo	k and see		
	instructions							
					Schedu	le A (For	m 990 e	or 990-EZ) 2017

3

Sche	dule A (For	rm 990 or 990-EZ) 2017						Page <b>3</b>
Р	art III	Support Schedule fo (Complete only if you of the organization fails to	checked the l	oox on line 10 o	f Part I or if the	e organizationfai		nder Part II. If
Se	ection A.	Public Support						
	endar yea		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
		r beginning in) 🕨	( <b>u</b> ) 2015	(6) 2011	(0) 2013	( <b>u</b> ) 2010	(0) 2017	(1) 10001
1		nts, contributions, and						
		hip fees received. (Do not						
-		ny "unusual grants.") .						
2		eipts from admissions, dise sold or services						
		d, or facilities furnished in						
		ity that is related to the						
		ion's tax-exempt purpose						
3	Gross rec	eipts from activities that are						
		related trade or business						
		ction 513						
4		nues levied for the						
		ion's benefit and either paid						
_		ended on its behalf e of services or facilities						
5		by a governmental unit to						
		nization without charge						
6		Id lines 1 through 5						
-		included on lines 1, 2, and						
7 a		d from disgualified persons						
b		included on lines 2 and 3						
	received	from other than disqualified						
	persons t	hat exceed the greater of						
		r 1% of the amount on line						
	13 for the							
С		7a and 7b						
8	Public su	upport. (Subtract line 7c						

- Page 3 -

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	Trom line 6.)		1	1					
Se	ction B. Total Support								
ale	ndar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f)	Total	
	iscal year beginning in) 🕨	(a) 2015	(6) 2014	(0) 2015	(u) 2010	(e) 2017	(1)	Total	
9 a	Amounts from line 6 Gross income from interest,								
1	dividends, payments received on								
	securities loans, rents, royalties and								
	income from similar sources Unrelated business taxable income								
	(less section 511 taxes) from								
	businesses acquired after June 30,								
	1975.								
	Add lines 10a and 10b. Net income from unrelated business				-				
	activities not included in line 10b,								
	whether or not the business is								
	regularly carried on. Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
	Total support. (Add lines 9, 10c, 11, and 12.).								
	First five years. If the Form 990 is fo	r the organizat	tion's first, second	l, third, fourth, or	fifth tax year as a	section 501(c)(3)	orgar	nization	۱,
	check this box and <b>stop here</b>							🕨	
c	tion C. Computation of Public	Support Pe	rcentage						
	Public support percentage for 2017 (lin					15			
ļ	Public support percentage from 2016 9	Schedule A, Pa	rt III, line 15			16			
ç	tion D. Computation of Invest	ment Incon	ne Percentage						
	Investment income percentage for 20					17			
	Investment income percentage from 2					18			
	1/3% support tests-2017. If the								
	e than 33 1/3%, check this box and								
	3 1/3% support tests-2016. If the	-						nd line	18 is
r	not more than 33 1/3%, check this box	and stop her	e. The organization	n qualifies as a p	ublicly supported o	organization	. ►		
ľ	Private foundation. If the organizati	on did not cheo	k a box on line 1	4, 19a, or 19b, ch	eck this box and s	ee instructions .			
					Sched	lule A (Form 990	) or 9	90-EZ)	) 2017
			Page	4					
20	lule A (Form 990 or 990-EZ) 2017							ſ	Page <b>4</b>
	t IV Supporting Organization	s							
	(Complete only if you checked	a box on line 1	2 of Part I. If you	checked 12a of P	art I, complete Se	ctions A and B. If	you ch	ecked	12b of
	Part I, complete Sections A and	I C. If you cheo	ked 12c of Part I	complete Section	is A, D, and E. If y	ou checked 12d o	f Part	I, comp	plete
	Sections A and D, and complete								
8	ction A. All Supporting Organiz	ations						V	N-
								Yes	No
	Are all of the organization's supported							1	1
	If "No," describe in <b>Part VI</b> how the sides of the section of the designation. If historic and the section of				eu by class or pur	pose,	<u> </u>		—
	-	-					1		—
	id the organization have any support 09(a)(1) or (2)? <i>If "Yes," explain in</i> <b>F</b>						1	1	1
	vasdescribed in section 509(a)(1) or (				sapported organiz	2	_		+
				- 501(-)(4) (5)	an (C)2 76 19/ 1	(h)	2		-
	Did the organization have a supported below.	organization d	iescribed in sectio	n 501(c)(4), (5),	or (6)? If "Yes," ar	nswer (b) and (c)	L	<u> </u>	
-							3a	<u> </u>	—
Dic	d the organization confirm that each	supported org	anization qualifie	d under section 50	01(c)(4), (5), or (6	<ul> <li>and satisfied</li> </ul>		1	1
	epublic support tests under section ! edetermination.	bu9(a)(2)? If "	res, uescribe in <b>I</b>	art vi when and	now the organizat	LIUIT MAUE	L	ļ	
							3b	I	_
	d the organization ensure that all su					2)(B) purposes?			
11	Yes," explain in <b>Part VI</b> what contr	ois the organiz	ation put in place	to ensure such u	se.		3c		
	s any supported organization not o			oreign supported	organization")? If	"Yes" and if you			
che	ecked 12a or 12b in Part I, answer (	b) and (c) belo	ow.				4a	ľ	1
	id the organization have ultimate cor								
S	upportedorganization? If "Yes," descr	ibe in <b>Part VI</b>	how the organiza	tion had such con			4b	1	1
C	ontrolled orsupervised by or in conne bid the organization support any forei	<i>ction with its s</i> gn supported ດ	upported organization that of	<i>tions.</i> loes not have an I	RS determination	under		1	1
5	sections501(c)(3) and 509(a)(1) or (2	)? If "Yes," exp	olain in <b>Part VI</b> w	hat controls the o	rganization used to			1	1
5	support tothe foreign supported organ	ization was use	ed exclusively for	section 170(c)(2)	(B) purposes.		4c	1	1
[	Did the organization add, substitute, o	r remove anv	supported organiz	ations during the	tax year? If "Yes."	answer (b)		1	1
а	nd(c) below (if applicable). Also, prov	vide detail in <b>P</b> a	art VI, including	(i) the names and			1	1	1
	upportedorganizations added, substit neorganization's organizing document					hority under			

- byamendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in theorganization's organizing document? b
- Substitutions only. Was the substitution the result of an event beyond the organization's control? с
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone 6 other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of itssupported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filingorganization's supported organizations? If "Yes," provide detail in **Part VI**.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined insection 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to asubstantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 7
- 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). 8
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons asdefined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**. 9a
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the ь supportingorganization had an interest? If "Yes," provide detail in Part VI.

IRS Full Filing

5b

5c

6

7

8

9a

9b

#### IRS Full Filing

	Schedule A (Form 990	or 99	0-EZ)	2017
5	the organization had excess business holdings).	10b		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determinewhether			
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certainType II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
	which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
с	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assetsin			

— Page 5 —

Sche	edule A (Form 990 or 990-EZ) 2017		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
ь	A family member of a person described in (a) above?	11a 11b	-	
c		11c		
	ection 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 orelect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 suchpowers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) thatoperated, supervised, or controlled the supporting organization?If "Yes," explain in <b>Part VI</b> how providing such benefitcarried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations	. <u> </u>		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ofeach of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of thesupporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
		<u> </u>		
S	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization'stax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of theForm 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governingdocuments 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 <b>Part VI</b> how the organizationmaintained a close and continuous working relationship with the supported organization(s).			
-	Duranne of the velocities described in (2), did the even inclinate over the develocities have a significant using in	2	-	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in theorganization's investment policies and in directing the use of the organization's income or assets at all times during the taxyear? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.			
		3		
-	ection 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 instruction of the second s	ons):		
	<b>a</b> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
	<b>b</b> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
	c The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	I	Yes	No
;	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supportedorganization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supportedorganizations and explain how these activities directly furthered their exempt purposes, how the organization wasresponsive to those supported organizations, and how the organization determined that these activities constitutedsubstantially all of its activities.	2a		
I	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of theorganization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for theorganization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	26		

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

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each ofthe supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of itssupported organizations? If "Yes," describe in **Part VI.** the role played by the organization in this regard.

