

efile Public Visual Render ObjectID: 201911359349312701 - Submission: 2019-05-15 TIN: 13-3149200

Form 990 Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

For the 2018 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

- Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT. Doing business as: 116 NASSAU STREET, NEW YORK, NY 10038

D Employer identification number: 13-3149200. E Telephone number: (212) 714-1184. G Gross receipts \$ 4,641,182

F Name and address of principal officer: MIKE HOFMAN, 116 NASSAU STREET, NEW YORK, NY 10038

H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3), 501(c) () (insert no.), 4947(a)(1) or 527

J Website: WWW.AVP.ORG

K Form of organization: Corporation, Trust, Association, Other

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

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT (AVP) EMPOWERS LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND HIV-AFFECTED COMMUNITIES AND ALLIES TO END ALL FORMS OF VIOLENCE THROUGH ORGANIZING AND EDUCATION...

Table with 2 columns: Description and Amount. Rows include: 2 Check this box, 3 Number of voting members (17), 4 Number of independent voting members (17), 5 Total number of individuals employed (53), 6 Total number of volunteers (300), 7a Total unrelated business revenue (0), 7b Net unrelated business taxable income (0)

Revenue

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (4,193,496 / 4,511,159), 9 Program service revenue (62,470 / 85,495), 10 Investment income (57 / 588), 11 Other revenue (-19,692 / -24,753), 12 Total revenue (4,236,331 / 4,572,489)

Expenses

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid (0 / 0), 14 Benefits paid to or for members (0 / 0), 15 Salaries, other compensation, employee benefits (2,431,729 / 2,579,668), 16a Professional fundraising fees (20,000 / 0), 17 Other expenses (918,694 / 1,140,680), 18 Total expenses (3,370,423 / 3,720,348), 19 Revenue less expenses (865,908 / 852,141)

Net Assets or Fund Balances

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (1,842,776 / 2,736,254), 21 Total liabilities (466,808 / 508,145), 22 Net assets or fund balances (1,375,968 / 2,228,109)

Part II Signature Block

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

Sign Here: Signature of officer MIKE HOFMAN VICE CHAIRPERSON, Date 2019-05-14

Paid Preparer Use Only

Print/Type preparer's name, Preparer's signature, Date 2019-05-13, Firm's name GRASSI & CO CPAS' PC, Firm's address 488 MADISON AVENUE 21ST FLOOR, NEW YORK, NY 10022

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2017)

Form 990 (2017)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O THE NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT (AVP) PROVIDES DIRECT SERVICES, INCLUDING A 24-HOUR BILINGUAL HOTLINE, COUNSELING, ADVOCACY AND ACCOMPANIMENT, AS WELL AS SUPPORT GROUPS, LEGAL SERVICES AND A SPEAKER'S BUREAU, TO LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND HIV-AFFECTED VICTIMS OF HATE VIOLENCE, SEXUAL ASSAULT, STALKING, AND INTIMATE PARTNER VIOLENCE. AVP ALSO WORKS WITH THE COMMUNITIES WE SERVE TO RESPOND TO AND PREVENT VIOLENCE THROUGH ORGANIZING, PUBLIC ADVOCACY, POLICY WORK, TRAINING, LEADERSHIP DEVELOPMENT AND EDUCATION. AVP COORDINATES A STATEWIDE INTIMATE PARTNER VIOLENCE NETWORK IN NEW YORK STATE AND A NATIONAL COALITION OF ANTI-VIOLENCE PROGRAMS NATIONWIDE.

