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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 black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2009

Open to Public Inspection

		Г		C Name of organization PARK SQUARE ADVOCATES IN	31-2009		D Employer	ident	ification number	
Address change			Please use IRS		04-2660	498				
— Nai	me char	nge I							numl	per
– _{Init}	ıal retur	rn S	type. See Specific	Number and street (or P.O. bo	ox if mail is not delivered to stree	et address) R	nom/suite	(617) 42		
– Ter	mınated		Instruc- tions.	30 WINTER STREET No 800	ox ii maii is not delivered to stret	st dudiess, it	soom, saice	G Gross recei	pts \$ 4	,396,377
– _{Am}	ended r	return		City or town, state or country	, and ZIP + 4					
— App	olication	pending		BOSTON, MA 02108						
			F Nan	ne and address of principal	officer	Н	(a) Is thi	l s a group ret	urn fo	or
				l McCarthy ter Street			affilia			⊤Yes 🔽 No
				,MA 02108		Н	(b) Are al	l affiliates inc	luded	?
			_				If"No	o," attach a l	ıst (s	ee instructions)
				(3) ◀ (insert no)	a)(1) or 527	н	(c) Grou	p exemption	numb	oer 🟲
		∷► WWW								
				ion Trust Association O	ther 🕨		L Year of for	rmation 1978	M St	ate of legal domicile MA
Pa	rt I	Summ Briefly de	•	e organization's mission or	most significant activities					
Governance		LEGISLa	TIVE LAV		N THAT WORKS THROUG IMINATION BASED ON S					•
9 2	,	Charlette		c.l	h d .h			250/ -5.5-		
ు త			•		tinued its operations or dis ody (Part VI, line 1a)					sets 17
<u>n</u>			_	•	e governing body (Part VI,				_	17
senikinat			•	nployees (Part V, line 2a)					_	38
្	6	Total nun	lunteers (estimate if neces			6 _	118			
	7a	Total gro	ted business revenue from			7a _	(
	b	Net unrel	lated busi	ness taxable income from l	Form 990-T, line 34				7b	(
a							Prio	r Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)						3,204,481	-	3,406,574
	9							2,647 2		
Revenu	10 11	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line						22,903 -71 73,752 31		
	12							73,732		31,898
		12) .		<u> </u>	<u> </u>			3,303,783	3	3,369,143
	13				olumn (A), lines 1-3) .			10,000	<u> </u>	10,000
	14				umn (A), line 4)	-	2,295,739			0
8	15	Salaries	s, other co	ompensation, employee ber	nefits (Part IX, column (A),	lines 5-				2,170,821
Expenses	16a	Profess	ional fund	raising fees (Part IX, colun	nn (A), line 11e)					0
ੜੇ	b	Total fund	draising exp	enses (Part IX, column (D), line 2	25) ► 595,449					
_	17	Othere	xpenses (Part IX, column (A), lines	11a-11d, 11f-24f)	[1,028,784		849,516
	18	Total ex	cpenses A	Add lines 13-17 (must equ	ıal Part IX, column (A), lıne	25)		3,334,523	+	3,030,337
	19	Revenue	e less exp	enses Subtract line 18 fro	om line 12			-30,740		338,806
met Assets of Fund Bafances							_	g of Current ear		End of Year
9.00 9.00 9.00 9.00	20	Total as	sets (Par	t X, line 16)		.		2,335,379		2,875,049
g g	21	Total lia	abilities (F	art X, line 26)				370,865	5	354,088
_	22			d balances Subtract line 2	1 from line 20			1,964,514		2,520,961
Pai	rt II		ture Blo							
Sign Hero		Under penalties of perjury, I declare that I have examined this return, including accompanying sche and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on ****** Signature of officer LEE SWISLOW EXECUTIVE DIRECTOR								
		Туре	or print nam	e and title				1		
Paid	,	Preparer's signature		1 McCall CPA	Date	Check self- empo	lyed 🕨 🦵	Preparer's ide (see instructi		g number
•	arer's	Firm's nam	ne (or yours ployed),	ALEXANDER ARONSON FINN	ING & CO PC			EIN Þ		
Jse (July		ind ZIP + 4	21 EAST MAIN STREET				Dh - · · ·	/500	200 0100
				WESTBORO, MA 01581				Phone no 🕨		
Mau 4	the TD	C diccuss	thic rotu	rn with the property chown	should (can instructions)				17	Z V a c

Cat No 11282Y

Form **990** (2009)

Part III Statement of Program Service Accomplishments

1	Briefly	describe	the	organization	's	missioi

GLAD IS A LEGAL RIGHTS ORGANIZATION THAT WORKS THROUGH IMPACT LITIGATION, EDUCATION, OUTREACH AND	
LEGISLATIVE LAWYERING TO END DISCRIMINATION BASED ON SEXUAL ORIENTATION, HIV STATUS AND GENDER IDENT	ITY
AND EXPRESSION	