 S regard.
 3b

 Schedule A (Form 990 or 990-EZ) 2017

3a

Schedule A (Form 990 or 990-EZ) 2017						
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
	1		Check here if the organization satisfied the Integral Part Test as a qualifying trust on instructions. All other Type III non-functionally integrated supporting organizations			
		Sec	tion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	

— Page 6 —

#### IRS Full Filing

L	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 forproduction or collection of gross income or formanagement, conservation, or maintenance of propertyheld for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 fromline 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-useassets (see instructions for short tax year or assets held for part of year):	1		
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		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt useassets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% ofline 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A,line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B,line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (seeinstructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrate	ed Type III supporting or	ganization (see

— Page 7 —

Part V Type III Non-Functionally Integrated Section D - Distributions	······································	<b>j</b>	Current Year
<ol> <li>Amounts paid to supported organizations to accomplish</li> </ol>	n exempt purposes		
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	
3 Administrative expenses paid to accomplish exempt pu	rposes of supported organizati	ons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval require	ed)		
6 Other distributions (describe in <b>Part VI</b> ). See instruction	ons		
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to whetails in <b>Part VI</b> ). See instructions	nich the organization is respon	sive (provide	
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
		Underdistributions	Distributable
instructions)  Distributable amount for 2017 from Section C, line  Underdistributions, if any, for years prior to 2017		Underdistributions	Distributable
instructions) 1 Distributable amount for 2017 from Section C, line 6 2 Underdistributions, if any, for years prior to 2017 reasonable cause required explain in Part VI).		Underdistributions	Distributable
instructions) 1 Distributable amount for 2017 from Section C, line 6 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2017: a		Underdistributions	Distributable
instructions) 1 Distributable amount for 2017 from Section C, line 6 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2017: a b From 2013		Underdistributions	Distributable
instructions) 1 Distributable amount for 2017 from Section C, line 6 2 Underdistributions, if any, for years prior to 2017 reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2017: a b From 2013 c From 2014		Underdistributions	
instructions) 1 Distributable amount for 2017 from Section C, line 6 2 Underdistributions, if any, for years prior to 2017 reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2017: a b From 2013 c From 2014 d From 2015		Underdistributions	Distributable
instructions) 1 Distributable amount for 2017 from Section C, line 6 2 Underdistributions, if any, for years prior to 2017 reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2017: a b From 2013. c From 2013. c From 2014. c From 2015. c From 2015. c From 2016. c From 20		Underdistributions	Distributable
instructions) 1 Distributable amount for 2017 from Section C, line 6 2 Underdistributions, if any, for years prior to 2017 reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2017: a b From 2013 c From 2013 d From 2015 e From 2016 f Total of lines 3a through e		Underdistributions	Distributable
instructions) 1 Distributable amount for 2017 from Section C, line 6 2 Underdistributions, if any, for years prior to 2017 reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2017: a b From 2013 c From 2013 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years		Underdistributions	Distributable
instructions)  Distributable amount for 2017 from Section C, line C Underdistributions, if any, for years prior to 2017 reasonable cause required explain in Part VI). See instructions. Excess distributions carryover, if any, to 2017:  b From 2013  c From 2013 c From 2015 d From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount		Underdistributions	Distributable
instructions) 1 Distributable amount for 2017 from Section C, line 6 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2017: a b From 2013. c From 2013. d From 2015. d From 2015. e From 2016. f Total of lines 3a through e g Applied to underdistributions of prior years		Underdistributions	Distributable
instructions) 1 Distributable amount for 2017 from Section C, line 6 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2017: a b From 2013 c From 2013 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see		Underdistributions	Distributable

 $https://pp-990-rendered.s3.amazonaws.com/201911359349312701\_full\_0.html?X-Amz-Algorithm=AWS4-HMAC-SHA256\&X-Amz-Credential=AKIA\dots 15/28$ 

\$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
<b>b</b> Excess from 2014			
c Excess from 2015			
<b>d</b> Excess from 2016			
e Excess from 2017			
	•	Schodulo A (E	orm 000 or 000-E7) (2017)

Schedule A (Form 990 or 990-EZ) (2017)

Schedule A (Form 990 or 990-EZ) 2017

Page 8

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 Part VI instructions).

Page 8

Facts And Circumstances Test				
Return Reference	Explanation			
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	SUBLEASE AND OTHER - 2013 AMOUNT: \$ 34,979. 2014 AMOUNT: \$ 6,079. 2015 AMOUNT: \$ 646. 2016 AMOUNT: \$ 751. 2017 AMOUNT: \$ 125.			
	Schedule A (Form 990 or 990-EZ) 2017			

**Additional Data** 

Return to Form

Software ID: Software Version:

#### ↑ Back to Top

Charles March 1 P			TIN: 40.04 (0000
efile Public Visual Ren	nder Objectld: 201911359349312701 - Submission: 2019-05-15		TIN: 13-3149200
Schedule B	Schedule of Contributors		OMB No. 1545-0047
(Form 990, 990-EZ, or 990-PF)	<b>N</b>		
Department of the Treasury	Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.		2018
Internal Revenue Service			
Name of the organizat		Employer i	dentification number
NEW YORK CITY GAY AN ANTI-VIOLENCE PROJEC		13-3149200	
Organization type (ch		10 01 10200	
<b>U </b>	,		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)( ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private for a second secon	oundation	
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
10111 990-FT			
	4947(a)(1) nonexempt charitable trust treated as a private found	lation	
	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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **IRS Full Filing**

#### Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/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., purposes. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., outributions 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

	990, 990-EZ, or 990-PF) (2018)
for Form 990, 990-EZ, or 990-PF.	

Page 2 —

Schedule B (Form	990, 990-EZ, or 990-PF) (2018)		Page 2
Name of organiza NEW YORK CITY GA ANTI-VIOLENCE PRO	Y AND LESBIAN	<b>Employer id</b> 13-3149200	entification number
Part I	Contributors (See instructions). Use duplicate copies of Part I if addited	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash
(-)	(6)	(5)	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.)
(a)	(b)	(C)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
		¢	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) (2018)

Page 4

ame of organization		Employer identification	number
EW YORK CITY GAY AND	LESBIAN	13-3149200	
	ash Property (See instructions). Use duplicate copies of Part II if additional space is need		
(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
=		\$\$	
			990, 990-EZ, or 990-PF) (

Page 3

# Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT 13-3149200

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 information once. See instructions.) \$

Page 4

Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift \_\_\_\_\_\_ Relationship of transferor to transferee Transferee's name, address, and ZIP 4 (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP 4 (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee (a) (c) Use of aift (d) Description of how aift is held (b) Purpose of aift

	2/	4/20	)20
--	----	------	-----

NO. TROM Part I				g
_				<b>J</b>
-  -				
		(e) Transfer of gift		
	Transferee's name, address, a	and ZIP 4 Rela	ationship of transferor to ti	ransferee
_				
		Sci	nedule B (Form 990, 990-	EZ, or 990-PF) (2018
Additional Dat	а			Return to Form
	•	Software ID: Software Version:		
Back to Top				
file Public Visual	Render ObjectId: 20191	1359349312701 - Submission:	2019-05-15	TIN: 13-3149200
CHEDULE C	Political Cam	paign and Lobbying A	ctivities	OMB No. 1545-0047
orm 990 or 990-EZ)	For Organizations Exempt Fr	rom Income Tax Under section 5	01(c) and section 527	2017
artment of the Treasury	- ·	described below. ►Attach to Form	.,	Open to Public
rnal Revenue Service		<u>rm990</u> for instructions and the late		Inspection
Section 527 organization ans Section 501(c)(3) of Section 501(c)(3) of Section 501(c)(3) of Section 501(c)(3) of Section ans	zations: Complete Part I-A only. wwered "Yes" on Form 990, Part IV, rganizations that have filed Form 576 rganizations that have NOT filed Forn wwered "Yes" on Form 990, Part IV,	ns: Complete Parts I-A and C below. E Line 4, or Form 990-EZ, Part VI, line 88 (election under section 501(h)): Con m 5768 (election under section 501(h)) Line 5 (Proxy Tax) (see separate ins	<b>47 (Lobbying Activities),</b> nplete Part II-A. Do not com : Complete Part II-B. Do not	plete Part II-B. t complete Part II-A.
	rate instructions), then 5), or (6) organizations: Complete Pa	art III.		
ame of the organizat	ion		Employer identif	fication number
NTI-VIOLENCE PROJECT		pt under section 501(c)or is a	13-3149200	
"political campaig Political campaigr Volunteer hours f	n activities") n activity expenditures (see instruction	ndirect political campaign activities in l ons) nstructions) pt under section 501(c)(3).	\$	
		ganization under section 4955		
		ization managers under section 4955 file Form 4720 for this year?	-	<b>•••</b>
Was a correction				Yes No
If "Yes," describe	in Part IV.			Yes No
		pt under section 501(c),excep	t section 501(c)(3).	
Enter the amount	of the filing organization's funds cor	nization for section 527 exempt function ntributed to other organizations for sec	tion 527 exempt	
ranceion accivicies	ction expenditures. Add lines 1 and 2		-	
Total exempt fund		. Enter here and on Form 1120-POL. II		
	inization file Form 1120-POL for the	is year?	+ -	Voc No
Did the filing orga Enter the names, organization mad political contribut	addresses and employer identification e payments. For eachorganization lis ions received that were promptly and		tical organizations to which ling organization's funds. Al al organization, such as a se	soenter the amount of
Did the filing orga Enter the names, organization mad political contribut fund or apolitical	addresses and employer identification e payments. For eachorganization lis ions received that were promptly and	is year? on number (EIN) of all section 527 poli ted, enter the amount paid from the fi d directlydelivered to a separate politic	tical organizations to which ling organization's funds. Al al organization, such as a se	the filing soenter the amount of sparate segregated (e) Amount of political contributions received and promptly and directly delivered to a separate political
Did the filing orga Enter the names, organization mad political contribut fund or apolitical	addresses and employer identification e payments. For eachorganization is ions received that were promptly and action committee (PAC). If additiona	is year? on number (EIN) of all section 527 poli ted, enter the amount paid from the fi d directlydelivered to a separate politic I space is needed, provide information	tical organizations to which ling organization's funds. Al al organization, such as a so in Part IV. (d) Amount paid from filing organization's funds. If none, enter	the filing soenter the amount of eparate segregated (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none,
Did the filing orga Enter the names, organization mad political contribut fund or apolitical	addresses and employer identification e payments. For eachorganization is ions received that were promptly and action committee (PAC). If additiona	is year? on number (EIN) of all section 527 poli ted, enter the amount paid from the fi d directlydelivered to a separate politic I space is needed, provide information	tical organizations to which ling organization's funds. Al al organization, such as a so in Part IV. (d) Amount paid from filing organization's funds. If none, enter	the filing soenter the amount of eparate segregated (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none,
Did the filing orga Enter the names, organization mad political contribut fund or apolitical	addresses and employer identification e payments. For eachorganization is ions received that were promptly and action committee (PAC). If additiona	is year? on number (EIN) of all section 527 poli ted, enter the amount paid from the fi d directlydelivered to a separate politic I space is needed, provide information	tical organizations to which ling organization's funds. Al al organization, such as a so in Part IV. (d) Amount paid from filing organization's funds. If none, enter	the filing soenter the amount of eparate segregated (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none,
Did the filing orga Enter the names, organization mad political contribut fund or apolitical	addresses and employer identification e payments. For eachorganization is ions received that were promptly and action committee (PAC). If additiona	is year? on number (EIN) of all section 527 poli ted, enter the amount paid from the fi d directlydelivered to a separate politic I space is needed, provide information	tical organizations to which ling organization's funds. Al al organization, such as a so in Part IV. (d) Amount paid from filing organization's funds. If none, enter	the filing soenter the amount of eparate segregated (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none,
Did the filing orga Enter the names, organization mad political contribut fund or apolitical	addresses and employer identification e payments. For eachorganization is ions received that were promptly and action committee (PAC). If additiona	is year? on number (EIN) of all section 527 poli ted, enter the amount paid from the fi d directlydelivered to a separate politic I space is needed, provide information	tical organizations to which ling organization's funds. Al al organization, such as a so in Part IV. (d) Amount paid from filing organization's funds. If none, enter	the filing soenter the amount of eparate segregated (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none,
Did the filing orga Enter the names, organization mad political contribut	addresses and employer identification e payments. For eachorganization is ions received that were promptly and action committee (PAC). If additiona	is year? on number (EIN) of all section 527 poli ted, enter the amount paid from the fi d directlydelivered to a separate politic I space is needed, provide information	tical organizations to which ling organization's funds. Al al organization, such as a so in Part IV. (d) Amount paid from filing organization's funds. If none, enter	the filing soenter the amount of eparate segregated (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none,