2 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.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,257,359 including grants of \$) (Revenue \$ 85,495)
DIRECT CLIENT SERVICES: AVP PROVIDES DIRECT SERVICES TO SURVIVORS OF LGBTQ AND HIV-AFFECTED SURVIVORS OF VIOLENCE, INCLUDING CRISIS INTERVENTION, SAFETY PLANNING, COUNSELING, ADVOCACY, ECONOMIC EMPOWERMENT SERVICES, AS WELL AS INFORMATION AND REFERRALS TO ORGANIZATIONS AND INSTITUTIONS THAT PROVIDE SERVICES AND RESOURCES OUTSIDE THE SCOPE OF AVP'S SERVICES. AVP OPERATES A FREE BILINGUAL, 24-HOUR, 365-DAY-A-YEAR CRISIS INTERVENTION HOTLINE THAT IS STAFFED BY VOLUNTEERS THAT COMPLETE AVP'S 40-HOUR HOTLINE TRAINING AND OUR PROFESSIONAL COUNSELORS AND ADVOCATES. AVP WELCOMES SURVIVORS AT WALK-IN HOURS AT ALL OF OUR EIGHT INTAKE SITES ACROSS THE FIVE BOROUGHS, INCLUDING AT ALL FIVE NEW YORK FAMILY JUSTICE CENTERS, AS WELL AS COMMUNITY-BASED ORGANIZATIONS SERVING LGBTQ AND HIV-AFFECTED PEOPLE. IN FY2018, AVP ANSWERED OVER 2,800 HOTLINE CALLS, PROVIDED DIRECT CLINICAL AND LEGAL SERVICES TO OVER 21,300 INDIVIDUAL CLIENTS. BY PROVIDING DIRECT SERVICES IN ALL FIVE BOROUGHS, WE ARE ABLE TO SERVE LGBTQ AND HIV-AFFECTED SURVIVORS OF ALL FORMS OF VIOLENCE WHO NEED OUR SERVICES WHERE THEY LIVE, WORK, AND SPEND TIME, AND WE WORK WITH COMMUNITIES TO ADDRESS THE ISSUES SPECIFIC TO THEIR NEIGHBORHOODS. AVP ALSO PROVIDES DIVERSE GROUP PROGRAMMING, INCLUDING DISTINCT SUPPORT GROUPS FOR SURVIVORS OF SEXUAL VIOLENCE, INTIMATE PARTNER VIOLENCE, AND INTERSECTING FORMS OF VIOLENCE, AS WELL AS COMMUNITY-BASED DROP-IN GROUPS FOR TRANSGENDER AND GENDER NON-CONFORMING PEOPLE AND THOSE WHO SUPPORT THEM. ALL SUPPORT GROUPS FEATURE A SUPPORTIVE AND FOCUSED CURRICULUM TO MOVE PEOPLE FROM TRAUMA TO HEALING, AND ARE CULTURALLY SPECIFIC, DESIGNED FOR THE UNIQUE NEEDS AND EXPERIENCES OF LGBTQ AND HIV-AFFECTED SURVIVORS OF VIOLENCE. IN 2018, AVP STARTED OFFERING COUNSELING SERVICES TO LGBTQ SURVIVORS OF VIOLENCE INCARCERATED AT RIKERS ISLAND JAIL AS PART OF THE STILL SURVIVORS PROGRAM.