2	Did the organization und			during the year which		Yes ▼ No
	If "Yes," describe these					res v No
_	·					
3	Did the organization ceaservices?	ise conducting, or m	nake significant chan	ges in how it conduc		Yes 🔽 No
	If "Yes," describe these	changes on Schedu	le O			
4		501(c)(4) organızatı	ons and section 494	7(a)(1) trusts are re	est program services by exp equired to report the amount ce reported	
4a	(Code) (Expenses \$	743,992 includi	ng grants of \$) (Revenue \$	2,213)
	all New England states, to e	end federal discrimination ve, with a particular em	n against legally married s phasis on parenting issues	same-sex couples, and to The CRP is also working	specifically, the CRP is working to be ensure that gay and lesbian fam ig on youth issues such as the hard ther discrimination issues	ilies receive the respect and
	(Code) (Expenses \$	719,238 ıncludı	ng grants of \$) (Revenue \$)
	people, and people living wone on one phone conversal issues, public forums, and sivistors, we answered 2,219 awareness and the dissemil in all New England states, the courtroom victories, and we education department also providing practical legal info	ith HIV and AIDS in the strong, to podcasts and vipeaking engagements, voluments of calls on our Legal Infolmation of critical legal infection of critical legal infections and orks closely with state paruns a volunteer-staffed ormation for a broad aud	six New England states Godeos disseminated on the we distributed 35,764 copune, and we produced 15 ormation to empower pecitells the stories of LGBT justiner organizations, provisibilingual (English-Spanis lence, as well as specializations, as well as specializations).	LAD accomplishes this go e Internet In 2009, for e les of publications on a videos GLAD's public aff iple to exercise their lega- people, builds organized ding strategy and comm h) Legal Information Hot ed publications for attorr	s, and individual consumers about that through a variety of media, fro xample, we had 85 events, includ variety of legal issues, our website airs and education department is dail rights. Focused on enlarging circl communities of allies to prepare to unication consultation and support line, produces and continually updieys and other professionals, main the media, speaking engagement	m events and publications to ing workshops on legal had 109,428 unique levoted to building public es of support for LGBT rights ne ground for, and sustain, The public affairs and ates over 70 publications tains a content-rich and up-
	(Codo	\/Evnances.d	355,349 ıncludı	ng ampts of t) (Revenue \$	`
4c	New England states that will and is promoting administra ensure that protection from	Il protect people from dis tive regulations that ass discrimination based on	n ending discrimination be scrimination based on gen ist transgender people in gender identity and expre	der identity and express obtaining documents cor ession is respected and e	and expression The TRP is working three states already have the isstent with their gender. The TRP enforced. The TRP works on the felicy issues that affect transgender.	se protections in the law) also uses impact litigation to deral level to pass federal
	Other program service	c (Doccribe in Sch	adula O .) See also As	Iditional Data for Do	scription	
4u	(Expenses \$	•	uding grants of \$		(Revenue \$)
 4е	Total program service		2,054,290		<u> </u>	·

Part TV	Check	list of	Require	d Sche	dules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		N o
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		N o
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νο
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		N o
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> " <i>Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		N o
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2009)

orm	990 (2009)			Page !
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 10			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
b	return			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	2b	Yes	
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
5a	Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	5b		'''
	Prohibited Tax Shelter Transaction?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N o
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	•		N
9	Sponsoring organizations maintaining donor advised funds.	8		No
_	Did the organization make any taxable distributions under section 4966?	9a		No.
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νο
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the			

12b

30 WINTER STREET SUITE 800

BOSTON, MA 02108 (617) 426-1350

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.

Se	ction A. Governing Body and Management					
	ction A. Governing Body and Planagement				Yes	No
1a	Enter the number of voting members of the governing body	1a	17			
b	Enter the number of voting members that are independent	1b	17			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	ıness •	relationship with any	2		No
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management con			3		Νο
4	Did the organization make any significant changes to its organizational documents s filed?	ınce t	he prior Form 990 was	4		No
5	Did the organization become aware during the year of a material diversion of the organization	nızatı	on's assets?	5		Νo
6	Does the organization have members or stockholders?			6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect governing body?	one o	r more members of the	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholde	ers, o	rother persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons ur	ndertaken during the			
а	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, organization's mailing address? If "Yes," provide the names and addresses in Schedu		annot be reached at the	9		Νο
	ction B. Policies (This Section B requests information about policies not	requi	red by the Internal			
Re	venue Code.)					l
					Yes	No
	Does the organization have local chapters, branches, or affiliates?	•		10a		No
	If "Yes," does the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with those of the or	ganız	ation?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governir	ng bod	y before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Fo	orm 9	90			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
ь	Are officers, directors or trustees, and key employees required to disclose annually	ıntere	sts that could give rise			
c	to conflicts?			12b	Yes	
	describe in Schedule O how this is done			12c	Yes	
13	Does the organization have a written whistleblower policy?			13	Yes	
14	Does 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 revi independent persons, comparability data, and contemporaneous substantiation of the					
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization	•		15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?			16a		N o
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and take	anızat	ion to evaluate its			
	organization's exempt status with respect to such arrangements?			16b		
Se	ction C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed ►MA , ME , 0	CT,R	I,NH,VT			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable (3)s only) available for public inspection. Indicate how you make these available. Ch					
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governir interest policy, and financial statements available to the public See Additional Data					
20	State the name, physical address, and telephone number of the person who possesse			ne orga	nızatıor	n
	EVA BOYCE Chief Financial Officer			=		

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

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. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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 the organization did i	not compen	ficer, director, trustee or key employee								
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Institutional Trustee Individual trustee or director		Key employee Officei		Former Highest compensated employee		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

For	n 990 (2009)			Page 8
1b	Total	0		42,707
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization \ 5			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		N o
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 for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No
S	ection 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			
	(A) Name and business address (B) Description of services		(C Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization •0			
		F	orm 99	0 (2009)