P		plete if the organization on 501(h)).	isexempt under section 501(c)(3) and file	d Form 5768 (elect	ion under
L		ne filing organization belongs to enses, and share of excess lobb	o an affiliated group (and list in Part IV each affiliated bying expenditures).	group member's name, a	address, EIN,
	Check 🕨 🗌 if th	ne filing organization checked b	ox A and "limited control" provisions apply.		
	ד)		ing Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
а	Total lobbying exp	penditures to influence public o	pinion (grass roots lobbying)		
b	Total lobbying exp	penditures to influence a legisla	tive body (direct lobbying)	12,000	
с	Total lobbying exp	penditures (add lines 1a and 1b	)	12,000	
d	Other exempt pur	pose expenditures		3,708,348	
e	Total exempt purp	oose expenditures (add lines 10	and 1d)	3,720,348	
f	Lobbying nontaxa columns.	ble amount. Enter the amount	from the following table in both	336,017	
	If the amount o	n line 1e, column (a) or (b)	is: The lobbying nontaxable amount is:		
	Not over \$500,000		20% of the amount on line 1e.		
	Over \$500,000 but r	not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but	t not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5		\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000		\$1,000,000.		

- h Subtract line 1g from line 1a. If zero or less, enter -0-.
- i Subtract line 1f from line 1c. If zero or less, enter -0-. .....

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditu	res During 4-	Year Averagi	ng Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	(e) Total
2a	Lobbying nontaxable amount				336,017	336,017
b	Lobbying ceiling amount (150% of line 2a, column(e))					504,026
с	Total lobbying expenditures				12,000	12,000
d	Grassroots nontaxable amount				84,004	84,004
e	Grassroots ceiling amount (150% of line 2d, column (e))					126,006
f	Grassroots lobbying expenditures			Schedule	e C (Form 990 or	· 990-EZ) 2017

— Page 3 -

Sche	dule C (Form 990 or 990-EZ) 2017			F	age 3
Ра	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f Form 5768 (election under section 501(h)).	iled			
For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		<u>(a)</u>		(b)	
activ		Yes	No	Amou	nt
1	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:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
с	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	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?				
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				
с	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?				
Par	t III-A Complete if the organization is exempt undersection 501(c)(4), section 501(c) 501(c)(6).	)(5), or	sectio	n	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		Γ	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
з	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	

Par	t III-B Complete if theorganization is exempt under section 501(c)(4), section 501(c)(5 (6)and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Pa isanswered "Yes."		
1	Dues, assessments and similar amounts from members	1	
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).		
а	Current year	2a	
b	Carryover from last year	2b	
с	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (seeinstructions)	5	
Pa	rt IV Supplemental Information		•
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); P ructions), and Part II-B, line 1. Also, complete this part for any additional information.	art II	A, lines 1 and 2 (see
	Return Reference Explanation		
<b></b>	Schedule C	C (For	m 990 or 990EZ) 2017

#### **Additional Data**

Return to Form

Software ID: Software Version:

## <u>↑ Back to Top</u>

efi	le Public Visua	Renuel	Objectiu. 201911	555545512701	Submission: 2019	-03-1	,	TIN: 13	5145200
SCHEDULE D (Form 990)			••		l Statements			OMB No.	1545-0047
		P	art IV, line 6, 7, 8, 9,	10, 11a, 11b, 11c, 1				20	] ] [
	tment of the Treasury al Revenue Service			Attach to Form 99 gov/Form990 for the second sec	90. e latest information.			Insp	to Public pection
	me of the organi N YORK CITY GAY AN					Emp	loyer iden	tification r	umber
	TI-VIOLENCE PROJEC					13-3	149200		
Pa			ntaining Donor Adv			or Acc	ounts.		
	Complet	e if the orga	nization answered "Y		art IV, line 6. advised funds	1	(b)Funde :	and other a	counte
1	Total number at o	end of year .			advised funds				ccounts
2		-	s to (during year)						
3	Aggregate value								
1		-							
5	organization's pr	operty, subjec	donors and donor advis t to the organization's e	xclusive legal control?		• •			Yes 🗌 No
6	charitable purpo	ses and not for	grantees, donors, and d r the benefit of the dono	or or donor advisor, or	for any other purpose				Yes 🗌 No
	ut II Canaam						Dort IV/	ine 7.	
a	rt II Conser	vation Ease	ments. Complete if t	he organization and	swered "Yes" on For	m 990	, Fait IV, I		
-			ments. Complete if t ements held by the orga			<u>m 990</u>	, Fait IV, I		
-	Purpose(s) of co	nservation eas		anization (check all th					ea
-	Purpose(s) of co	nservation eas	ements held by the orga ublic use (e.g., recreation	anization (check all th	at apply).	n histori	cally import	ant land ar	ea
-	Purpose(s) of co Preservatio Protection	nservation eas n of land for p	ements held by the orga ublic use (e.g., recreatic tat	anization (check all th	at apply). Preservation of ar	n histori	cally import	ant land ar	еа
L	Purpose(s) of co Preservatio Protection Preservatio	nservation eas n of land for p of natural habi n of open spac a through 2d i	ements held by the orga ublic use (e.g., recreation tat re f the organization held a	anization (check all th on or education)	at apply). Preservation of ar Preservation of a	n histori certifieo	cally import I historic str conservatio	ant land an	
	Purpose(s) of co Preservatio Protection o Preservatio Complete lines 2 easement on the	nservation eas n of land for p of natural habi n of open spac a through 2d i e last day of th	ements held by the orga ublic use (e.g., recreation tat re f the organization held a	anization (check all th on or education) a qualified conservatio	at apply). Preservation of ar Preservation of a Preservation of a n contribution in the fo	n histori certifieo	cally import I historic str conservatio	ant land an ructure	
L	Purpose(s) of co Preservatio Protection Protection Complete lines 2 easement on the Total number of	nservation eas n of land for p of natural habi n of open spac a through 2d i e last day of th conservation e	ements held by the orga ublic use (e.g., recreation tat re f the organization held a e tax year.	anization (check all th on or education) a qualified conservatio	at apply). Preservation of ar Preservation of a Preservation of a n contribution in the fo	n histori certified orm of a	cally import I historic str conservatio	ant land an ructure	
a	Purpose(s) of co Preservatio Protection Protection Complete lines 2 easement on the Total number of Total acreage res	nservation eas n of land for p of natural habi n of open spac a through 2d i last day of th conservation e stricted by cons	ements held by the orga ublic use (e.g., recreation tat e f the organization held a e tax year. asements	anization (check all th on or education) a qualified conservatio	at apply). Preservation of ar Preservation of a Preservation of a n contribution in the fo	n histori certified orm of <u>a</u>	cally import I historic str conservatio	ant land an ructure	
2 a b	Purpose(s) of co Preservatio Protection Protection Complete lines 2 easement on the Total number of Total acreage res Number of conse	nservation eas n of land for p of natural habii n of open space (a through 2d i last day of th conservation e stricted by com rvation easem rvation easem	ements held by the orga ublic use (e.g., recreation tat e f the organization held a e tax year. asements servation easements . ents on a certified histor ents included in (c) acqu	anization (check all th on or education) a qualified conservatio	at apply). Preservation of ar Preservation of a rcontribution in the fo	n histori certified rm of a 2a 2b	cally import I historic str conservatio	ant land an ructure	
a b c d	Purpose(s) of co Preservatio Protection Protection Preservatio Complete lines 2 easement on the Total number of Total acreage res Number of conse structure listed in	nservation eas n of land for p of natural habii n of open space (a through 2d i last day of th conservation e stricted by con: rvation easem n the National	ements held by the orga ublic use (e.g., recreation tat e f the organization held a e tax year. asements servation easements . ents on a certified histor ents included in (c) acqu	anization (check all th on or education) a qualified conservatio 	at apply). Preservation of ar Preservation of a n contribution in the for n (a) historic	rm of a 2a 2b 2c 2d	cally import d historic str <u>conservatic</u> Held at t	ant land ard ructure on <b>:he End of</b>	
a b c d 3	Purpose(s) of co Preservatio Protection Preservatio Complete lines 2 easement on the Total number of Total acreage res Number of conse structure listed in Number of conse tax year	nservation eas n of land for p of natural habii n of open space (a through 2d i last day of th conservation e stricted by con: rvation easem n the National ervation easem	ements held by the orga ublic use (e.g., recreation tat f the organization held a e tax year. asements servation easements . ents on a certified histor ents included in (c) acquire Register	anization (check all th on or education) a qualified conservatio 	at apply). Preservation of ar Preservation of a n contribution in the for n (a) n d not on a historic shed, or terminated by	rm of a 2a 2b 2c 2d	cally import d historic str <u>conservatic</u> Held at t	ant land ard ructure on <b>:he End of</b>	
1 2 b c d 3	Purpose(s) of co Preservatio Protection Protection Preservatio Complete lines 2 easement on the Total acreage res Number of conse structure listed in Number of conse tax year Number of state Does the organiz	nservation eas n of land for p of natural habi n of open spac a through 2d i e last day of th last day of th extricted by con: rvation easem n the National ervation easem s where proper cation have a v	ements held by the orga ublic use (e.g., recreation tat e f the organization held a e tax year. asements servation easements ents on a certified histor ents included in (c) acqu Register ents modified, transferr	anization (check all th on or education) a qualified conservatio 	at apply).  Preservation of ar  Preservation of a  n contribution in the fo  n (a) nd not on a historic shed, or terminated by g, inspection, handling	n histori certified rm of <u>a</u> 2a 2b 2c 2d the org	cally import I historic str Conservatic Held at t ganization d - tions,	ant land ard ructure on <b>:he End of</b>	
1 2 d 3 4 5	Purpose(s) of co Preservatio Protection Protection Preservatio Complete lines 2 easement on the Total number of Total acreage res Number of conse structure listed in Number of conse tax year Number of state Does the organia and enforcement	nservation eas n of land for p of natural habii n of open space la through 2d i last day of th conservation e stricted by com- rvation easem n the National ervation easem s where proper ration have a w t of the conser	ements held by the orga ublic use (e.g., recreation tat e f the organization held a e tax year. asements servation easements ents on a certified histor ents included in (c) acqu Register ents modified, transferr	anization (check all th on or education) a qualified conservatio 	at apply).  Preservation of ar  Preservation of a an contribution in the for  (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	of viola	cally import I historic str Conservatic Held at t ganization d - tions,	ant land arr ructure on the End of uring the Yes	the Year
1 2 a b c	Purpose(s) of co Preservatio Protection Protection Complete lines 2 easement on the Total number of Total acreage res Number of conse structure listed in Number of conse tax year Number of state Does the organiz and enforcemen Staff and volunte	nservation eas n of land for p of natural habi n of open space (a through 2d i last day of th conservation easem rvation easem rvation easem the National ervation easem s where proper ration have a v t of the conser eer hours devo	ements held by the orga ublic use (e.g., recreation tat e f the organization held a e tax year. asements servation easements ents on a certified histor ents included in (c) acqu Register ents modified, transferr rty subject to conservation vritten policy regarding for vation easements it hold	anization (check all th on or education) a qualified conservatio 	at apply).  Preservation of ar  Preservation of a  n contribution in the for n (a) nd not on a historic shed, or terminated by d g, inspection, handling ations, and enforcing c	on histori certified orm of a 2a 2b 2c 2d 2d of viola conserva	cally import I historic str Held at t ganization d tions,	ant land and ructure	the Year No the year
1 2 d 3 4 5	Purpose(s) of co Preservatio Protection of Protection of Preservatio Complete lines 2 easement on the Total acreage res Number of conse structure listed in Number of conse tax year Number of state Does the organiz and enforcemen Staff and volunt Amount of exper \$ Does each conse	nservation eas n of land for p of natural habii n of open space a through 2d i last day of th conservation e stricted by conservation easem rvation easem the National ervation easem s where proper east of the conser ease hours devoc	ements held by the orga ublic use (e.g., recreation tat e f the organization held a e tax year. asements servation easements ents on a certified histor ents included in (c) acqu Register ents modified, transferr rty subject to conservation vation easements it hold vation easements it hold ted to monitoring, inspect	anization (check all th on or education) a qualified conservatio 	at apply).  Preservation of ar  Preservation of a an contribution in the for  (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	h histori certified rm of a 2a 2b 2c 2d the org of violation	cally import i historic str <u>conservatio</u> Held at t ganization d - tions, ation easem easements 4)(B)(i)	ant land and ructure	the Year No the year

Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of

		IRS Full Filing	
	ets held for public exhibition, education, or res		blic service,
	e to its financial statements that describes thes der SFAS 116 (ASC 958), to report in its reven		chaot works of art
historical treasures, or other similar assets h	held for public exhibition, education, or researc		
following amounts relating to these items:			
	line 1		
(ii)Assets included in Form 990, Part X			
	f art, historical treasures, or other similar asset inder SFAS 116 (ASC 958) relating to these iter		le the
a Revenue included on Form 990, Part VIII, lir	ne 1		
<b>b</b> Assets included in Form 990, Part X			
r Paperwork Reduction Act Notice, see the	Instructions for Form 990.	Cat. No. 52283D Sche	dule D (Form 990) 201
	Page 2		
hedule D (Form 990) 2017			Page
art III Organizations Maintaining Co	ollections of Art, Historical Treasures,	, or Other Similar As	sets (continued)
Using the organization's acquisition, accession items (check all that apply):	on, and other records, check any of the following	ng that are a significant u	se of its collection
Public exhibition	d 📃 Loan or ex	change programs	
b _			
Scholarly research	Uther		
c 📃 Preservation for future generations			
Provide a description of the organization's co Part XIII.	ollections and explain how they further the orga	anization's exempt purpos	se in
	or receive donations of art, historical treasures	or other similar	
assets to be sold to raise funds rather than t	to be maintained as part of the organization's of	collection?	Yes No
art IV Escrow and Custodial Arrange			
Complete if the organization ans X, line 21.	swered "Yes" on Form 990, Part IV, line 9	, or reported an amou	nt on Form 990, Part
	dian or other intermediary for contributions or o	other assets not	
			Yes No
		<b></b>	
<ul> <li>b If "Yes," explain the arrangement in Part XI.</li> <li>c Beginning balance</li> </ul>		Ar 1c	nount
		1d	
		1e	
• • • • • • • • • • • • • • • • • • •		1f	
-	Form 990, Part X, line 21, for escrow or custodi	alaccount liability?	Yes No
a Did the organization include an amount of t		-	
-	II. Check here if the explanation has been prov		
<b>b</b> If "Yes," explain the arrangement in Part XII	II. Check here if the explanation has been prov if the organization answered "Yes" on For		).
<b>b</b> If "Yes," explain the arrangement in Part XII	if the organization answered "Yes" on For		
b If "Yes," explain the arrangement in Part XII Part V Endowment Funds. Complete	if the organization answered "Yes" on For	rm 990, Part IV, line 10	
b If "Yes," explain the arrangement in Part XII     cart V Endowment Funds. Complete     a Beginning of year balance     contributions	if the organization answered "Yes" on For	rm 990, Part IV, line 10	
b If "Yes," explain the arrangement in Part XII     c Part V Endowment Funds. Complete     b Contributions     c Net investment earnings, gains, and losses	if the organization answered "Yes" on For	rm 990, Part IV, line 10	
b If "Yes," explain the arrangement in Part XII Part V Endowment Funds. Complete     b Beginning of year balance     c Net investment earnings, gains, and losses     d Grants or scholarships	if the organization answered "Yes" on For	rm 990, Part IV, line 10	
If "Yes," explain the arrangement in Part XII     Endowment Funds. Complete     Beginning of year balance     Contributions     Net investment earnings, gains, and losses     Grants or scholarships	if the organization answered "Yes" on For	rm 990, Part IV, line 10	
b If "Yes," explain the arrangement in Part XII     art V Endowment Funds. Complete     Beginning of year balance     Contributions     Net investment earnings, gains, and losses     Grants or scholarships     Other expenditures for facilities     and programs	if the organization answered "Yes" on For	rm 990, Part IV, line 10	
b If "Yes," explain the arrangement in Part XII     art V Endowment Funds. Complete     Beginning of year balance     Contributions     Net investment earnings, gains, and losses     Grants or scholarships     Other expenditures for facilities     and programs     f Administrative expenses	if the organization answered "Yes" on For	rm 990, Part IV, line 10	
b If "Yes," explain the arrangement in Part XII     art V Endowment Funds. Complete     Beginning of year balance     Contributions     Contreservent     Contributions     Contreservent     Contributions	if the organization answered "Yes" on For (a)Current year (b)Prior year (c)T (a)Current year (b)Prior year (c)T	rm 990, Part IV, line 1( wo years back (d)Three yea	
b If "Yes," explain the arrangement in Part XII Part V Endowment Funds. Complete a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the cur a Board designated or quasi-endowment ►	if the organization answered "Yes" on For (a)Current year (b)Prior year (c)T (a)Current year (b)Prior year (c)T	rm 990, Part IV, line 1( wo years back (d)Three yea	
b If "Yes," explain the arrangement in Part XII Part V Endowment Funds. Complete a Beginning of year balance	if the organization answered "Yes" on For (a)Current year (b)Prior year (c)T (a)Current year (b)Prior year (c)T	rm 990, Part IV, line 1( wo years back (d)Three yea	
<ul> <li>If "Yes," explain the arrangement in Part XII</li> <li>Part V Endowment Funds. Complete</li> <li>Beginning of year balance</li> <li>Contributions</li> <li>Net investment earnings, gains, and losses</li> <li>Grants or scholarships</li> <li>Other expenditures for facilities and programs</li> <li>Other expenditures for facilities</li> <li>and programs</li> <li>Administrative expenses</li> <li>Provide the estimated percentage of the cur</li> <li>Board designated or quasi-endowment</li> <li>Permanent endowment</li> <li>Temporarily restricted endowment</li> </ul>	if the organization answered "Yes" on For (a)Current year (b)Prior year (c)T (a)Current year (b)Prior year (c)T	rm 990, Part IV, line 1( wo years back (d)Three yea	
b If "Yes," explain the arrangement in Part XII Part V Endowment Funds. Complete Beginning of year balance	if the organization answered "Yes" on For (a)Current year (b)Prior year (c)T (a)Current year (b)Prior year (c)T	rm 990, Part IV, line 1( wo years back (d)Three yea	
b If "Yes," explain the arrangement in Part XII art V Endowment Funds. Complete Beginning of year balance	if the organization answered "Yes" on For (a)Current year (b)Prior year (c)T (a)Current year (b)Prior year (c)T (b)Prior year (c)T (c)	rm 990, Part IV, line 1( wo years back (d)Three yea	rs back (e)Four years back
b If "Yes," explain the arrangement in Part XII art V Endowment Funds. Complete Beginning of year balance	if the organization answered "Yes" on For (a)Current year (b)Prior year (c)T (a)Current year (b)Prior year (c)T (b)Prior year (c)T (c)	rm 990, Part IV, line 1( wo years back (d)Three yea	rs back (e)Four years back
b If "Yes," explain the arrangement in Part XII Part V Endowment Funds. Complete a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance provide the estimated percentage of the cur a Board designated or quasi-endowment ▶ b Permanent endowment ▶ c Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c sho a Are there endowment funds not in the posse organization by: (i) unrelated organizations (ii) related organizations	if the organization answered "Yes" on For (a)Current year (b)Prior year (c)T (a)Current year (b)Prior year (c)T (b)Prior year (c)T (c)	rm 990, Part IV, line 1( wo years back (d)Three yea	rs back (e)Four years back
b If "Yes," explain the arrangement in Part XII Part V Endowment Funds. Complete a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance provide the estimated percentage of the cur a Board designated or quasi-endowment ▶ b Permanent endowment ▶ c Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c sho a Are there endowment funds not in the posse organization by: (i) unrelated organizations (ii) related organizations	if the organization answered "Yes" on For (a)Current year (b)Prior year (c)T (a)Current year (b)Prior year (c)T	rm 990, Part IV, line 1( wo years back (d)Three yea	rs back (e)Four years back (e)Four years back (e)Four years back (f)
b If "Yes," explain the arrangement in Part XII a Beginning of year balance	if the organization answered "Yes" on For (a)Current year (b)Prior year (c)T (b)Prior year (c)T	rm 990, Part IV, line 1( wo years back (d)Three yea	Yes         No           3a(i)         3a(i)           3b         3b
If "Yes," explain the arrangement in Part XII         art V       Endowment Funds. Complete         Beginning of year balance	if the organization answered "Yes" on For (a)Current year (b)Prior year (c)T (a)Current year (b)Prior year (c)T	rm 990, Part IV, line 1( wo years back (d)Three yea	Yes         No           3a(i)         3a(i)           3b         3b
b If "Yes," explain the arrangement in Part XII a Beginning of year balance	if the organization answered "Yes" on For (a)Current year (b)Prior year (c)T (a)Current year (b)Prior year (c)T	m 990, Part IV, line 1( wo years back (d)Three yea	rs back (e)Four years back
b If "Yes," explain the arrangement in Part XII Part V Endowment Funds. Complete a Beginning of year balance	if the organization answered "Yes" on For (a)Current year (b)Prior year (c)T (a)Current year (b)Prior year (c)T	m 990, Part IV, line 1( wo years back (d)Three yea	rs back (e)Four years back
b If "Yes," explain the arrangement in Part XII a Beginning of year balance	if the organization answered "Yes" on For (a)Current year (b)Prior year (c)T (a)Current year (b)Prior year (c)T	m 990, Part IV, line 1( wo years back (d)Three yea	rs back (e)Four years back
b If "Yes," explain the arrangement in Part XII Part V Endowment Funds. Complete a Beginning of year balance	if the organization answered "Yes" on For (a)Current year (b)Prior year (c)T (a)Current year (b)Prior year (c)T	m 990, Part IV, line 1( wo years back (d)Three yea	rs back (e)Four years back
b If "Yes," explain the arrangement in Part XII a Beginning of year balance	if the organization answered "Yes" on For (a)Current year (b)Prior year (c)T (a)Current year (b)Prior year (c)T	m 990, Part IV, line 10 wo years back (d)Three yea (d)Three yea (d)Thr	rs back (e)Four years back
b If "Yes," explain the arrangement in Part XII a Beginning of year balance	if the organization answered "Yes" on For (a)Current year (b)Prior year (c)T (a)Current year (b)Prior year (c)T	m 990, Part IV, line 10 wo years back (d)Three years (d)Three year	rs back (e)Four years back
b If "Yes," explain the arrangement in Part XII a Beginning of year balance	if the organization answered "Yes" on For (a)Current year (b)Prior year (c)T (a)Current year (b)Prior year (c)T	m 990, Part IV, line 10 wo years back (d)Three yea (d)Three yea (d)Thr	Yes         No           3a(i)
b If "Yes," explain the arrangement in Part XII a Beginning of year balance	if the organization answered "Yes" on For (a)Current year (b)Prior year (c)T (a)Current year (b)Prior year (c)T	m 990, Part IV, line 10 wo years back (d)Three yea (d)Three yea (d)Thr	Yes         No           3a(i)
b If "Yes," explain the arrangement in Part XII a Beginning of year balance	if the organization answered "Yes" on For (a)Current year (b)Prior year (c)T (a)Current year (b)Prior year (c)T	m 990, Part IV, line 10 wo years back (d)Three yea (d)Three yea (d)Thr	Yes         No           3a(i)
b If "Yes," explain the arrangement in Part XII Part V Endowment Funds. Complete a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance provide the estimated percentage of the cur a Board designated or quasi-endowment ▶ c Temporarily restricted endowment ↓ c Temporarily restricted endowment ↓ f "Yes" on 3a(ii), are the related organization b If "Yes" on 3a(ii), are the related organization c Complete if the organization ans Description of property (a) Cost or of	if the organization answered "Yes" on For (a)Current year (b)Prior year (c)T (a)Current year (b)Prior year (c)T	m 990, Part IV, line 10 wo years back (d)Three yea (d)Three yea (d)Thr	Yes         No           3a(i)         3a(ii)           3b         3b           t X, line 10.         10.

/4/2020			IRS Full Filing	
(a) Description of security or category (including name of security)		(D) Book		oa or valuation: f-year market value
		value		
1) Financial derivatives         2) Closely-held equity interests				
3)Other				
A)				
B)				
C)				
(D)				
E)				
(F)				
G)				
Н)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments—Program Related.				
Complete if the organization answered 'Yes' on Fo (a) Description of investment		Part IV, lin Book value		Part X, line 13. od of valuation:
	(-7-		Cost or end-o	f-year market value
(1)				
(2)				
3)				
4)				
5)				
6)				
7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)         Part IX       Other Assets. Complete if the organization answered	Yes' on For	m 990 Par	t IV line 11d See Form 9	990 Part X line 15
(a) Description				(b) Book value
(1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)         Part X       Other Liabilities.       Complete if the organization ar			m 990. Part IV. line 1	▶ 1e or 11f.
See Form 990, Part X, line 25.				
1.     (a) Description of liability       (1) Federal income taxes		( <b>b</b> ) B0	ok value	
DEFERRED RENT			156,198	
2)				
3)				
4)				
(5)				
(6)				
(7)				
(8)				
(9)				

 Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)
 156,198

 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

. .