4b (Code:) (Expenses \$ 903,459 including grants of \$) (Revenue \$ 0)
COMMUNITY ORGANIZING AND PUBLIC ADVOCACY: AVP'S COMMUNITY ORGANIZING EFFORTS REACHED MORE THAN 14,000 PEOPLE IN FISCAL YEAR 2018 WITH ONE-TO-ONE HANDOUTS OF INFORMATION ABOUT VIOLENCE FACING LGBTQ PEOPLE AND SAFER-SEX MATERIALS THROUGHOUT NEW YORK'S FIVE BOROUGHS. AVP CREATES CAMPAIGNS THAT ADDRESS LGBTQ AND HIV-AFFECTED PEOPLE'S SAFETY. IN ADDITION, AVP COLLABORATES CLOSELY WITH COMMUNITY LEADERS AND COMMUNITY-BASED ORGANIZATIONS TO RAISE AWARENESS ABOUT THE INTERSECTION OF LGBTQ AND HIV-AFFECTED IDENTITIES AND VIOLENCE. THIS YEAR, AVP LAUNCHED AN ADVOCACY CAMPAIGN TO ADDRESS VIOLENCE IMPACTING TRANSGENDER AND GENDER NON-CONFORMING (TGNC) NEW YORKERS. AVP INITIATED A TGNC LEADERSHIP ACADEMY WHICH IS A FIVE MONTH LEADERSHIP PROGRAM THAT INCLUDES WORKSHOPS AND SKILLS TRAININGS AND A TWO-MONTH INTERNSHIP. AVP TRAINS THOUSANDS OF INDIVIDUALS AND GROUPS INCLUDING COMMUNITY MEMBERS, POLICE, DISTRICT ATTORNEY'S OFFICES, RAPE CRISIS CENTERS, DOMESTIC VIOLENCE AGENCIES AND OTHER MAINSTREAM HEALTH AND HUMAN SERVICE PROVIDES. AVP CONDUCTED 115 TRAININGS REACHING OVER 2,500 PARTICIPANTS THROUGH OUR EDUCATION AND TRAINING INSTITUTE. AVP'S TRAINING AND EDUCATION INSTITUTE ALSO SERVES AS A CLEARINGHOUSE FOR THE MOST UP-TO-DATE INFORMATION, STUDIES, ARTICLES, AND CURRICULA ON THE ISSUE OF VIOLENCE, AND SERVES AS A RESEARCH RESOURCE FOR PEOPLE ACROSS THE COUNTRY WHO ARE STUDYING VIOLENCE AGAINST OR WITHIN LGBTQ AND HIV-AFFECTED COMMUNITIES. NATIONAL WORK: AVP COORDINATES THE NATIONAL COALITION OF ANTI-VIOLENCE PROGRAMS (NCAVP), A NATIONAL NETWORK OF ORGANIZATIONS DEDICATED TO ENDING VIOLENCE IN ALL ITS FORMS AFFECTING LGBTQ AND HIV-AFFECTED INDIVIDUALS. WITH OVER 40 MEMBER ORGANIZATIONS ACROSS THE U.S. AND IN CANADA, NCAVP PROVIDES NATIONAL ADVOCACY FOR LOCAL ORGANIZATIONS, AND PROVIDES SUPPORT TO COMMUNITIES THAT DO NOT HAVE AN LGBTQ AND/OR HIV-AFFECTED ORGANIZATION IN THEIR REGION. THROUGH NCAVP, AVP PARTICIPATES IN CREATING AND IMPLEMENTING A NATIONAL PLATFORM FROM WHICH TO ADDRESS ANTI-LGBTQ AND HIV-AFFECTED VIOLENCE, AS WELL AS SEXUAL VIOLENCE AND INTIMATE PARTNER VIOLENCE WITHIN LGBTQ AND HIV-AFFECTED COMMUNITIES. NCAVP ANNUALLY PRODUCES THE NATIONAL HATE VIOLENCE REPORT AND NATIONAL INTIMATE PARTNER VIOLENCE REPORT, WHICH CONTAIN SOME OF THE MOST COMPREHENSIVE RESEARCH ON LGBTQ AND HIV-AFFECTED COMMUNITIES' EXPERIENCES OF VIOLENCE. NCAVP ALSO UPDATED IT'S CRISIS OF HATE REPORT OUTLINING THE UNPRECEDENTED NUMBER OF HATE VIOLENCE HOMICIDES OF LGBTQ PEOPLE RECORDED IN 2017.

4c (Code:) (Expenses \$ 444,726 including grants of \$) (Revenue \$ 0)
LEGAL SERVICES: BEGINNING IN 2013, AVP LAUNCHED A LEGAL SERVICES PROGRAM WHICH PROVIDES FREE, HOLISTIC, DIRECT LEGAL SERVICES TO UNDERSERVED LGBTQ AND HIV-AFFECTED SURVIVORS OF VIOLENCE ACROSS ALL FIVE BOROUGHS OF NEW YORK CITY. SERVICES RANGE FROM INTAKE, ADVICE, AND REPRESENTATION ON ISSUES SUCH AS ORDERS OF PROTECTION, CHILD SUPPORT, CHILD CUSTODY, LEGAL SEPARATION/DIVORCE, IMMIGRATION MATTERS, HOUSING MATTERS, NAME CHANGES AND REPRESENTATION AS COMPLAINING WITNESSES IN CRIMINAL COURT AS CLIENTS NEED THESE SERVICES. CLIENT REFERRALS TO THE LEGAL SERVICES DEPARTMENT PRIMARILY COME THOROUGH AVP'S CLIENT SERVICES DEPARTMENT, AS WELL AS OTHER COMMUNITY-BASED ORGANIZATIONS. IN FISCAL YEAR 2018, OUR LEGAL SERVICES DEPARTMENT PROVIDED FULL LEGAL INTAKE AND CONSULTATION TO 198 NEW CLIENTS. ADDITIONALLY, 126 CASES THAT WERE ACCEPTED FOR REPRESENTATION FROM FY 2017 WERE CARRIED OVER INTO FY 2018.