Form 99			f D					Page 9
Part	/1111	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
詩章	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership du	es 1b					
s, g	С	Fundraising eve	ents 1 c	577,647				
#£ #e	d	Related organiz	ations 1d					
<u>يَّ</u>	e	Government grant	s (contributions) 1e	66,257				
ાં ક	f	All other contribution	ons, gifts, grants, and 1f	2,762,670				
ē	g	sımılar amounts no Noncash contri	butions included in					
늍		lines 1a-1f \$ _	31,371					
ပ္ပန	h	Total. Add lines	s 1a-1f	🖊	3,406,574			
				Business Code				
Program Serwce Revenue	2a	SPEAKER FEES		900,099	2,213	2,213		
.¥ 29	ь							
- P	С							
er M	d	_	_					
<u>د</u>	e							
⊕ Erag	f	All other progra	am service revenue					
چ	g	Total Add lines	s 2a-2f	b	2,213			
	3		ome (including dividen		2,213			
			ar amounts)	. t	26,560			26,560
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨				
	5	Royalties	<u> </u>	▶				
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	Ь	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
		(i) Securities		(II) O ther				
	7a	Gross amount from sales of assets other than inventory	826,453					
	b	Less cost or other basıs and	924,555					
	l c	sales expenses Gaın or (loss)	-98,102					
	d	Net gain or (los	s)		-98,102			-98,102
	8a	Gross income f	rom fundraising					
Other Revenue		Ψ <u> </u>	,647 s reported on line 1c)					
			а	133,482				
Ě	b		penses b	102,679	20.902	20.802		
0	c 9a		(loss) from fundraising	events 📴	30,803	30,803		
	94	See Part IV, lin	rom gaming activities le 19 a					
	b		penses b					
	10a	Gross sales of	(loss) from gaming activ	vicies				
	104	returns and allo						
	b c	Net income or (oods sold b (loss) from sales of inve					
		Miscellaneous		Business Code		4 00 -		
	11a	OTHER INCOM	1 E	900,099	1,095	1,095		
	b							
	С							
	d		ue					
	12		San Instructions	▶ .	1,095			
	12	rotar revenue.	See Instructions .	· · [3,369,143	34,111	(-71,542

	990 (2009)				Page 10
Par	Statement of Functional Expenses		-1		
А	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D).	
Do no	ot include amounts reported on lines 6b, o, 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 governments and organizations in the U S See Part IV, line 21	10,000	10,000		<u>'</u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	,	·		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	155,385	96,339	27,969	31,077
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	1,680,994	1,176,162	210,966	293,866
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	189,862	132,398	24,132	33,332
10	Payroll taxes	144,580	100,245	18,771	25,564
11	Fees for services (non-employees)				_
а	Management				
Ь	Legal				
С	Accounting	18,980		18,980	
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	136,147	121,786	8,958	5,403
12	Advertising and promotion	5,711	4,110		1,601
13	Office expenses	206,956	73,822	10,794	122,340
14	Information technology	12,327	9,424	1,229	1,674
15	Royalties	,	,		· · · · · ·
16	Occupancy	346,547	240,279	44,993	61,275
17	Travel	37,364	27,978	300	9,086
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	,		· · · ·
19	Conferences, conventions, and meetings	4,711	847	1,643	2,221
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,470	5,872	1,100	1,498
23	Insurance	8,284	5,275	988	2,021
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				<u> </u>
а	Dues and Subscriptions	28,700	20,288	7,599	813
b	Other Litigation Costs	12,876	12,396	480	
С	Repairs AND MAINTENANCE	7,010	4,860	910	1,240
d	STAFF DEVELOPMENT	3,571	3,261		310
e					_
f	All other expenses	11,862	8,948	786	2,128
25	Total functional expenses. Add lines 1 through 24f	3,030,337	2,054,290	380,598	595,449
26	Joint costs. Check here ► ☐ If following SOP 98-2		_,,	221,223	
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
					000 (2000)

Pa	rt X	Balance Sheet			<u>-</u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	69,272	1	261,446
	2	Savings and temporary cash investments	688,088	2	1,071,074
	3	Pledges and grants receivable, net	672,972	3	659,985
	4	Accounts receivable, net	28,836	4	11,359
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of			
		Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	38,544	9	43,921
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 152,196			
	ь	Less accumulated depreciation 10b 125,345	31,438	10c	26,851
	11	Investments—publicly traded securities	805,949	11	800,133
	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	280	15	280
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,335,379	16	2,875,049
	17	Accounts payable and accrued expenses .	323,197	17	245,995
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Li3		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 Complete Part X of Schedule D	47,668	25	108,093
	26	Total liabilities. Add lines 17 through 25	370,865	26	354,088
Fund Balances		Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34.			
ank	27	Unrestricted net assets	1,072,248	27	1,204,517
80	28	Temporarily restricted net assets	892,266	28	1,316,444
<u> </u>	29	Permanently restricted net assets		29	
표		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete			
or I		lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	1,964,514	33	2,520,961
_	34	Total liabilities and net assets/fund balances	2,335,379	34	2,875,049

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

3493139001020

OMB No 1545-0047

2000

Open to Public Inspection

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

PARK SQUARE ADVOCATES INC DBA GAY & LESBIAN ADVOCATES & DEFENDERS

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

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

Employer identification number

04-2660498

									04-200049			
	rt I			olic Charity Stat						tructions		
he o	organı:			foundation because					x)			
1	Г	A churc	h, conventio	n of churches, or as:	sociation of o	churches s	ection 170(b))(1)(A)(i).				
2	Г	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Att	ach Schedi	ıle E)					
3	Г	A hospi	tal or a coop	erative hospital serv	/ice organiza	atıon descri	bed in sectio i	n 170(b)(1)	(A)(iii).			
4	Γ		cal research l's name, cit	organization operate y, and state	ed in conjunc	tion with a	hospital desc	ribed in sec	tion 170(b)(1)	(A)(iii). Ente	erthe	
5	Γ	_	-	rated for the benefit	_	or universit	cy owned or op	perated by a	ı governmental	unıt describ	_ ed ın	
	_			()(iv). (Complete Pa	-							
6	<u> </u>			ocal government or	=							
7	 ~	describe	ed ın	t normally receives a \)(vi) (Complete Pa		part of its	support from	a governme	ntal unit or froi	m the genera	l public	
8	Г			described in section		.)(vi) (Con	nplete Part II)				
9	Ė			normally receives					outions, membe	ership fees, a	nd gro	s s
	,			ties related to its ex								
		•		ss investment incom	-	-		-				
			_	anızatıon after June 3				•		,		
10	Г	•			•			•	•			
11	r	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 that describes the type of supporting organization and complete lines 11e through 11h a										
e f g	Γ	other th section If the or check th Since A	an foundation 509(a)(2) rganization r his box ugust 17, 20	x, I certify that the or in managers and oth eceived a written de 206, has the organiz	er than one c	r more pub	licly supporte	ed organizat 「ype I, Type	ions described	ın section 5	09(a)(1) or
			g persons? rson who dire	ectly or indirectly co	ntrols, eithe	ralone ort	oaether with r	ersons des	cribed in (ii)		Yes	No
				overning body of the	•			, , , , , , , , , , , , , , , , , , , ,	311234 III (II)	11g(i)	103	110
			_	r of a person describ		_				11g(ii)		
		• •	•	ed entity of a person	• • •		hove?			11g(iii)		
h				g information about t							1	<u> </u>
				3		· y - · · · - · ·	, ,					
(i) Name of supporte organizati		e of rted	(ii) (described on col		organızatı col (ı) lıst your gove	Is the		otify the tion in fyour ort?	(vi) Is th organizat col (i) org in the U	e ıon ın anızed	(vii) A mount support	
				(see instructions))	Yes	No	Yes	No	Yes	No		
Tata	1											