		Page 4				
hedule D (Form 990) 20	17					Page <b>4</b>
	ation of Revenue per Au			•	er Return	
	f the organization answere a, and other support per audite				1	4,750,735
	n line 1 but not on Form 990, F					, ,
a Net unrealized gains	(losses) on investments		2a			
b Donated services an	d use of facilities		2b	17	78,246	
c Recoveries of prior y	vear grants		2c			
d Other (Describe in P	art XIII.)		2d			
e Add lines 2a through	h <b>2d</b>				. 2e	178,246
Subtract line 2e from	m line <b>1</b>				3	4,572,489
Amounts included or	n Form 990, Part VIII, line 12,	but not on line 1:				
a Investment expense	es not included on Form 990, P	art VIII, line 7b 🛛 .	4a			
<b>b</b> Other (Describe in P	art XIII.)		4b			
c Add lines 4a and 4b					4c	0
	ines <b>3</b> and <b>4c.</b> (This must equ				5	4,572,489
	ation of Expenses per Au			•	per Returi	n.
	f the organization answere losses per audited financial sta		rt IV, line .	12a.	1	3,898,594
•	•				1	3,050,354
	n line 1 but not on Form 990, F d use of facilities		2a	4.	78 246	
	d use of facilities		2a 2b	1.	78,246	
, ,						
			2c			
	art XIII.)		2d			170.011
5	h 2d				2e 3	178,246
	m line <b>1</b>				3	3,720,348
	n Form 990, Part IX, line 25, b		т т			
•	s not included on Form 990, P	,	4a			
	art XIII.) • • • • •		4b			
					4c	C
	lines 3 and 4c. (This must eq	ual Form 990, Part I, line 1	8.)		5	3,720,348
Part XIII Supplemental Info						
Return ART X, LINE 2:	n Reference	THE AGENCY'S ACCOUNTI			LIABILITIES	
		WHEN A LIABILITY IS PRO OF ITS TAX STATUS AS AI TO UNRELATED BUSINESS	N ORGANIZA	ATION EXEMPT		
		TO UNRELATED DUSINESS	INCOME IA	~~.	Sched	ule D (Form 990) 2017
Additional Data						Detroine the Former
						Return to Form
		Software ID:				
	5	oftware Version:				
Back to Top						
efile Public Visual Re	ender ObjectId: 2019	911359349312701 - S	ubmissio	n: 2019-05-	15	TIN: 13-3149200
CHEDULE G	Supplen	nental Informati	on Rea	arding		OMB No. 1545-0047
Form 990 or 990-EZ)		_	-	-		2047
	Complete if the organization	aising or Gamin	), Part IV, line	s 17, 18, or 19, o	r if the	2017
epartment of the Treasury		entered more than \$15,000 or	Form 990-EZ			Open to Public
ernal Revenue Service	Go to www.irs	Attach to Form 990 or Form .gov/Form990 for instructions		information.		Inspection
ame of the organization EW YORK CITY GAY AND					mployer ide	ntification number
NTI-VIOLENCE PROJECT				1	3-3149200	
	<b>g Activities.</b> Complete if th Z filers are not required to	-	d "Yes" on	Form 990, Pa	art IV, line 1	7.
. Indicate whether the	organization raised funds thro	ugh any of the following ac	tivities. Che	ck all that appl	у.	
a Mail solicitations				on-government		
_	11. and 11. the black a			-	-	
<b>b</b> Internet and ema	II solicitations	f 📃 Solid	sitation of go	overnment grar	its	
c 📃 Phone solicitation	s	g 🗌 Spec	cial fundraisi	ng events		
	tions					

 $\square$ 

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Eerm 990. Part VIII) or entity in connection with professional fundraising convices?

#### IRS Full Filing

🗆 Yes 🖳 No

	or key employees noted in Form 200, Fait VII) or entry in connection with professional fundraising services:	🗆 Yes 🔲 I
,	If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the	fundraiser is

b

6 Volunteer labor . . .

No No

7 Direct expense summary. Add lines 2 through 5 in column (d) . . . .

-	) Name and address of individual or entity (fundraiser)	(ii) Activity	e organization. y (iii) Did fundraiser have custody or		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization	
	energy (randraider)		contro	ol of		col. (i)	organization	
			contribu Yes	No				
ota	1			. ►				
		ica saa tha Inst	ructions for For	n 990 or 990	D-E7 Cat No.	50083H Schedule G	(Form 990 or 990-EZ) 2(	
or Pa	aperwork Reduction Act Not	ice, see the inst	ructions for Forn	n 990 or 990	J-EZ. Cat. No.	Schedule G	(Form 990 of 990-EZ) 20	
				—— Pa	ige 2			
che	dule G (Form 990 or 990-E						Page	
Par	than \$15,000 of	fundraising e	vent contribu			m 990, Part IV, line 18 n 990-EZ, lines 1 and		
	gross receipts g	reater than \$:	5,000. (a)Event	t #1	(b) Event #2	(c)Other events	(d)	
			COURA		FUSION		Total events (add col. (a) through	
1)			(event ty		(event type)	(total number)		
келение							col. <b>(c)</b> )	
Ceve	1 Gross receipts						col. <b>(c)</b> )	
<b>T</b>	2 Gross receipts : :			214 260	36.862			
				214,260	36,862		251,1	
	<ol> <li>Less: Contributions.</li> <li>Gross income (line 1 m)</li> </ol>	inus		214,260 177,135	36,862 30,173		251,1:	
	<ul> <li>2 Less: Contributions .</li> <li>3 Gross income (line 1 m line 2)</li> </ul>	inus				3	251,1:	
	3 Gross income (line 1 m	 		177,135	30,173	3	251,1:	
20	3 Gross income (line 1 m line 2)	inus		177,135	30,173	3	251,1:	
11262	<ul> <li>3 Gross income (line 1 m line 2)</li> <li>4 Cash prizes</li> </ul>	 iinus 		177,135	30,173	3	251,1: 207,3( 43,8:	
chellado	<ul> <li>3 Gross income (line 1 m line 2)</li> <li>4 Cash prizes</li> <li>5 Noncash prizes</li> </ul>	inus		177,135 37,125	30,173	3	251,12 207,3( 43,8)	
	<ul> <li>3 Gross income (line 1 m line 2)</li> <li>4 Cash prizes</li> <li>5 Noncash prizes</li> <li>6 Rent/facility costs</li> </ul>	inus		177,135 37,125	30,173		251,12 207,30 43,82	
Direct cyperses	<ul> <li>3 Gross income (line 1 m line 2)</li> <li>4 Cash prizes</li> <li>5 Noncash prizes</li> <li>6 Rent/facility costs</li> <li>7 Food and beverages</li> </ul>	· · · ·		177,135 37,125	30,173		251,12 207,30 43,82 58,90	
	<ul> <li>3 Gross income (line 1 m line 2)</li> <li>4 Cash prizes</li> <li>5 Noncash prizes</li> <li>6 Rent/facility costs</li> <li>7 Food and beverages</li> <li>8 Entertainment</li> </ul>	· · · · · · · · · · · · · · · ·	hrough 9 in col	177,135 37,125 58,988 7,075	30,173 6,689		251,12 207,30 43,83 58,98 58,98 30 9,40	
	<ul> <li>3 Gross income (line 1 m line 2)</li> <li>4 Cash prizes</li> <li>5 Noncash prizes</li> <li>6 Rent/facility costs</li> <li>7 Food and beverages</li> <li>8 Entertainment</li> <li>9 Other direct expenses</li> </ul>			177,135 37,125 58,988 7,075 umn (d)	30,173 6,689		col. (c)) 251,12 207,30 43,82 58,90 58,90 30 9,40 68,60 -24,82	
	<ul> <li>Gross income (line 1 m line 2)</li> <li>Cash prizes</li> <li>Noncash prizes</li> <li>Rent/facility costs</li> <li>Food and beverages</li> <li>Entertainment</li> <li>Other direct expenses</li> <li>Direct expense summa</li> <li>Net income summary.</li> </ul>	ry. Add lines 4 for the second	from line 3, co	177,135 37,125 58,988 7,075 umn (d) lumn (d)	30,173 6,689 300 2,330 		251,1: 207,30 43,8: 58,94 58,94 30 9,44 68,69 -24,8:	
Par	<ul> <li>3 Gross income (line 1 m line 2)</li> <li>4 Cash prizes</li> <li>5 Noncash prizes</li> <li>6 Rent/facility costs</li> <li>7 Food and beverages</li> <li>8 Entertainment</li> <li>9 Other direct expenses</li> <li>10 Direct expense summana</li> <li>11 Net income summary.</li> <li>t III Gaming. Comp</li> </ul>	ry. Add lines 4 for the second	from line 3, co	177,135 37,125 58,988 7,075 umn (d) lumn (d) wered "Yes	30,173 6,689 300 2,330 		251,1 207,3 43,8 58,9 58,9 3 9,4 68,6 -24,8 d more than \$15,000 (d) Total gaming (add	
Par	<ul> <li>3 Gross income (line 1 m line 2)</li> <li>4 Cash prizes</li> <li>5 Noncash prizes</li> <li>6 Rent/facility costs</li> <li>7 Food and beverages</li> <li>8 Entertainment</li> <li>9 Other direct expenses</li> <li>10 Direct expense summana</li> <li>11 Net income summary.</li> <li>t III Gaming. Comp</li> </ul>	ry. Add lines 4 for the second	from line 3, co anization answ	177,135 37,125 58,988 7,075 umn (d) lumn (d) wered "Yes	30,173 6,689 300 2,330         		251,1 207,3 43,8 58,9 58,9 3 9,4 68,6 -24,8 d more than \$15,000 (d) Total gaming (add	
Par	<ul> <li>3 Gross income (line 1 m line 2)</li> <li>4 Cash prizes</li> <li>5 Noncash prizes</li> <li>6 Rent/facility costs</li> <li>7 Food and beverages</li> <li>8 Entertainment</li> <li>9 Other direct expenses</li> <li>10 Direct expense summa</li> <li>11 Net income summary.</li> <li>t III Gaming. Comp on Form 990-EZ</li> </ul>	ry. Add lines 4 for the second	from line 3, co anization answ	177,135 37,125 58,988 7,075 umn (d) lumn (d) wered "Yes	30,173 6,689 300 2,330         		251,1 207,3 43,8 58,9 58,9 3 9,4 68,6 -24,8 d more than \$15,000 (d) Total gaming (add	
Par	<ul> <li>3 Gross income (line 1 m line 2)</li> <li>4 Cash prizes</li> <li>5 Noncash prizes</li> <li>6 Rent/facility costs</li> <li>7 Food and beverages</li> <li>8 Entertainment</li> <li>9 Other direct expenses</li> <li>10 Direct expense summary.</li> <li>11 Net income summary.</li> <li>t III Gaming. Compon Form 990-E2</li> <li>1 Gross revenue</li> <li>2 Cash prizes</li> </ul>	ry. Add lines 4 for the second	from line 3, co anization answ	177,135 37,125 58,988 7,075 umn (d) lumn (d) wered "Yes	30,173 6,689 300 2,330         		251,1 207,3 43,8 58,9 58,9 3 9,4 68,6 -24,8 d more than \$15,000 (d) Total gaming (add	
Exbeuses Kevenue	<ul> <li>3 Gross income (line 1 m line 2)</li> <li>4 Cash prizes</li> <li>5 Noncash prizes</li> <li>6 Rent/facility costs</li> <li>7 Food and beverages</li> <li>8 Entertainment</li> <li>9 Other direct expenses</li> <li>10 Direct expense summa</li> <li>11 Net income summary.</li> <li>t III Gaming. Comp on Form 990-EZ</li> <li>1 Gross revenue</li> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> </ul>	ry. Add lines 4 for the second	from line 3, co anization answ	177,135 37,125 58,988 7,075 umn (d) lumn (d) wered "Yes	30,173 6,689 300 2,330         		251,1: 207,3: 43,8 58,9: 58,9: 3: 9,4: 68,6: -24,8 d more than \$15,000 (d) Total gaming (add	
Par enueva	<ul> <li>3 Gross income (line 1 m line 2)</li> <li>4 Cash prizes</li> <li>5 Noncash prizes</li> <li>6 Rent/facility costs</li> <li>7 Food and beverages</li> <li>8 Entertainment</li> <li>9 Other direct expenses</li> <li>10 Direct expense summary.</li> <li>11 Net income summary.</li> <li>t III Gaming. Compon Form 990-E2</li> <li>1 Gross revenue</li> <li>2 Cash prizes</li> </ul>	ry. Add lines 4 for the second	from line 3, co anization answ	177,135 37,125 58,988 7,075 umn (d) lumn (d) wered "Yes	30,173 6,689 300 2,330         		251,1 207,3 43,8 58,9 58,9 3 3 3 9,4 68,6 68,6 24,8	
Direct Expenses Revenue Direct Expenses	<ul> <li>3 Gross income (line 1 m line 2)</li> <li>4 Cash prizes</li> <li>5 Noncash prizes</li> <li>6 Rent/facility costs</li> <li>7 Food and beverages</li> <li>8 Entertainment</li> <li>9 Other direct expenses</li> <li>10 Direct expense summa</li> <li>11 Net income summary.</li> <li>t III Gaming. Comp on Form 990-EZ</li> <li>1 Gross revenue</li> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> </ul>	ry. Add lines 4 for the second	from line 3, co anization answ	177,135 37,125 58,988 7,075 umn (d) lumn (d) wered "Yes	30,173 6,689 300 2,330         		251,1 207,3 43,8 58,9 58,9 3 9,4 68,6 -24,8 d more than \$15,000 (d) Total gaming (add	

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No

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. . .

No No

1				RS Full Filing			
s Net gaming i	income summarv. Su	btract line 7 from line 1, col	umn (d)				
	tion licensed to condu	nization conducts gaming ac uct gaming activities in each	n of these states?			🗌 Yes	No
<b>0a</b> Were any of the	e organization's gami	ing licenses revoked, susper	nded or terminated during the	tax vear?		Ves	l
<b>b</b> If "Yes," explain		···· · · · · · · · · · · · · · · · · ·	····· · · ······ · · · · · · · · · · ·	,		U Yes	U NO
							 I
				Sched	ule G (For	m 990 or	990-EZ) 2017
			Page 3				
chedule G (Form 990	0 or 990-EZ) 2017						Page <b>3</b>
1 Does the organ	ization conduct gami	ing activities with nonmemb	ers?			Yes	No No
Is the organization	tion a grantor, benefi	iciary or trustee of a trust o	r a member of a partnership o			_	_
	inister charitable gam rcentage of gaming a	activity conducted in:			· ·	Ves	🔲 No
a The organizatio					13a		%
<b>b</b> An outside facil	lity				13b		%
4 Enter the name	e and address of the p	person who prepares the or	ganization's gaming/special e	vents books and re	ecords:		
Name 🕨 👘							
Address 🕨 📑							
-		act with a third party from w	hom the organization receive				<b>—</b> ••
<b>b</b> If "Yes," enter t	the amount of gamin	g revenue received by the o by the third party <b>&gt;</b> \$		and th		U Yes	U No
	name and address of	· · · · · · · · · · · · · · · · · · ·					
Name 🕨 🕂							
Address 🕨							
6 Gaming manag	er information.						
Name Gaming manag	er compensation 🕨 \$	ş					
Name Gaming manag	er compensation 🕨 \$	<u>.</u>					
Name F	er compensation 🕨 \$	\$					
Name Caming manag Gaming manag Description of s Director/of Mandatory distr a Is the organizai retain the state	er compensation services provided fficer ributions: tion required under s gaming license?	Employee	distributions from the gamin	t contractor g proceeds to			
Name Caming manag Gaming manag Description of s Director/of Mandatory distr a Is the organizai retain the state b Enter the amou	er compensation services provided fficer ributions: tion required under s gaming license?	Employee	distributions from the gaming	t contractor g proceeds to			
Name Gaming manag Description of s Director/of Mandatory distr a Is the organizat retain the state b Enter the amou in the organizat	er compensation services provided fficer ributions: tion required under s e gaming license? unt of distributions re- tion's own exempt ac emental Informa	Employee Employee tate law to make charitable  quired under state law distr ctivities during the tax year tion. Provide the explan	distributions from the gaminu ibuted to other exempt organ \$ ations required by Part I,	t contractor g proceeds to  izations or spent line 2b, columns	 s (iii) and	Yes	No No
Name Gaming manag Description of s Director/of Mandatory distr a Is the organizat retain the state b Enter the amou in the organizat Part IV Supple III, line	er compensation services provided fficer ributions: tion required under s e gaming license? unt of distributions re- tion's own exempt ac emental Informa	Employee Employee tate law to make charitable  quired under state law distr ctivities during the tax year tion. Provide the explan	distributions from the gaming ibuted to other exempt organ	t contractor g proceeds to izations or spent line 2b, columns v additional infor	 s (iii) and	Yes	No No
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Name Gaming manag Description of s Director/of Mandatory distr a Is the organizat retain the state b Enter the amou in the organizat Part IV Supple III, line	er compensation ► \$ services provided ► fficer tion required under s a gaming license? . unt of distributions re- tion's own exempt ac emental Informa es 9, 9b, 10b, 15b,	Employee Employee tate law to make charitable  quired under state law distr ctivities during the tax year tion. Provide the explan	distributions from the gamine buted to other exempt organ \$ ations required by Part I, opplicable. Also provide any	t contractor g proceeds to izations or spent line 2b, columns r additional infor ation	 s (iii) and mation (	Yes d (v); ar see inst	No No No No No No No No No No No No No N
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Name Gaming manag Description of s Director/of Mandatory distr a Is the organizai retain the state b Enter the amou in the organizai Part IV Supple III, line Return Additional Da	er compensation services provided fficer ributions: tion required under s e gaming license? . int of distributions re- tion's own exempt ac emental Informa as 9, 9b, 10b, 15b, Reference	Employee tate law to make charitable  quired under state law distr tivities during the tax year tion. Provide the explan , 15c, 16, and 17b, as ap	distributions from the gaminu 	t contractor g proceeds to izations or spent line 2b, columns r additional infor ation	s (iii) and mation ( ule G (For	Yes Yes See inst	No No No No No No No No No No No No No N
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Name Gaming manag Gaming manag Description of s Director/of Mandatory distr a Is the organizat retain the state b Enter the amou in the organizat Part IV Supple III, line Return Additional Da Back to Top efile Public Visus Schedule J	er compensation ► \$ services provided ► fficer ributions: tion required under s gaming license? . int of distributions re- tion's own exempt ac emental Informa as 9, 9b, 10b, 15b, Reference ata	Employee tate law to make charitable 	distributions from the gamine ibuted to other exempt organ s ations required by Part I, splicable. Also provide any Explane	t contractor g proceeds to izations or spent line 2b, columns r additional infor ation Sched	s (iii) and mation ( ule G (For	Yes d (v); ar see inst m 990 or Return t	No No Part ructions). 990-EZ) 2017
Name Gaming manag Gaming manag Description of s Director/of Mandatory distr a Is the organizat retain the state b Enter the amou in the organizat Part IV Supple III, line Return Additional Da Back to Top efile Public Visus Schedule J	er compensation services provided fficer ributions: tion required under s e gaming license? . unt of distributions re- tion's own exempt ac emental Informa es 9, 9b, 10b, 15b, Reference ata al Render Obj	Employee tate law to make charitable quired under state law disc trivities during the tax year tion. Provide the explan , 15c, 16, and 17b, as ap 	independen distributions from the gaminy iin ibuted to other exempt organ \$ ations required by Part I, oplicable. Also provide any Explan Explan are ID: ersion: 2312701 - Submission: tion Information Trustees, Key Employees,	t contractor g proceeds to  izations or spent line 2b, columns additional infor ation Sched	s (iii) and mation ( ule G (For	Yes Yes Yes m 990 or Return t TIN: 13 OMB No	No No No No Part ructions). 990-E2) 2017 co Form 
Name Gaming manag Gaming manag Description of s Director/of Mandatory distr a Is the organizat retain the state b Enter the amou in the organizat Part IV Supple III, line Return Additional Da Back to Top efile Public Visus Schedule J	er compensation services provided fficer ributions: tion required under s e gaming license? . int of distributions re- tion's own exempt ac emental Informa as 9, 9b, 10b, 15b, Reference ata al Render Obj For cer	Employee tate law to make charitable quired under state law distr tion. Provide the explan , 15c, 16, and 17b, as ap Softw Software V jectId: 201911359349 Compensat rtain Officers, Directors, Compens	independen distributions from the gaminu- ibuted to other exempt organ \$ ations required by Part I, opplicable. Also provide any Expland are ID: ersion: 2312701 - Submission: tion Information	t contractor g proceeds to  izations or spent line 2b, columns / additional infor ation Schedr 2019-05-15	s (iii) and mation ( ule G (For	Yes Yes Yes m 990 or Return t TIN: 13 OMB No	No No 990-EZ) 2017 So Form
Name ► Gaming manag Description of s Director/of Director/of Mandatory distriant a Is the organizat retain the state b Enter the amou in the organizat Part IV Supple III, line Return Additional Da Back to Top efile Public Visus Schedule J Form 990)	er compensation services provided fficer ributions: tion required under s gaming license? . int of distributions re- tion's own exempt ac- <b>emental Informa</b> as 9, 9b, 10b, 15b, Reference <b>ata</b> <b>al Render Obj</b> For cer <b>b</b> Complet	Employee tate law to make charitable quired under state law disc tivities during the tax year tion. Provide the explan , 15c, 16, and 17b, as ar J5c, 16, and 17b, as ar Softw Software V jectId: 201911359349 Compensat rtain Officers, Directors, Compensat tain Officers, Directors, Compensat Attaci	independen distributions from the gamine ibuted to other exempt organ \$ ations required by Part I, pplicable. Also provide any Expland Expland are ID: ersion: 2312701 - Submission: tion Information Trustees, Key Employees, ated Employees wered "Yes" on Form 990, to Form 990.	t contractor g proceeds to izations or spent line 2b, columns r additional infor ation Sched 2019-05-15 and Highest Part IV, line 23.	s (iii) and mation ( ule G (For	Yes d (v); ar see inst m 990 or teturn t TIN: 13 OMB No	No No No No No P90-E2) 2017 No Form R-3149200 . 1545-0047
Name Gaming manag Description of s Director/of Director/of Mandatory distr a Is the organizal retain the state b Enter the amou in the organizal Part IV Supple III, line Return	er compensation services provided fficer ributions: tion required under s e gaming license? . unt of distributions re- tion's own exempt ac emental Informa as 9, 9b, 10b, 15b, Reference ata al Render Obj For cer > Complet > Go to <u>v</u>	Employee tate law to make charitable quired under state law disc tivities during the tax year tion. Provide the explan , 15c, 16, and 17b, as ar J5c, 16, and 17b, as ar Softw Software V jectId: 201911359349 Compensat rtain Officers, Directors, Compensat tain Officers, Directors, Compensat Attaci	independen distributions from the gaminu- ibuted to other exempt organ \$ ations required by Part I, oplicable. Also provide any Explan. Explan. are ID: ersion: 2312701 - Submission: tion Information Trustees, Key Employees, ated Employees wered "Yes" on Form 990,	t contractor g proceeds to izations or spent line 2b, columns additional infor ation Sched 2019-05-15 and Highest Part IV, line 23. st information.	s (iii) and mation ( ule G (For	Yes yes yes yes yes yes yes yes y	No No No No No No No No No No

Questions Regarding Compensation

Part I

2/4/20	20			IRS Full Filing		
1a		k the appropiate box(es) if the organization provide Part VII, Section A, line 1a. Complete Part III to pro				
		First-class or charter travel		Housing allowance or residence for personal use		
		Travel for companions		Payments for business use of personal residence		
		Tax idemnification and gross-up payments		Health or social club dues or initiation fees		
		Discretionary spending account		Personal services (e.g., maid, chauffeur, chef)		
Ь		y of the boxes in line 1a are checked, did the organi ovision of all of the expenses described above? If "N		ollow a written policy regarding payment or reimbursement oplete Part III to explain.	1b	
2		he organization require substantiation prior to reiml tors, trustees, officers, including the CEO/Executive			2	
3	orga	ate which, if any, of the following the filing organiza nization's CEO/Executive Director. Check all that app by a related organization to establish compensatior	ply. Do i	not check any boxes for methods		
		Compensation committee		Written employment contract		
		Independent compensation consultant		Compensation survey or study		
		Form 990 of other organizations		Approval by the board or compensation committee		
4		ng the year, did any person listed on Form 990, Part ed organization:	: VII, Se	ction A, line 1a, with respect to the filing organization or a		
а	Rece	ive a severance payment or change-of-control paym	nent?.		4a	No
b	Parti	cipate in, or receive payment from, a supplemental	nonqual	ified retirement plan?	4b	No
с		cipate in, or receive payment from, an equity-based es" to any of lines 4a-c, list the persons and provide		5	4c	No
	Only	7 501(c)(3), 501(c)(4), and 501(c)(29) organiz	zations	must complete lines 5-9.		
5		persons listed on Form 990, Part VII, Section A, line pensation contingent on the revenues of:	1a, did	the organization pay or accrue any		
а	The	organization?			5a	No
b		related organization?			5b	No
6		persons listed on Form 990, Part VII, Section A, line pensation contingent on the net earnings of:	1a, did	the organization pay or accrue any		
а	The	organization?			6a	No
ь	Any	related organization?.			6b	No
	If "Y	es," on line 6a or 6b, describe in Part III.				
7		persons listed on Form 990, Part VII, Section A, line nents not described in lines 5 and 6? If "Yes," descri			7	No
8	subje	e any amounts reported on Form 990, Part VII, paid act to the initial contract exception described in Reg rt III.	ulations		8	No
9	If "Y	es" on line 8, did the organization also follow the rel	outtable	presumption procedure described in Regulations section		
		958-6(c)?			9	
For	Paper	work Reduction Act Notice, see the Instruction	s for Fo	orm 990. Cat. No. 50053T Schedule J	(Form	990) 2017

#### —— Page 2 —

#### Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 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 are not 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

(A) Name and Title			own of W-2 and/or		(C) Retirement			
	compensation and other		benefits	columns	Comp			
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	co reı defer Fo
1BEVERLY TILLERY EXECUTIVE DIRECTOR	(i)	167,436	0	0	0	3,494	170,930	
	(ii)	0			0	0	0	

 		Page 3 ———				
				9	Schedule J (Fo	orm 99

Part III Supplemental Inform	nation
Provide the information, explanation, or	edescriptions 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
Return Reference	Explanation

Schedule J (Form 99

Return to

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#### <u>↑ Back to Top</u>

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ame of the org W YORK CITY G										Employe	r identi	fication r	number
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FORM 990, PART VI, SECTION B, LINE 11B	CONDU FULL B	JCTED FIRS	S PRESENT	UDIT COM	MITTEE. TH	HE BOAR	D'S AUDI	т сомм	IITTEE	THEN PR	ESENT	S THE FC	ORM TO THE
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