(Code:) (Expenses \$ 145,109 including grants of \$) (Revenue \$ 0)
COMMUNICATIONS: RESPONSIBLE FOR THE DISSEMINATION OF PROGRAM- RELATED INFORMATION THROUGH COMMUNITY ALERTS, REPORTS, MEDIA RELEASES WEBSITE AND SOCIAL MEDIA.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 145,109 including grants of \$) (Revenue \$ 0)

4e Total program service expenses 2,750,653

Form 990 (2017)

Form 990 (2017)

Part IV Checklist of Required Schedules

Table with 4 rows and 3 columns: Question, Yes, No. Row 1: Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. Row 2: Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Row 3: Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. Row 4: Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

| | | | |
|------------|--|-----|----|
| 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? <i>If "Yes," complete Schedule C, Part III</i> | | 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? <i>If "Yes," complete Schedule D, Part I</i> | | No |
| 7 | 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> | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | 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? <i>If "Yes," complete Schedule D, Part IV</i> | | 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> | | 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. | | |
| 11a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | Yes | |
| 11b | 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? <i>If "Yes," complete Schedule D, Part VII</i> | | No |
| 11c | 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? <i>If "Yes," complete Schedule D, Part VIII</i> | | No |
| 11d | 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? <i>If "Yes," complete Schedule D, Part IX</i> | | No |
| 11e | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | Yes | |
| 11f | 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)? <i>If "Yes," complete Schedule D, Part X</i> | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | Yes | |
| 12b | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | No |
| 14b | 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | 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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> | | 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? <i>If "Yes," complete Schedule G, Part II</i> | Yes | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | No |
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | No |
| 20b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 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? <i>If "Yes," complete Schedule I, Parts I and II</i> | | 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? <i>If "Yes," complete Schedule I, Parts I and III</i> | | No |

Form 990 (2017)

Part IV 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? <i>If "Yes," complete Schedule J</i> | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | No |
| 24b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 24c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| 24d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | No |
| 25b | 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? <i>If "Yes," complete Schedule L, Part I</i> | | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | 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? <i>If "Yes," complete Schedule L, Part III</i> | | No |

Table with 3 columns: Question ID, Question Text, and Answer. Rows include questions 28a through 38 regarding business transactions, contributions, and organizational structure.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Answer. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (backup withholding rules).

Form 990 (2017)

Table with 3 columns: Question ID, Question Text, and Answer. Rows include questions 2a through 10b regarding employee reporting, foreign accounts, prohibited transactions, and fundraising.

11 Section 501(c)(12) organizations. Enter:

a 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.) **11b**

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.

a Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O. **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 **13b**

c Enter the amount of reserves on hand **13c**

14a Did the organization receive any payments for indoor tanning services during the tax year? **14a** No

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O **14b**

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 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**

Form **990** (2017)

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|-----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | 17 | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 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? | | 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? | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | No |
| 6 | Did the organization have members or stockholders? | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | 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? | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | 8a | Yes |
| b | 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 |

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

| | | Yes | No |
|------------|--|-----|-----|
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | 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 |
| b | 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 give rise to conflicts? | 12b | Yes |
| c | 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? | | |
| a | 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 participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | |

Section C. Disclosure

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

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

only)available for public inspection. Indicate how you made these available. Check all that apply.

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

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

20 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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | | | |
| (1) DARA MAJOR CHAIRPERSON | 1.00 | X | | X | | | 0 | 0 | 0 |
| (2) MIKE HOFMAN VICE CHAIRPERSON | 1.00 | X | | X | | | 0 | 0 | 0 |
| (3) THOMAS SALATTE SECRETARY | 1.00 | X | | X | | | 0 | 0 | 0 |
| (4) THOMAS ZUZALO TREASURER | 1.00 | X | | X | | | 0 | 0 | 0 |
| (5) WILL CHAMBERLIN BOARD MEMBER | 1.00 | X | | | | | 0 | 0 | 0 |
| (6) HONORABLE THOMAS K DUANE BOARD MEMBER | 1.00 | X | | | | | 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 | X | | | | | 0 | 0 | 0 |
| (10) ASWINI KRISHNAN BOARD MEMBER | 1.00 | X | | | | | 0 | 0 | 0 |
| (11) KEVIN KRUEGER BOARD MEMBER | 1.00 | X | | | | | 0 | 0 | 0 |
| (12) TIQ MILAN BOARD MEMBER | 1.00 | X | | | | | 0 | 0 | 0 |
| (13) ALEXANDER E C MOLE BOARD MEMBER | 1.00 | X | | | | | 0 | 0 | 0 |
| (14) MARCUS MORTON BOARD MEMBER | 1.00 | X | | | | | 0 | 0 | 0 |
| (15) ALEXANDRO PADRES BOARD MEMBER | 1.00 | X | | | | | 0 | 0 | 0 |
| (16) PAULINE SOBELMAN BOARD MEMBER | 1.00 | X | | | | | 0 | 0 | 0 |

| | | | | | | | | | | | |
|-------------------------------------|------|---|--|--|--|--|--|--|---|---|---|
| (17) IAN TATTENBAUM BOARD MEMBER | 1.00 | X | | | | | | | 0 | 0 | 0 |
|-------------------------------------|------|---|--|--|--|--|--|--|---|---|---|