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if yo	ou checked the	box on line 5, 7	, or 8 of Part I	.)			
	ection A. Public Support	1	1		Т			
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	209	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	2,365,74	3 1,737,196	2,138,392	3,204,481	3	,406,574	12,852,386
	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	2,365,74	3 1,737,196	2,138,392	3,204,481	3	,406,574	12,852,386
5	The portion of total contributions by each person (other than a governmental unit or publicly							2 656 202
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							2,656,292
6	Public Support. Subtract line 5							10,196,094
	from line 4						L	10,130,034
	ection B. Total Support							
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
7	A mounts from line 4	2,365,743	66,870	2,138,392	3,204,481	3,	,406,574	12,852,386
8	Gross income from interest,							_
	dividends, payments received on securities loans, rents, royalties and income from similar sources	44,791	66,870	101,168	22,903		-71,542	164,190
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets							
11	Total support (Add lines 7 through 10)							13,016,576
12	Gross receipts from related activiti	es, etc (See ins	tructions)			12		1,732,347
13	First Five Years If the Form 990 is check this box and stop here			, thırd, fourth, or f	ifth tax year as a !	501(c)(3	;) organız	eation, ▶┌
<u>S</u> 14	ection C. Computation of Pul Public Support Percentage for 200			11 column (f)				70 222 24
	Public Support Percentage for 200	•		II Column (1))		14		78 330 %
15		•	•		1.4 2.2 4/20/	15	-11-4	81 710 %
	33 1/3% support test—2009. If the and stop here. The organization qua	alıfıes as a public	ly supported orga	nızatıon			•	► ✓
	33 1/3% support test—2008. If the box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization Part IV how the organization mecorganization	n qualifies as a p — 2009. If the org tion meets the "f	ublicly supported anization did not c facts and circumst	organization :heck a box on lin :ances" test, chec	e 13, 16a, or 16b ck this box and st	and line	14 Explain	▶┌
ь	10%-facts-and-circumstances test	_						- ,
10	15 is 10% or more, and if the organization in Part IV how the organization	tion meets the "f	acts and circumst	ances" test The	organization qual	ıfıes as a	a publicly	▶ ┌
18	Private Foundation If the organizations	ion ala not check	. a DUX ON MAE 13,	10a, 10D, 1/a Ol	1/υ, check this i	ox and :	, e e	▶ □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support			<u> </u>	1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 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						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID:

Software Version:

EIN: 04-2660498

Name: PARK SQUARE ADVOCATES INC DBA

GAY & LESBIAN ADVOCATES & DEFENDERS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program	n services				
(Code) (Expenses \$	235,711	ıncludına arants of \$) (Revenue \$)

The AIDS Law Project (the ALP) focuses on ending discrimination based on HIV/AIDS status. In 2009, the ALP has been involved in ensuring that health insurance companies provide coverage for treatments such as liposuction that are needed to mitigate the side effects of a number of HIV medications. The ALP also works with other advocates and state public health officials on issues relating to privacy and informed consent for HIV testing.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees,	and Independ	dent (Contractor	s			
(A) Name and Title	(B) A verage hours				(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Key employee Officer Institutional Trustee	Former Highest compensated employee	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
McCarthy Rick Board President	2 00	X	Х		0	0	0
Phillips Dianne Board VP	2 00	X	X		0	0	0
Mott Renda Board Clerk	2 00	X	Х		0	0	0
Anderson Sandy Board Treasurer	2 00	X	x		0	0	0
Davis Jo Board Member	1 00	X			0	0	0
Benton Adrienne Board Member	1 00	X			0	0	0
Brown David Board Member	1 00	Х			0	0	0
Epstein Peter J Board Member	1 00	Х			0	0	0
Hiscock Jane Board Member	1 00	Х			0	0	0
Herrington Wilbur Board Member	1 00	X			0	0	0
Krug Stefan Board Member	1 00	X			0	0	0
Latovich Charles Board Member	1 00	Х			0	0	0
Kelly John Board Member	1 00	X			0	0	0
STANLEY REGGIE Board Member	1 00	X			0	0	0
Monte Marianne Board Member	1 00	X			0	0	0
Patrick Steven Board Member	1 00	X			0	0	0
Yurko Richard J Board Member	1 00	X			0	0	0
SWISLOW LEE EXECUTIVE DIRECTOR	40 00		X		145,064	0	10,321
Buseck Gary Legal Director	40 00			X	122,177	0	9,582
Bonauto Mary Attorney	40 00			X	115,669	0	4,809
Kleın Bennett Attorney	40 00			X	104,776	0	8,980
Lawn Janet Development Dırector	40 00			Х	100,638	0	9,015

DLN: 93493159001020

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE C (Form 990 or 990-EZ)

