

Return of Organization Exempt From Income Tax

2022

Department of the Treasury
Internal Revenue Service

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

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

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

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **07-01, 2022**, and ending **06-30, 2023**

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

C Name of organization **Sylvia Rivera Law Project, Inc.**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
147 West 24th Street 5th Floor
 City or town, state or province, country, and ZIP or foreign postal code
New York, NY 10011

D Employer identification number
81-0640342

E Telephone number
(212) 337-8550

F Name and address of principal officer: _____

G Gross receipts \$ **1,577,532**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions
H(c) Group exemption number _____

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

J Website: **www.srlp.org**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2003** **M** State of legal domicile: **NY**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SYLVIA RIVERA LAW PROJECT, INC. WORKS TO GUARANTEE THAT ALL PEOPLE ARE FREE TO SELF-DETERMINE THEIR GENDER IDENTITY AND EXPRESSION, REGARDLESS OF INCOME OR RACE, AND WITHOUT HARASSMENT, DISCRIMINATION, OR VIOLENCE.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	0	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	0	
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	4	
	6	Total number of volunteers (estimate if necessary)	45	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	0		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	999,045	1,565,766
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,769
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	563	1,997
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	999,608	1,577,532	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	539,233	534,637
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25)	66,321	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	373,229	320,142
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	912,462	854,779
19	Revenue less expenses. Subtract line 18 from line 12	87,146	722,753	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	3,142,211	3,815,996
	21	Total liabilities (Part X, line 26)	88,149	39,181
22	Net assets or fund balances. Subtract line 21 from line 20	3,054,062	3,776,815	

Part II Signature Block

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

Sign Here

Mia Edwards
Signature of officer

6/5/24
Date

Mia Edwards, Dir Finance & Operations
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **Jose Paolo Espiritu** Preparer's signature: **Jose Paolo Espiritu** Date: **06-05-2024** Check if self-employed PTIN: **P01304010**

Firm's name: **Padilla and Company LLP** Firm's EIN: _____
 Firm's address: **175-61 Hillside Avenue Ste 200 Jamaica NY 11432** Phone no.: **718-558-5858**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.