Form 990 (2017)

Form 990 (2017)

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) BEVERLY TILLERY EXECUTIVE DIRECTOR | 35.00 | | | X | | | | 167,436 | 0 | 3,494 |
| (19) CATHERINE SHUGRUE DOS SANTOS CO-DIRECTOR OF CLIENT SVCS | 35.00 | | | | | X | | 110,101 | 0 | 4,441 |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 277,537 | 0 | 7,935 |

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

| | Yes | No |
|--|-----|-----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | 3 | No |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | Yes |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | 5 | No |

Section B. Independent Contractors

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

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

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

Form 990 (2017)

Form 990 (2017)

Part VIII Statement of Revenue

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

| (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|----------------------|---|-----------------------------------|---|
| | | | |

Political campaigns 1a
 Membership dues 1b

| | |
|--|----|
| Contributions, Gifts, and Other Similar Amounts | 1c |
| 207,308 | |
| Charitable organizations | 1d |
| Government grants (contributions) | 1e |
| 2,382,734 | |
| Other contributions, gifts, grants, and similar amounts not included above | 1f |
| 1,921,117 | |

g Noncash contributions included in lines 1a - 1f: \$ 11,325

h Total. Add lines 1a-1f 4,511,159

| Program Service Revenue | Business Code | | | |
|-----------------------------------|---------------|--------|--|--|
| | | | | |
| 900099 | 85,495 | 85,495 | | |
| TRAINING & OTHERS | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| All other program service revenue | | | | |
| 9 Total. Add lines 2a-2f | | 85,495 | | |

| | | | | | |
|--|----------------|---------------|---------|---|---------|
| 3 Investment income (including dividends, interest, and other similar amounts) | | 588 | | | 588 |
| 4 Income from investment of tax-exempt bond proceeds | | | | | |
| 5 Royalties | | | | | |
| 6a Gross rents | (i) Real | (ii) Personal | | | |
| b Less: rental expenses | | | | | |
| c Rental income or (loss) | | | | | |
| d Net rental income or (loss) | | | | | |
| 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| b Less: cost or other basis and sales expenses | | | | | |
| c Gain or (loss) | | | | | |
| d Net gain or (loss) | | | | | |
| 8a Gross income from fundraising events (not including \$ 207,308 of contributions reported on line 1c). See Part IV, line 18 | a | 43,814 | | | |
| b Less: direct expenses | b | 68,693 | | | |
| c Net income or (loss) from fundraising events | | | -24,879 | | -24,879 |
| 9 Gross income from gaming activities. See Part IV, line 19 | a | | | | |
| b Less: direct expenses | b | | | | |
| c Net income or (loss) from gaming activities | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | |
| b Less: cost of goods sold | b | | | | |
| c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | Business Code | | | | |
| 11a OTHER REVENUE | 900099 | 126 | | | 126 |
| b | | | | | |
| c | | | | | |
| d All other revenue | | | | | |
| e Total. Add lines 11a-11d | | 126 | | | |
| 12 Total revenue. See Instructions. | | 4,572,489 | 85,495 | 0 | -24,165 |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, 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 |
| 10 Payroll taxes | 179,049 | 138,136 | 22,445 | 18,468 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 64 | 64 | | |
| c Accounting | 26,500 | | 26,500 | |
| 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 | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 409,151 | 315,661 | 51,289 | 42,201 |
| 17 Travel | 107,937 | 98,719 | 8,173 | 1,045 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 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 |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance Sheet

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

| | (A) Beginning of year | | (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 | |

| | | | | | | | |
|-----------------------------|--|--|-----------|-----------|-----------|-----------|---------|
| Assets | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | | 6 | | |
| | 7 | Notes and loans receivable, net | | | 7 | | |
| | 8 | Inventories for sale or use | | | 8 | | |
| | 9 | Prepaid expenses and deferred charges | | 22,260 | 9 | 35,913 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 168,355 | | | |
| | | b 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 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 equal line 34) | | 1,842,776 | 16 | 2,736,254 | | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 292,129 | 17 | 295,022 | |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | | | 19 | 56,925 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | | 22 | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | | 174,679 | 25 | 156,198 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 466,808 | 26 | 508,145 | |
| Net Assets or Fund Balances | 27 | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets | | 567,237 | 27 | 727,374 | |
| | 28 | Temporarily restricted net assets | | 808,731 | 28 | 1,500,735 | |
| | 29 | Permanently restricted net assets | | | 29 | | |
| | 30 | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds | | | 30 | | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | | |
| | 33 | Total net assets or fund balances | | 1,375,968 | 33 | 2,228,109 | |
| | 34 | Total liabilities and net assets/fund balances | | 1,842,776 | 34 | 2,736,254 | |