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

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

ection 527 organizations Complete	Part I-A only		ow Do not complete Part		
-	-	or Form 990-EZ, F	Part VI, line 47 (Lobbyi	ring Activities), then	
` ,` ,	•	` ''	•	•	
· / · /	,			•	
	•	Proxy Tax) or Foi	rm 990-EZ, line 35a (re	egarding proxy tax), the	n
	zations Complete Fait iii		Employer	· identification number	
RK SQUARE ADVOCATES INC DBA					
		r soction EO1			
<u> </u>				527 organization.	
Provide a description of the or	ganization's direct and indirect pol	itical campaign ac	tivities in Part IV		
Political expenditures			►	\$	
Volunteer hours					
TITE: Complete if the or	nanization is exempt unde	r section 501((c)(3).		
				▶ \$	
	•			- φ	
·		-	4555		No
•	ection 4955 tax, did it me form 4	20 for this year.			
				Yes	NO
	ganization is exempt unde	r coction EO1/	c) except section	E01(c)(2)	
•			<u> </u>		
			•	- \$	
exempt funtion activities	rganization's funds contributed to	other organization	s for section 527	> \$	
Total exempt function expendi	tures Add lines 1 and 2 Enter her	e and on Form 112	20-POL, line 17b	► \$	
Did the filing organization file I	Form 1120-POL for this year?			☐ Yes ☐	No
were made For each organizat	ion listed, enter the amount paid fr	om the filing organ	iization's funds. Also en		
	re promptly and directly delivered in ittee (PAC). If additional space is			, ,	u
	ection 501(c)(3) organizations that ection 501(c)(3) organizations that ection 501(c)(3) organizations that e organization answered "Yestion 501(c)(4), (5), or (6) organization end of the organization of the organization of the organization of the organization end organization expenditures Total exempt function expenditures Total exempt function expenditures State the names, addresses and	ection 501(c)(3) organizations that have filed Form 5768 (election undection 501(c)(3) organizations that have NOT filed Form 5768 (election e organization answered "Yes," to Form 990, Part IV, Line 5 (ection 501(c)(4), (5), or (6) organizations Complete Part III are of the organization RK SQUARE ADVOCATES INC DBA Y & LESBIAN ADVOCATES & DEFENDERS **I-A Complete if the organization is exempt unde Provide a description of the organization is exempt unde Provide a description of the organization is exempt unde Enter the amount of any excise tax incurred by the organization use Enter the amount of any excise tax incurred by organization mana If the organization incurred a section 4955 tax, did it file Form 4.5 Was a correction made? If "Yes," describe in Part IV **I-C Complete if the organization is exempt unde Enter the amount directly expended by the filing organization for a section 4955 tax. Enter the amount of the filing organization's funds contributed to exempt function expenditures. Total exempt function expenditures Add lines 1 and 2 Enter her Did the filing organization file Form 1120-POL for this year? State the names, addresses and employer identification number (addresses).	ection 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) ection 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501 e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form ection 501(c)(4), (5), or (6) organizations. Complete Part III me of the organization. Somplete Part III me of the organization to BA Y & LESBIAN ADVOCATES INC DBA Y & LESBIAN ADVOCATES & DEFENDERS. ***********************************	ection 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Done betton 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (rection 501(c)(4), (5), or (6) organizations. Complete Part III eme of the organization RR SQUARE ADVOCATES INC DBA y & LESBIAN ADVOCATES INC DBA y & LESBIAN ADVOCATES & DEFENDERS. TI-A Complete if the organization is exempt under section 501(c) or is a section Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures. Volunteer hours TI-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? Was a correction made? If "Yes," describe in Part IV TI-C Complete if the organization is exempt under section 501(c) except section Enter the amount of the filing organization is exempt under 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? State the names, addresses and employer identification number (EIN) of all section 527 political organization organizatio	Employer identification number (24 LESIAN ADVOCATES IN C DBA (25 LESIAN ADVOCATES IN C DBA (24 L

section 4911 tax for this year?

┌ Yes ┌ No

Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) ar	nd filed Form 5768	(election			
Α	Check If the filing organization belongs to a	an affiliated group					
В	Check I if the filing organization checked bo	x A and "limited control" provisions apply					
	Limits on Lobbying E (The term "expenditures" means a		(a) Filing Organization's Totals	(b) Affiliated Group Totals			
1 a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	8,240				
b	Total lobbying expenditures to influence a legisl	atıve body (dırect lobbyıng)	147,027				
c	Total lobbying expenditures (add lines 1a and 1	b)	155,267				
d	Other exempt purpose expenditures	exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1	c and 1d)	3,030,337				
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	301,517				
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:					
	Not over \$500,000	20% of the amount on line 1e					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000					
	Over \$17,000,000	\$1,000,000					
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	75,379				
_	Subtract line 1g from line 1a If zero or less, ent	•	0				
	Subtract line 1f from line 1c If zero or less, ente		0				

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expe	nditures During 4	-Year Avera	ging Period	1	
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount	268,595	292,652	316,726	301,517	1,179,490
ь	Lobbying ceiling amount (150% of line 2a, column(e))					1,769,235
_с	Total lobbying expenditures	5,669	30,721	43,713	155,267	235,370
d	Grassroots non-taxable amount	67,149	73,163	79,182	75,379	294,873
е 	Grassroots ceiling amount (150% of line 2d, column (e))					442,310
f	Grassroots lobbying expenditures	5,669	5,567	5,262	8,240	24,738

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(;	a)	(b)
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1:						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\(\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
2611	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