Form 990 (2017)

Part XI Reconciliation of Net Assets

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

| | | | |
|----|---|----|-----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 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 |

Part XII Financial Statements and Reporting

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

| | | | | |
|----|---|----|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | Yes | No |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a | | No |
| 2b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2b | Yes | |
| 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? | 2c | Yes | |

of the audit, review, or compilation of its financial statements and selection of an independent accountant:
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

| | | |
|----|-----|--|
| 4c | Yes | |
| 3a | Yes | |
| 3b | Yes | |

Form 990 (2017)

Form 990 (2017)

Additional Data

Return to Form

Software ID:
Software Version:

Form 990, Special Condition Description:

Special Condition Description

Back to Top

efile Public Visual Render ObjectID: 201911359349312701 - Submission: 2019-05-15 TIN: 13-3149200

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
13-3149200

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| Total | | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990 or 990-EZ) 2017

170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2017 (93.000%); Row 15: Public support percentage for 2016 (95.090%)

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Schedule A (Form 990 or 990-EZ) 2017

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit to the organization without charge; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year; c Add lines 7a and 7b; 8 Public support.

| | | | | | | |
|---|-----------------|-----------------|-----------------|-----------------|-----------------|------------------|
| from line b.) | | | | | | |
| Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 9 Amounts from line 6. | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b. | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/> | | | | | | |
| Section C. Computation of Public Support Percentage | | | | | | |
| 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) | | | | | | 15 |
| 16 Public support percentage from 2016 Schedule A, Part III, line 15 | | | | | | 16 |
| Section D. Computation of Investment Income Percentage | | | | | | |
| 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | | | | | | 17 |
| 18 Investment income percentage from 2016 Schedule A, Part III, line 17 | | | | | | 18 |
| 19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | | | | | |
| b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | | | | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/> | | | | | | |

Schedule A (Form 990 or 990-EZ) 2017

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | | |

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

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

Part IV Supporting Organizations (continued)

| | | Yes | No |
|-----------|---|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| a | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b | A family member of a person described in (a) above? | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |

Section B. Type I Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i> | | |

Section C. Type II Supporting Organizations

| | | 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 of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |

Section 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's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally-Integrated Supporting Organizations

| | | | |
|----------|--|-----|----|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) | | |
| 2 | Activities Test. Answer (a) and (b) below. | Yes | No |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

Schedule A (Form 990 or 990-EZ) 2017

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 Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|----------------|-----------------------------|
| | | |

| | | | | |
|---|--|-----------|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | | |

Schedule A (Form 990 or 990-EZ) 2017

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

| Section D - Distributions | | Current Year | |
|--|---|---------------------------------|--|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | | |
| 4 | Amounts paid to acquire exempt-use assets | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | |
| 6 | Other distributions (describe in Part VI). See instructions | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | | |
| 9 | Distributable amount for 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 |
| 1 | Distributable amount for 2017 from Section C, line 6 | | (iii) Distributable Amount for 2017 |
| 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. | | |
| 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 instructions) | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | |
| 4 | Distributions for 2017 from Section D, line 7: | | |

| | | | |
|----------|---|--|--|
| \$ | | | |
| a | Applied to underdistributions of prior years | | |
| 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. | | |
| 7 | Excess distributions carryover to 2018. Add lines 3j and 4c. | | |
| 8 | Breakdown of line 7: | | |
| a | Excess from 2013. | | |
| b | Excess from 2014. | | |
| c | Excess from 2015. | | |
| d | Excess from 2016. | | |
| e | Excess from 2017. | | |

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

Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

| | |
|------------------------------|--|
| 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

| | | |
|--|---|---|
| efile Public Visual Render | Objectid: 201911359349312701 - Submission: 2019-05-15 | TIN: 13-3149200 |
| Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small> | Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information. | OMB No. 1545-0047 2018 |
| Name of the organization NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT | | Employer identification number 13-3149200 |

Organization type (check one):

- Filers of:** **Section:**
- Form 990 or 990-EZ 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 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).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 2