DLN: 93493159001020

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

F Attacil to F	of the 350. F See Separate Histructions.		III DPC	
Name of the organization PARK SQUARE ADVOCATES INC DBA		Emplo	yer identification numb	er
GAY & LESBIAN ADVOCATES & DEFENDERS		04-26	660498	
Part I Organizations Maintaining Donor A organization answered "Yes" to Form 9		unds o	r Accounts. Comple	ete ıf the
	(a) Donor advised funds	(b) Funds and other acco	unts
Total number at end of year				
Aggregate contributions to (during year)				
Aggregate grants from (during year)				
Aggregate value at end of year				
Did the organization inform all donors and donor adv funds are the organization's property, subject to the		nor advise	ed Yes	┌ No
Did the organization inform all grantees, donors, and used only for charitable purposes and not for the beiconferring impermissible private benefit		•	purpose Yes	┌ No
Part II Conservation Easements. Complete	ıf the organızatıon answered "Yes"	to Form	990, Part IV, line 7.	
Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qua easement on the last day of the tax year	Preservation of a	certified		
			Held at the End of th	e Year
a Total number of conservation easements		2a		
b Total acreage restricted by conservation easements		2b		
c Number of conservation easements on a certified hi	• •	2c		
d Number of conservation easements included in (c) a	acquired after 8/17/06	2d		
Number of conservation easements modified, transf	erred, released, extinguished, or terminat	ed by the	organization during	
Number of states where property subject to conserv	ation easement is located 🛌			
Does the organization have a written policy regarding enforcement of the conservation easements it holds		ndling of v	iolations, and Yes	┌ No
Staff and volunteer hours devoted to monitoring, ins	-			
A mount of expenses incurred in monitoring, inspect	-	_	the year 🟲 \$	
Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of se	ection	☐ Yes	┌ No
In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financia	•	•	
art III Organizations Maintaining Collection Complete if the organization answered		or Othe	er Similar Assets.	
a If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or resea	rch ın furt		ce,
b If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research		•	
(i) Revenues included in Form 990, Part VIII, line	1		► \$	
(ii) Assets included in Form 990, Part X			- \$	
If the organization received or held works of art, his following amounts required to be reported under SFA		for financi		
a Revenues included in Form 990. Part VIII. line 1			▶ \$	

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tı</u>	reasu	res, or Ot	her	Similar A	sset	S (co	ntınued)
3	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ie fol	lowing [.]	that are	a significar	nt us	e of its collec	tion		
а	Public exhibition		d	Γ	Loan	orexch	ange progra	ms				
b	Scholarly research		e	Γ	O the	r						
с	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	aın hov	v the	y furthe	er the o	rganızatıon':	sexe	empt purpose	ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					lar	Γ γ.	es	□ No
Par	Part IV, line 9, or reported an an	ements. Compl	ete ıf	the	organ	ızatıon			es" to Form	990,		,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	ediary	for c	ontribu	utions o	r other asse	ts n	ot	┌ ¥	es	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing t	able				Aı	moun		
с	Beginning balance							Lc				
d	Additions during the year						—	Ld				
e	Distributions during the year						F	le				
f	Ending balance						<u> </u>	Lf				
		orm 000 Bart V II-	0 212				Ľ					┌ No
2a L	Did the organization include an amount on Fo		e ZI'							, *	CS	1 140
	If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete i		n and	Wor	ad "Vo	\c" +∩ □	orm 000	Dart	· TV line 10			
FŒ	Endowment Funds. Complete	(a)Current Year		Prior					hree Years Back	(e)F	our Ye	ars Back
1a	Beginning of year balance	, ,				`						
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment	%										
ь	Permanent endowment											
С	Term endowment ▶ %											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held	d and ac	dministered	for t	he			
	organization by	3					-		-		Yes	No
	(i) unrelated organizations								3a	• •		
	(ii) related organizations								3a			
	If "Yes" to 3a(II), are the related organization	•						•	3	b		
4 Par	Describe in Part XIV the intended uses of the tVI Investments—Land, Buildings					100 Da	rt V line 1	<u> </u>				
гœП	Threstments—Land, buildings	, and Equipme	iii 5			•	<u> </u>		(a) Ac	ad		
	Description of investment				a) Cost o sıs (ınve	estment)	(b)Cost or o basis (othe		(c) Accumulat depreciation		(d) Bo	ok value
	d						1			1		
1a l	and		•							-		
b i	Buildings											
b i		· · · · · · · · · · · · · · · · · · ·	· ·				42,	,745	22,	,444		20,301
b 6	Buildings		· ·					,745 ,962		,444		20,301
b ii c ii d ii e (Buildings						4,	_	3	-		

Part VII Investments—Other Securities. See (a) Description of security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip		(b) Book value
(d) Descrip	- Clott	(b) book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part X		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,369,143
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,030,337
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	338,806
4	Net unrealized gains (losses) on investments	4	217,641
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	217,641
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	556,447
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	4,881,819
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	1,512,676
3	Subtract line 2e from line 1	3	3,369,143
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,369,143
Part		per F	
1	Total expenses and losses per audited financial statements	1	4,325,372
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
ь	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	1,295,035
3	Subtract line 2e from line 1	3	3,030,337
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,030,337
Par	t XIV Supplemental Information		
-	Supplemental Information		41 121

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to 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 XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
		GLAD adopted the new U S GAAP standards for Accounting for Uncertainty in Income Taxes which require GLAD to report any uncertain tax positions and to adjust its financial statements for the impact thereof As of December 31, 2009, GLAD determined that it had no tax positions that did not meet the "more likely than not" threshold of being sustained by the applicable tax authority GLAD files information returns in the United States Federal and Massachusetts state jurisdictions. These returns are generally subject to examination by tax authorities for the last three years.

Internet and e-mail solicitations

DLN: 93493159001020

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Internal Revenue Service Attach to Form 990 or Form 990-EZ. See separate instructions. Name of the organization Employer identification number PARK SQUARE ADVOCATES INC DBA GAY & LESBIAN ADVOCATES & DEFENDERS Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations

Special fundraising events Phone solicitations In-person solicitations 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 activities?

Solicitation of government grants

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contr contribi	er have dy or ol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
Total			.			

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II	Fundraising Events. Commore than \$15,000 on Form					report	ed			
		. ,	(a) Event #1 Spirit of Justice (event type)	(b) Event #2 Summer Party (event type)	(c) O ther Events 2 (total number)	(d) Tot (A dd col					
⊕ E	1	Gross receipts	464,483	120,277	126,369		71:	1,129			
Revenue	2	Less Charitable contributions	367,871	. 110,167	99,609		57	7,647			
	3	Gross income (line 1 minus line 2)	96,612	10,110	26,760		13:	3,482			
	4	Cash prizes									
မှာ	5	Non-cash prizes									
Expenses	6	Rent/facility costs									
	7	Food and beverages									
Direct	8	Entertainment									
۵	9	Other direct expenses .	78,624	13,077	10,978		102	2,679			
	10	Direct expense summary Add lin					102	2,679			
	11	Net income summary Combine li				<u> </u>		0,803			
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii	rganization answered ne 6a.	"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e tnan	I			
Revenue		(a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (A									
	1	Gross revenue									
စ္	2	Cash prizes									
Expenses	3	Non-cash prizes									
Direct E	4	Rent/facility costs									
<u>ā</u>	5	Other direct expenses									
	6	Volunteer labor	Г Yes <u>%</u> Г No	∀es	│ Yes						
	7	Direct expense summary Add line	s 2 through 5 ın column (d)							
	8	Net gaming income summary Com	bine lines 1, column d, ar	nd line 7			1				
9 a b	Is t	er the state(s) in which the organiza he organization licensed to operate No," Explain				· 9a	Yes	No			
10a b		re any of the organization's gaming Yes," Explain	licenses revoked, suspen	ded or terminated during	the tax year?	10a					
11		es the organization operate gaming				11					
12		he organization a grantor, beneficia ned to administer charitable gaming				12					

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
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?	,	
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		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
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 ▶ \$	1	

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Department of the Treasury Internal Revenue Service

► Attach to Form 990

Employer identification number

Inspection

DLN: 93493159001020 OMB No 1545-0047

Name of the organization PARK SQUARE ADVOCATES INC DBA

04-2660498

GAY & LESBIAN ADVOCATES	& DEFENDERS			04-2000498								
Part I General Inform	nation on Gran	ts and Assistance				•						
 Does the organization main the selection criteria used Describe in Part IV the organization 	to award the grant	s or assistance?			. •	•	ΓYes Γ⁄N					
Form 990, Part I'	V, line 21 for any	to Governments and recipient that receive 190) if additional space	d more than \$5,000). Check this box if r	no one recipient rece	eived more than \$5,0	000. Use					
(a) Name and address of organization or government	(g) Description of non-cash assistance	(h) Purpose of grant or assistance										
Favolitic Maine Favordation			F 000				D d d					

			assistance	other)	
Equality Maine Foundation PO BOX 1951 Portland, ME 04104		5,000			Donor directed donation in support of LGBT equality issues in Maine
Massachusetts Transgender Political CoalitionPO BOX 301897 Jamaica Plain, MA 02130		5,000			Donation to support public education efforts regarding transgender issues in Massachusetts

2	Enter total number of section $501(c)(3)$ and government organizations .											

Schedule I	(Form 990) 2009	
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 3	22
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b)Number of (c)A mount of cash grant		(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance			

Part IV	Supplemental	Information.	Complete this part	to provide the	information	required in Part	T. line 2.	and any other a	dditional information.

Ident if ier	Return Reference	Explanation
Other Information		FROM TIME TO TIME, GLAD MAKES DONATIONS TO OTHER 501(C)3 ORGANIZATIONS IN SUPPORT OF SPECIFIC EFFORTS THAT ARE IN LINE WITH OUR PROGRAMS AND GOALS

DLN: 93493159001020

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

PARK SOUARE ADVOCATES INC DBA

Name of the organization **Employer identification number** GAY & LESBIAN ADVOCATES & DEFENDERS 04-2660498 Part I Questions Regarding Compensation

			Yes	Νo				
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form							
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these item							
	First-class or charter travel Housing allowance or residence for personal use							
	Travel for companions Payments for business use of personal residence	e						
	Tax idemnification and gross-up payments Health or social club dues or initiation fees							
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)							
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b						
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?							
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply							
	Compensation committee							
	Independent compensation consultant Compensation survey or study							
	Form 990 of other organizations Approval by the board or compensation commits	tee						
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing orga or a related organization	anızatıon						
а	a Receive a severance payment or change-of-control payment?							
ь	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?							
c	c Participate in, or receive payment from, an equity-based compensation arrangement?							
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III							
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.							
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of							
а	The organization?	5a		Νo				
b	Any related organization?	5b		Νo				
	If "Yes," to line 5a or 5b, describe in Part III							
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of							
а	The organization?	6a	Yes					
b	b Any related organization?							
	If "Yes," to line 6a or 6b, describe in Part III							
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III							
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No				
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulat section 53 4958-6(c)?	ions 9						

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation				
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ				
SWISLOW LEE	(I) (II)	145,064				10,321	155,385					
		ı		1			1					

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
Pa	art I, Line 6	All GLAD employees, including the Executive Director received \$1000 bonuses contingent upon 2009 earnings

Schedule J (Form 990) 2009

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

Open to Public

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Internal Revenue Service Inspection **Employer identification number** Name of the organization PARK SQUARE ADVOCATES INC DBA GAY & LESBIAN ADVOCATES & DEFENDERS 04-2660498 Part I Types of Property (a) (b) (c) (d) Number of Contributions Method of determining Revenues reported on Check

		ıf	Trainber of Contributions	Form 990, Part VIII, line	reven	ues	9	
		applicable		1g				
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	9	231,371	Market Value			
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
	Taxidermy							
22	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other ► ()							
	O ther ▶()							
	O ther ▶()							
	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization compl				29			
	for which the organization compr	eteu i oiiii c	3203, Fait IV, Dollee Acki	iowiedgement			Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I. lines	1-28 that it		103	
	must hold for at least three year							
	for exempt purposes for the entire					30a		No
b	If "Yes," describe the arrangeme					30a		
31	Does the organization have a gif	tacceptand	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use	e third part	ies or related organizations	to solicit, process, or sell	non-cash			
	contributions?					32a		Νο
b	If "Yes," describe in Part II							
33	If the organization did not report	revenuesı	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II							
For P	rivacy Act and Paperwork Reduction	Act Notice.	see the Instructions for Ford	n 990. Cat No 51227]	Schedule	M (For	m 990'	2009

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493159001020

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public

Inspection

Name of the organization
PARK SQUARE ADVOCATES INC DBA
GAY & LESBIAN ADVOCATES & DEFENDERS

Employer identification number
04-2660498

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The Finance and Audit committee will receive a draft copy of the Form 990 and a copy will be posted on the Board of Directors website
Form 990, Part VI, Section B, line 12c		Finance and Audit committee review statements submitted annually by Board Members and Officers for conflict of interest issues Policy adopted November of 2008
Form 990, Part VI, Section B, line 15		Board representative receives feedback from Board members and senior staff on Executive Director A Sub-committee reviews comparability data and discusses with board and Executive Director to finalize annual compensation
Form 990, Part VI, Section C, line 19		These documents are available upon request
		GLAD's Board of Directors is responsible for oversight of the audit of the financial statements. This has not changed since the prior year audit

Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493159001020

OMB No 1545-0172

Department of the Treasury

See separate instructions. ► Attach to your tax return. Sequence No 67 Internal Revenue Service Name(s) shown on return Business or activity to which this form relates Identifying number PARK SQUARE ADVOCATES INC DBA GAY & LESBIAN ADVOCATES & DEFENDERS Form 990 Page 10 04-2660498 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses. 250.000 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 800.000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (a) Description of property 6 (c) Elected cost only) 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 **15** Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 8,470 MACRS Depreciation (Do not include listed property.) (See instructions.) **Section A** 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (e) Convention (f) Method (business/investment property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property c7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L h Residential rental 27 5 yrs ΜМ S/L property 27 5 yrs ММ S/L MMi Nonresidential real S/L property MMS/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L c 40-vear 40 vrs ММ S/L Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0 **Summary** (see instructions) 21 Listed proper 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 8.470 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the

23

Form 4562 (2009) Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation ar	nd Other I	nforma	tion (C	aution	: See	the i	nstruct	ions fo	r limi	s fo	r pa	ssenge	er au	tomol	oiles.)
24a Do you have evidence	e to support	the business/in	vestment ι	use claimed	d? ┌Yes	Гпо		24	lb If "Yes	," is the	e ev id	lence	written?	Гүе	s I N	0
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/ investment use percentage			or other (business/investment)			(f) (g) Recovery Method/ period Convention			(h) Depreciation/ deduction				(i) Elected section 179 cost			
25Special depreciation allow	· ·		erty placed	ın service (during the	tax year	and u	ısed more		25						
50% in a qualified busing	•									25						
26 Property used more	than 50%	in a qualified %	business	use	<u> </u>			l	1	1				1		
		%														
		%														
27 Property used 50%	or less in a		siness us	е										_		
		%							S/L - S/L -					4		
		%							S/L -					┥		
28 Add amounts in col	lumn (h) lir	l	ıh 27 En	ter here a	and on lu	ne 21	nage	1 -		28						
29 Add amounts in col		•				, ,	5-		L				29			
29 Add amounts in co	iuiiiii (1), iiiii		ction B			·		f Vah	· ·				29			
Complete this section i	for vehicles									or re	lated	d pers	son			
If you provided vehicles to y														e vehic	es	
30 Total business/inv	estment mi	les driven du	rına the		a)		b)		(c)		(d)		(е	•	1	f)
year (do not includ				Vehi	cle 1	Vehi	cle 2	V e	hicle 3	V	ehicl	e 4	Vehic	ehicle 5 Vel		ıcle 6
						1				_						
31 Total commuting m						-				_						
32 Total other persona	al(noncomm	nuting) miles	drıven													
33 Total miles driven of through 32	during the y · · ·	ear Add line	s 30													
34 Was the vehicle av	aılable for p	ersonal use		Yes	No	Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No
during off-duty hou	rs? .															
35 Was the vehicle us owner or related pe		by a more t	han 5%													
36 Is another vehicle		r personal us	se? .													
Sectio	n C—Oue	stions for	Emplo	vers W	ho Pro	vide \	/ehi	cles f	or Use	bv T	hei	r En	volar	ees	l	
Answer these question 5% owners or related p	s to determ	iine if you me	et an exc												not mo	re thar
37 Do you maintain a vemployees?	written polic	y statement	that prof	nibits all	personal	use of	vehi	cles, inc	luding c	ommı •	iting,	, by y	our •	Y	es	No
														_		
38 Do you maintain a vemployees? See th		•	•	•												
39 Do you treat all use	of vehicles	s by employe	es as pei	rsonal us	e? .											
40 Do you provide mor				oyees, ol	btaın ınfo	rmatio •	n froi	m your e	employe	es abo	ut th	ne us	e of the			
41 Do you meet the re				automobi	le demor	nstratio	n us	e? (See	ınstruct	ions)						
Note: If your answe	er to 37, 38	, 39, 40, or 4	11 is "Ye	s," do no	t comple	te Sect	ion E	3 for the	covered	lvehid	les					
Part VI Amortiz																
		(b)						(4)		(e)				/4\		
(a) Date Description of costs amortization		A mort amo	ızable		(Code Amo		mortization period or percentage			(f) A mortization this yea		tion for			
42 A mortization of cos	te that has	begins	Ur 2000	tay your	(see inc	truction	٦ς١		I Per		-					
TE A INCIDIZATION OF COS	, is that bey	inis during ye	1	can year	(366 1115		13)									
						-+			_		-					
		1.6	2555								_					
43 A mortization of cos	_					•	•			4:	_					
44 Total. Add amounts	s ın column	(f) See the I	nstructio	ns for wh	ere to re	port				4	4					