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| - | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small> |
| - | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small> |
| - | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small> |
| - | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small> |
| - | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small> |
| - | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small> |
| - | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small> |

| | | | |
|---------------------------------------|--|--|--|
| No. from Part I | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Additional Data

Return to Form

Software ID:
Software Version:

Back to Top

efile Public Visual Render ObjectID: 201911359349312701 - Submission: 2019-05-15 TIN: 13-3149200

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- Political campaign activity expenditures (see instructions) \$
- Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- Enter the amount of any excise tax incurred by the organization under section 4955 \$
- Enter the amount of any excise tax incurred by organization managers under section 4955 \$
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year?..... Yes No
- a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities..... \$
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... \$
- Did the filing organization file Form 1120-POL for this year?..... Yes No
- Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or apolitical action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0- |
|----------|-------------|---------|--|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

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

Cat. No. 50084S Schedule C (Form 990 or 990-EZ) 2017

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)

Table with columns (a) Filing organization's totals and (b) Affiliated group totals. Rows include Total lobbying expenditures, Total exempt purpose expenditures, Lobbying nontaxable amount, and Grassroots nontaxable amount.

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 Expenditures During 4-Year Averaging Period

Table with columns (a) 2014, (b) 2015, (c) 2016, (d) 2017, and (e) Total. Rows include Lobbying nontaxable amount, Lobbying ceiling amount, Total lobbying expenditures, Grassroots nontaxable amount, Grassroots ceiling amount, and Grassroots lobbying expenditures.

Schedule C (Form 990 or 990-EZ) 2017

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

Table with columns (a) Yes, No and (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media advertisements, mailings, publications, grants, direct contact, rallies, and other activities.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with columns Yes and No. Rows include questions about dues received, lobbying expenditures, and carry-over of lobbying and political expenditures.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 5 rows and 2 columns. Row 1: Dues, assessments and similar amounts from members. Row 2: Section 162(e) nondeductible lobbying and political expenditures. Row 3: Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.

Part IV Supplemental Information

Provide 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); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Table with 2 columns: Return Reference, Explanation.

Schedule C (Form 990 or 990EZ) 2017

Additional Data

Return to Form

Software ID:
Software Version:

Back to Top

efile Public Visual Render ObjectID: 201911359349312701 - Submission: 2019-05-15 TIN: 13-3149200

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Table with 2 columns: Name of the organization, Employer identification number. Organization: NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT. EIN: 13-3149200

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions about donor advised funds and charitable purposes.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 9 rows and 2 columns. Row 1: Purpose(s) of conservation easements held by the organization. Row 2: Total number of conservation easements held at the end of the year. Row 3: Total acreage restricted by conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 1 row and 2 columns. Row 1: If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of

art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 \$
(ii) Assets included in Form 990, Part X \$

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

a Revenue included on Form 990, Part VIII, line 1 \$
b Assets included in Form 990, Part X \$

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

Cat. No. 52283D Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

Table with 2 columns: Description, Amount. Rows 1c, 1d, 1e, 1f.

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

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

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

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

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

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

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

- (i) unrelated organizations
(ii) related organizations
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

Table with 2 columns: Yes, No. Rows 3a(i), 3a(ii), 3b.

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e, Total.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description or security or category (including name of security) | (b) Book value | (c) Method or valuation: Cost or end-of-year market value |
|---|-------------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| 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 Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-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 Form 990, Part IV, line 11d. See Form 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 answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| 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.) | |

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 4,572,489.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 3,720,348.

Part XIII

Supplemental Information

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

Table with 2 columns: Return Reference and Explanation. Entry for PART X, LINE 2: THE AGENCY'S ACCOUNTING POLICY IS TO PROVIDE LIABILITIES FOR UNCERTAIN TAX POSITIONS...

Schedule D (Form 990) 2017

Additional Data

Return to Form

Software ID:
Software Version:

Back to Top

efile Public Visual Render header with ObjectID: 201911359349312701 - Submission: 2019-05-15, TIN: 13-3149200, and Supplemental Information Regarding Fundraising or Gaming Activities title.

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

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

8 Net gaming income summary. Subtract line 7 from line 1, column (d). ▶

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ _____

Address ▶ _____

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

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

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Additional Data

[Return to Form](#)

Software ID:
Software Version:

[Back to Top](#)

| | | | |
|--|---|--|--|
| efile Public Visual Render | | ObjectID: 201911359349312701 - Submission: 2019-05-15 | TIN: 13-3149200 |
| Schedule J (Form 990) | Compensation Information | | OMB No. 1545-0047 |
| | For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. | | 2017 Open to Public Inspection |
| Department of the Treasury Internal Revenue Service | | Name of the organization NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE PROJECT | Employer identification number 13-3149200 |

Part I Questions Regarding Compensation

Yes No

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Schedule J (Form 99

Schedule J (Form 990) 2017

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Schedule J (Form 99

Additional Data

Return to

Software ID:
Software Version:

Back to Top

efile Public Visual Render ObjectID: 201911359349312701 - Submission: 2019-05-15 TIN: 13-3149200

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

13-3149200

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 11B | THE DOCUMENT IS PRESENTED TO AND REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO FILING. THE REVIEW IS CONDUCTED FIRST BY THE AUDIT COMMITTEE. THE BOARD'S AUDIT COMMITTEE THEN PRESENTS THE FORM TO THE FULL BOARD OF DIRECTORS AT A SCHEDULED BOARD MEETING PRIOR TO THE INSTRUCTION TO THE PREPARER TO FILE THE FORM. |
| FORM 990, PART VI, SECTION B, LINE 12C | ANNUALLY, ALL KEY EMPLOYEES AND BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY AGREEMENT. |
| FORM 990, PART VI, SECTION B, LINE 15 | FOR THE EXECUTIVE DIRECTOR: THE POSITION IS COMPARED TO COMPARABLE POSITIONS IN THE FIELD, REVIEWED BY THE FINANCE AND EXECUTIVE COMMITTEES OF THE BOARD AND REVIEWED BY THE FULL BOARD OF DIRECTORS. MINUTES FOR THESE MEETINGS ARE KEPT. FOR OFFICERS OF THE BOARD OF DIRECTORS: NO COMPENSATION IS PROVIDED. FOR KEY EMPLOYEES: THE POSITIONS ARE COMPARED TO COMPARABLE POSITIONS IN THE FIELD, REVIEWED BY THE FINANCE AND EXECUTIVE COMMITTEES OF THE BOARD AND REVIEWED BY THE FULL BOARD OF DIRECTORS. MINUTES ARE MAINTAINED FOR THESE MEETINGS. |
| FORM 990, PART VI, SECTION C, LINE 19 | AVP HAS AVAILABLE UPON REQUEST COPIES OF IT POLICIES AND PROCEDURES INCLUDING THE CONFLICT OF INTEREST POLICY AS WELL AS OTHER GOVERNING DOCUMENTS. IN ADDITION, FINANCIAL STATEMENTS ARE AVAILABLE VIA THE PREVIOUS MENTIONED AVENUES ABOVE INCLUDING POSTING ON GUIDESTAR |
| FORM 990, PART VI, SECTION B, LINE 14 | THE POLICY PROVIDES GUIDELINES FOR THE RETENTION, STORAGE AND DESTRUCTION OF ALL FILES AND RECORDS BELONGING TO AVP. IT CLARIFIES THE STANDARD AND TIMEFRAME FOR THE RETENTION, STORAGE, AND DESTRUCTION OF ALL THE MAJOR CATEGORIES OF DOCUMENTS CREATED AND USED IN THE COURSE OF AVP'S OPERATIONS. RECORDS WILL BE MAINTAINED FOR THE PERIODS SUFFICIENT TO SATISFY IRS REGULATIONS, FEDERAL GRANT AND AUDIT REQUIREMENTS, IF APPLICABLE, AND OTHER LEGAL NEEDS AS MAY BE DETERMINED. RECORD RETENTION REQUIREMENTS ARE REVIEWED ANNUALLY WITH LEGAL COUNSEL AND INDEPENDENT AUDITOR TO DETERMINE ANY NECESSARY CHANGES. |
| FORM 990, PART VI, SECTION B, LINE 13 | THE OBJECTIVES OF THIS POLICY ARE TO ENCOURAGE AND ENABLE PROTECTED PERSONS, WITHOUT FEAR OF RETALIATION, TO RAISE CONCERNS REGARDING SUSPECTED UNETHICAL AND/OR ILLEGAL CONDUCT OR PRACTICES ON A CONFIDENTIAL, AND IF DESIRED, ANONYMOUS BASIS SO THAT AVP CAN ADDRESS AND CORRECT INAPPROPRIATE CONDUCT AND ACTIONS. |
| PART XII, LINE 2C | THE ORGANIZATION'S OVERSIGHT PROCESS OF THE ACCOUNTING FIRMS HAS NOT CHANGED BETWEEN YEARS. |

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2017

Additional Data

Return to Form

Software ID:
Software Version: