Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning	JIII.	1	, 2016, and ending	JUN	30	, 20 1 7
For calendar year 20 to, or fiscal year beginning	001		, 20 to, and onding	0 011		, ,

2016

OMB No. 1545-1878

	➤ Do no	t send to the IRS. Keep for your records.		ZU IU
Department of the Treasury Internat Revenue Service	•	8879-EO and its instructions is at www.irs.gov.	/form8879eo	
Name of exempt organization				identification number
NAME ON A COM	O MACK EODAE		52_1	624852
NATIONAL LGBT	2 TASK FURCE		72-1	024032
Name and title of officer KIMBERLY CARE	v			
EXECUTIVE DIR				
Part I Type of	Return and Return Inform	nation (Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or 5 whichever is applicable, b than 1 l ine in Part I.	a, below, and the amount on tha ank (do not enter -0-). But, if you	orm 8879-EO and enter the applicable amount, if a tine for the return being filed with this form was entered -0- on the return, then enter -0- on the ap	blank, then leave plicable line belov	line 1b, 2b, 3b, 4b, or 5b, v. Do not complete more
1a Form 990 check here	b Total revenue,	if any (Form 990, Part VIII, column (A), line 12)	1b	8,902,310.
2a Form 990-EZ check he		nue, if any (Form 990-EZ, line 9)		
3a Form 1120-POL check		on investment income (Form 990-PF, Part VI, Iii		
4a Form 990-PF check he 5a Form 8868 check here		Form 8868, line 3c)		
5a Form 8868 check ner	b balance bue (-omi 6606, line 30)		
Part II Declara	ion and Signature Autho	rization of Officer		
(a) an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial in 1-888-353-4537 no later the processing of the electron payment. I have selected organization's consent to	of receipt or reason for rejection of pplicable, I authorize the U.S. True I institution account indicated in stitution to debit the entry to this lan 2 business days prior to the pic payment of taxes to receive of a personal identification number relectronic funds withdrawal.	Im originator (ERO) to send the organization's ret of the transmission, (b) the reason for any delay is easury and its designated Financial Agent to initial the tax preparation software for payment of the caccount. To revoke a payment, I must contact the payment (settlement) date. I also authorize the fin- ionfidential information necessary to answer inquiringly) as my signature for the organization's electric	n processing the late an electronic for ganization's fedene U.S. Treasury Fancial institutions ries and resolve is:	return or refund, and (c) unds withdrawal (direct eral taxes owed on this Financial Agent at involved in the sues related to the
Officer's PIN: check one	•			0.4050
X I authorize RU	BINO & COMPANY,	CHARTERED	to enter r	
		ERO firm name		Enter five numbers, t do not enter all zeros
is being filed wi enter my PIN or As an officer of indicated withir	th a state agency(ies) regulating on the return's disclosure consent the organization, I will enter my F	PIN as my signature on the organization's tax yea urn is being filed with a state agency(ies) regulati	also authorize the r 2016 electronica ng charities as pai	aforementioned ERO to
Part III Certifica	ation and Authentication			
•	our six-digit electronic filing ident y your five-digit self-selected PIN.	E2E2400		
	ng this return in accordance with	ny signature on the 2016 electronically filed return the requirements of Pub. 4163 , Modernized e-F		
ERO's signature	uca adin	200 an CPA Date ►	2/18	
		Retain This Form - See Instructions Form To the IRS Unless Requested	To Do So	

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2016)

Form **990**

Return of Organization Exempt From Income Tax

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

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

2016 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Information about Form 990 and its instructions is at www.irs.gov/form990.

A F	or the	2016 calendar year, or tax year beginning JUL 1, 2016 and en	nding J1	UN 30, 2017	
B c	heck if pplicable	C Name of organization		D Employer identific	cation number
	Addres	NATIONAL LGBTQ TASK FORCE			
	Name change			52-1	624852
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone number	r
]Final return/		00	202-	393-5177
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	11,670,320.
	Ameno	WASHINGTON, DC 20005		H(a) Is this a group re	
	Application pendin	F Name and address of principal officer: KIMBEKLI K. CAKEI			? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	rcluded? Yes No
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or			list. (see instructions)
		e: NWW.THETASKFORCE.ORG		H(c) Group exemptio	
		organization: X Corporation	L Year o	of formation: 1988 N	N State of legal domicile: DC
Pá	art I	Summary	TOOTO	. OF MILE 313	T 0373 T
ø	1	Briefly describe the organization's mission or most significant activities: THE MI			
and	_ :	LGBTQ TASK FORCE IS TO BUILD POWER, TAKE A			
Governance	2	Check this box if the organization discontinued its operations or disposed		1 - 1	sets.
8	3			3	21
8	l -	Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2016 (Part V, line 2a)			71
ties		Total number of volunteers (estimate if necessary)			672
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ą		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		5,643,879.	7,785,043.
nue	l .	Program service revenue (Part VIII, line 2g)		674,299.	532,544.
Revenue	l .	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		22,306.	16,051.
æ	l .	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		526,507.	568,672.
	l .	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,866,991.	8,902,310.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		778,744.	360,125.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,160,696.	3,944,826.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	196,953.
x	b ·	Total fundraising expenses (Part IX, column (D), line 25) 1,035,310	0.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,109,371.	2,784,650.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,048,811.	7,286,554.
	19	Revenue less expenses. Subtract line 18 from line 12		-1,181,820.	1,615,756.
Net Assets or			Beg	jinning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		2,684,285.	4,513,468.
et A	21	Total liabilities (Part X, line 26)		829,271.	1,029,456.
Z: P:	22 art II	Net assets or fund balances. Subtract line 21 from line 20		1,855,014.	3,484,012.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules ar	nd etatamar	nte and to the heet of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which			knowledge and belief, it is
ti do,	001100	s, and complete. Becomment of property (early than emoty) to become an an information of which	ii proparoi i	las any knowledge.	
Sigi	n	Signature of officer		Date	
Her		KIMBERLY R. CAREY, EXECUTIVE DIRECTOR			
	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN
Paid		PATRICIA A. O'MALLEY, CPA		if self-employ	P00285909
	arer	Firm's name RUBINO & COMPANY, CHARTERED	L	Firm's EIN ▶	52-1186096
Use	Only	Firm's address 6903 ROCKLEDGE DRIVE, SUITE 1200			
		BETHESDA, MD 20817-1818		Phone no. 30	1-564-3636
May	the IF	(S) discuss this return with the preparer shown above? (see instructions)			Yes X No

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE MISSION OF THE NATIONAL LGBTQ TASK FORCE IS TO BUILD POWER, TAKE	
	ACTION AND CREATE CHANGE TO WIN COMPLETE EQUALITY AND ACHIEVE JUSTICE	
	FOR LGBTQ PEOPLE AND THEIR FAMILIES. AS A LEADER IN THE BROADER	
	PROGRESSIVE MOVEMENT, THE TASK FORCE WORKS TOWARD A SOCIETY THAT	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	∏No
Ū	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
	F 070 461 260 10F F20 F4	<u>/</u>
4a	(Code:) (Expenses \$5,9/2,461. including grants of \$360,125.) (Revenue \$532,54 DURING FY2017, HIGHLIGHTS OF OUR ACCOMPLISHMENTS PURSUANT TO OUR	4 •)
	MISSION INCLUDE: (A) HOLDING THE MOVEMENT'S LARGEST GATHERING OF LGBTQ	
	LEADERS, ACTIVISTS AND ALLIES IN PHILADELPHIA, PENNSYLVANIA WITH NEARLY	
	<u> </u>	
	4,000 PARTICIPANTS AND MORE THAN 300 WORKSHOPS; (B) HELPING TO ACHIEVE	
	POLICY CHANGES ON ISSUES INCLUDING CRIMINAL JUSTICE, ECONOMIC JUSTICE,	
	REPRODUCTIVE JUSTICE AND DISABILITY JUSTICE WITH A FOCUS ON LGBTQ	
	PEOPLE AND ADVOCATING AGAINST LGBTQ ANTI-DISCRIMINATION AND FOR TRANS	
	INCLUSIVE PRO-LGBTQ POLICIES; (C) TRAINED AND MOBILIZED THOUSANDS OF	
	PRO-LGBTQ PEOPLE OF FAITH.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
-10	(Code:) (Expenses #	— '
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 5,972,461.	
	Form 990	(2016)

Form 990 (2016)

Form 990 (2016) NATIONAL LGBTQ TASK FORCE Part IV Checklist of Required Schedules

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		7.7	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			٦,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			٦,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			٦,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	3		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	۱	v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	٠	v	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Α.
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	146		x
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		122
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes " complete School to E. Porte II and III.	15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		 ^`
10		16		x
17	or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17		17	Х	
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 ''	-23	
10		18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II	10		
	complete Schedule G. Part III	19		x
	complete conceale a, I at III			

Form 990 (2016) NATIONAL LGBTQ TASK FORCE Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	X	
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Page 5

Form 990 (2016) NATIONAL LGBTQ TASK FORCE Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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 return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	4.		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	990	(0040

52-1624852 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		37
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	
	The organization's CEO, Executive Director, or top management official	15a	X	v
b	Other officers or key employees of the organization	15b		X
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		Х
	taxable entity during the year?	16a		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16h		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		
	List the states with which a copy of this Form 990 is required to be filed AL , AK , AR , CA , CT , DC , FL , GA , HI	TT.	KS	KV
17 10				, 1(1
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as for public inspection. Indicate how you made these available. Check all that apply.	anable	7	
19	X Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	al	
19	statements available to the public during the tax year.	manc	aı	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	KIMBERLY R. CAREY - 202-393-5177			
	1325 MASSACHUSETTS AVENUE NW STE 600 WASHINGTON DC 20005			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organizati	on nor any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do		Posi neck i		l than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week			u a u		1711 031		from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or (stee			ısatec		(W-2/1099-MISC)	(** 27 1033 141100)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		(** 27 1000 111100)		and related
	below	idual	ution	Je	Key employee	est cc oyee	er			organizations
	line)	Indiv	Instit	Officer	Key (High empl	Former			
(1) MARY HARPER	4.00									
BOARD MEMBER		Х		Х				0.	0.	0.
(2) ROGER THOMSON	4.00									
CO-CHAIR		Х		X				0.	0.	0.
(3) SUMAN CHAKRABORTY	4.00									
TREASURER		Х		Х				0.	0.	0.
(4) HEZ NORTON	4.00									
CO-CHAIR		Х		Х				0.	0.	0.
(5) BRADLEY CARLSON	1.50									
BOARD MEMBER	1.50	Х						0.	0.	0.
(6) JUAN PENALOSA	1.50									
BOARD MEMBER		Х						0.	0.	0.
(7) REV. J. BENNETT GUESS	1.50									
BOARD MEMBER		Х						0.	0.	0.
(8) MONISHA HARRELL	1.50									
BOARD MEMBER	1.50	Х						0.	0.	0.
(9) ROSE HAYES	1.50									
BOARD MEMBER		Х						0.	0.	0.
(10) JEFFERY HOYLE	1.50									
BOARD MEMBER		Х						0.	0.	0.
(11) NAOMI METZ	4.00									
SECRETARY		Х						0.	0.	0.
(12) SANDRA NATHAN	1.50									
BOARD MEMBER		Х						0.	0.	0.
(13) SHILPEN PATEL	1.50									
BOARD MEMBER		Х						0.	0.	0.
(14) JASON TESTER	1.50									
BOARD MEMBER		Х						0.	0.	0.
(15) KIMBERLY CAREY	33.00									
EXECUTIVE DIRECTOR	4.50			Х				241,366.	935.	25,232.
(16) BRIAN JOHNSON	35.00									
CHIEF FINANCIAL OFFICER	2.50			Х				101,500.	370.	12,622.
(17) RUSSELL ROYBAL	30.00									
DEPUTY EXE DIRECTOR	7.50			Х				160,780.	838.	8,418.

Page 7

Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	Hiç	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average	(do		Posi heck r			nne	Reportable	Reportable	,	Es	timate	∍d
	hours per	box	, unle	ss per	son is	s both	n an	compensation	compensation	on	an	nount	of
	week		cer ar	nd a di	recto	r/trus	tee)	from	from related			other	
	(list any	rector						the	organization			pensa	
	hours for related	or di	ee			ated		organization	(W-2/1099-MIS	SC)		om th	
	organizations	ustee	trust		e e	Suedu		(W-2/1099-MISC)			_	anizat d relat	
	below	lual tr	tional		ploye	st con	_					anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orge	inzati	0110
(18) STACEY LONG	37.50	=	=	0	~	Τ 60	Ш.						
POLICY AND GOVERNMENT AFFAIRS	1.00					x		98,403.	2,1	50.		1 3	88.
(19) SAURABH BAJAJ	37.50					23		30,403.	2,1.	30.		- , -	
CHIEF DEVELOPMENT OFFICER	37.30					x		114,286.		0.		6 9	66.
(20) WILLIAM DALEY	37.50							114,200			· · · · · ·	0,5	•
CHIEF COMMUNICATIONS OFFICER	5.00					X		134,932.	18,58	ຸລ	1 '	7 /	07.
CHIEF COMMUNICATIONS OFFICER	3.00					Δ		134,932.	10,50	04.		1,4	07.
-													
1b Sub-total								851,267.	22,8		7	<u>2,0</u>	33.
c Total from continuation sheets to Part VI	I, Section A						ightharpoons	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	851,267.	22,8	75.	7	2,0	33.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	е			
compensation from the organization													6
												Yes	No
3 Did the organization list any former officer,	director, or tru	ıste	e, ke	y en	nplo	yee,	or I	highest compensated er	nployee on	[
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	•								-		4	Х	
5 Did any person listed on line 1a receive or a										·····			
rendered to the organization? If "Yes." com										- [5		х
Section B. Independent Contractors	piete cericaan	<i>,</i> 0 /	0/ 00	<u> </u>	20/3	<u> </u>							
Complete this table for your five highest contains the second secon	mpensated inc	lene	nder	nt co	ntra	actor	rs th	nat received more than \$	100,000 of com	pensat	ion fro	m	
the organization. Report compensation for													
(A)	ino outoridui y	<u> </u>	, ruii	.g ***		×1 ••1	<u> </u>	(B)	Juli J		(C	:)	
Name and business	address							Description of s	ervices	С	ompei		n
THE HARRINGTON AGENCY							_	1					
202 SOUTH CHESTER RD., SW	артимор	T.	D	Δ.	1 Q	ი გ [.]	1	ΨΕΤ. ΕΜ Δ ΡΚΕ ΨΤΝί	_		13.	1 5	01.
BLACKBAUD, 2000 DANIEL IS			F.	۸.	<u> </u>	00.	-	THUMANUTIN	ر		<u> </u>	- , 5	<u>от•</u>
	את תואחי	• ,					ļ	טאטאטאמה מההי	TOPE		10	1 =	٥1
CHARLESTON, SC 29492	2 03770	T.T.C		<u> </u>			-	DATABASE SER	ATCED		<u> </u>	т, э	01.
PRODUCTION SOLUTIONS, 195		wS	K	UA.	υ,		L	MATERIOTICE / S	000000		10	^ ^	0.5
SUITE 600, VIENNA , VA 24	:DD/						ļ	MAILHOUSE/ PO	JSTAGE		$\perp 2$	U,2	85.

Form **990** (2016)

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

NATIONAL LGBTQ TASK FORCE

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (**D**)
Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b 198,075. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and 7,586,968. similar amounts not included above 1f 618,915. g Noncash contributions included in lines 1a-1f: \$ 7,785,043. h Total. Add lines 1a-1f **Business Code** 2 a CONFERENCE REGISTRATION 900099 532,544. 532,544 Program Service b Revenue С f All other program service revenue 532,544. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 23,934. 23,934. 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) **d** Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 1,611,492. assets other than inventory b Less: cost or other basis 1,619,375. and sales expenses -7,883. c Gain or (loss) -7,883. -7,883. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 198,075. of contributions reported on line 1c). See 1,717,307. Part IV, line 18 a 1,148,635, **b** Less: direct expenses 568,672 568,672. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses **c** Net income or (loss) from gaming activities \triangleright 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d

584,723.

Total revenue. See instructions.

8,902,310.

532,544.

Form 990 (2016) NATIONAL LGBTQ TASK FORCE Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			nplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	250 125	·	g	5. p 5522
•	and domestic governments. See Part IV, line 21	350,125.	350,125.		
2	Grants and other assistance to domestic	10,000.	10,000.		
3	individuals. See Part IV, line 22 Grants and other assistance to foreign	10,000.	10,000.		
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	518,582.	390,003.	100,504.	28,075.
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	2,401,642.	2,081,566.	104,781.	215,295.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	35,101.	29,296.	2,721.	3,084.
9	Other employee benefits	752,644.	642,216.	55,509.	54,919.
10	Payroll taxes	236,857.	200,773.	19,114.	16,970.
11	Fees for services (non-employees):				
а	Management				
b	Legal	17,968.	1,912.	10,281.	5,775.
С	Accounting	96,748.	38,173.	58,575.	
d	, , , , , , , , , , , , , , , , , , , ,	106.050			106.050
е	Professional fundraising services. See Part IV, line 17	196,953.			196,953.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	FC0 CF0	202 744	117 104	40 710
	column (A) amount, list line 11g expenses on Sch O.)	560,650.	393,744.	117,194.	49,712.
12	Advertising and promotion	17,722. 572,462.	17,633.	111,873.	89.
13	Office expenses	62,427.	265,499. 55,520.	6,826.	195,090. 81.
14	Information technology	02,427.	33,320.	0,020.	01.
15	Royalties	424,910.	21,527.	403,383.	
16 17	Occupancy	450,995.	399,956.	21,270.	29,769.
	Travel Payments of travel or entertainment expenses	430,333.	333,330.	21,2700	25,105.
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	535,549.	504,494.	18,815.	12,240.
20	Interest	8,296.		8,296.	,
21	Payments to affiliates	- 7		2, =2 3 4	
22	Depreciation, depletion, and amortization	15,641.		15,641.	
23	Insurance	31,576.		31,576.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	ALLOCATIONS	-4,825.	296,192.	-419,565.	118,548.
b	FACILITY ALLOCATION	-5,469.	273,832.	-388,011.	108,710.
c		•		·	•
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,286,554.	5,972,461.	278,783.	1,035,310.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2016)

Form 990 (2016)
Part X Balance Sheet

Par	τχ	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
_					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			229,120.	1	504,609
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			708,396.	3	2,513,991
	4	Accounts receivable, net			200,000.	4	0 -
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ated em	oloyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)	(3)(B), and contributing			
		employers and sponsoring organizations of sect					
g		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	5		1,844.	9	182,901	
	10a	Land buildings and equipment cost or other			·		·
		basis. Complete Part VI of Schedule D	10a	258,371.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	212,695.	57,721.	10c	45,676
	11	Investments - publicly traded securities			1,376,783.	11	45,676 1,192,897
	12	Investments - other securities. See Part IV, line			, ,	12	, ,
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		110,421.	15	73,394	
	16	Total assets. Add lines 1 through 15 (must equ	2,684,285.	16	4,513,468		
	17	Accounts payable and accrued expenses	579,648.	17	876,244		
	18	Grants payable	1	·	18	•	
	19	Deferred revenue			70,825.	19	114,996
	20	Tax-exempt bond liabilities			·	20	•
	21	Escrow or custodial account liability. Complete		1		21	
<u>"</u>	22	Loans and other payables to current and former					
ij		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
┆	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated			161,496.	24	0
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-	1			
		Schedule D			17,302.	25	38,216
	26	Total liabilities. Add lines 17 through 25			829,271.	26	38,216 1,029,456
		Organizations that follow SFAS 117 (ASC 958					
s		complete lines 27 through 29, and lines 33 an					
ے ا	27	Unrestricted net assets			447,976.	27	154,510
ala I	28	Temporarily restricted net assets			1,407,038.	28	154,510 3,329,502
B B	29					29	
<u>.</u> Ĕ		Organizations that do not follow SFAS 117 (A	SC 958)	, check here 🕨 🗌			
길		and complete lines 30 through 34.					
ję	30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			1,855,014.	33	3,484,012
	34	Total liabilities and net assets/fund balances .		1	2,684,285.	34	4,513,468.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,90		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,28		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,61	_5,7	56.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,85		
5	Net unrealized gains (losses) on investments	5	1	13,2	42.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,48	34,0	12.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
			_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	\perp
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit		1	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

NATIONAL LGBTO TASK FORCE 52-1624852 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

	functionally integrated, or	Type III non-function	nally integrated supporting	ng organiza	ation.		
f	Enter the number of supported of	organizations					
g	Provide the following information	n about the supporte	d organization(s).				
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Total							

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III

Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6549832.	5261878.	8052376.	5643879.	7785043.	33293008.
2	Tax revenues levied for the organ-						
	ization'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	6549832.	5261878.	8052376.	5643879.	7785043.	33293008.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						8740561.
6	Public support. Subtract line 5 from line 4.						24552447.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ► 📗	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	6549832.	5261878.	8052376.	5643879.	7785043.	33293008.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	129,300.	125,157.	101,259.	32,881.	23,934.	412,531.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	118,833.	64,767.				183,600.
11	Total support. Add lines 7 through 10						33889139.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12 2	<u>,641,163.</u>
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stop	here					
	tion C. Computation of Publi						
	Public support percentage for 2016 (li					14	72.45 %
	Public support percentage from 2015					15	81.42 %
16a	33 1/3% support test - 2016. If the o	-					
_	stop here. The organization qualifies		•				
b	33 1/3% support test - 2015. If the o						
	and stop here. The organization quali						
1/a	10% -facts-and-circumstances test	_					
	and if the organization meets the "fact					-	
	meets the "facts-and-circumstances" t						
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the		•				
40	organization meets the "facts-and-circ			•	,		
18	Private foundation. If the organization	n aid not check a b	oox on line 13, 16a	a, 16b, 1/a, or 17b	, cneck this box ar	na see instructions	<u> </u>

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

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

Section A. Public Support	elow, please com	piete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities					1	
furnished by a governmental unit to						
the organization without charge						
· · · · · · · · · · · · · · · · · · ·						
6 Total. Add lines 1 through 57a Amounts included on lines 1, 2, and		+				
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year		+			+	
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						l
		430040		1,0045	1 () 22/2	I
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6		+			+	
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	r the organization	's first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
check this box and stop here						>
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2016 (I	ine 8, column (f) c	divided by line 13, o	column (f))		15	%
16 Public support percentage from 2015					16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20)16 (line 10c, colu	ımn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage from	2015 Schedule A	, Part III, line 17			18	%
19a 33 1/3% support tests - 2016. If the					33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar						`
b 33 1/3% support tests - 2015. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						. \square

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	-		
	2		
	3a		
	3b		
	3c		
	_		
	4a		
	4b		
	40		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	0-		
	9c		
	10a		
	154		
	10b		
~ O	90 or 90	n E71	2016

Schedule A (Form 990 or 990-EZ) 2016 NATIONAL LGBTQ TASK FORCE

Par	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Soot	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction provided the Activities Test, Organization set is fined the Activities Test, Organization set is fined the Activities Test, Organization set is fined to activities and the activities to activ	ons).		
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	· · · · · · · · · · · · · · · · · · ·	- :t		
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see Activities Test. Answer (a) and (b) below.	e instructions).	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2016 NATIONAL LGBTQ TASK FORCE

Part V Type III	Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1 Check here	e if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	lov. 20, 1970 (explain in F	Part VI.) See instructions. A
other Type	III non-functionally integrated supporting organizations must of	complete Sec	tions A through E.	
Section A - Adjusted I	Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term ca	apital gain	1		
2 Recoveries of pri	or-year distributions	2		
3 Other gross inco	me (see instructions)	3		
4 Add lines 1 throu	gh 3	4		
5 Depreciation and	depletion	5		
6 Portion of operat	ing expenses paid or incurred for production or			
collection of gros	s income or for management, conservation, or			
maintenance of p	property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Inc	come (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum	Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair ma	arket value of all non-exempt-use assets (see			
instructions for s	hort tax year or assets held for part of year):			
a Average monthly	value of securities	1a		
b Average monthly	cash balances	1b		
c Fair market value	of other non-exempt-use assets	1c		
d Total (add lines 1	a, 1b, and 1c)	1d		
e Discount claime	d for blockage or other			
factors (explain in	n detail in Part VI):			
2 Acquisition indeb	tedness applicable to non-exempt-use assets	2		
3 Subtract line 2 fr	om line 1d	3		
4 Cash deemed he	ld for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)		4		
5 Net value of non-	exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by	.035	6		
7 Recoveries of pri	or-year distributions	7		
8 Minimum Asset	Amount (add line 7 to line 6)	8		
Section C - Distributa	ble Amount			Current Year
1 Adjusted net inco	ome for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line		2		
	mount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of I		4		
5 Income tax impo		5		
•	nount. Subtract line 5 from line 4, unless subject to			
	orary reduction (see instructions)	6		
	e if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

<u>Schedule A (Form 990 or 990-EZ) 2016 NATIONAL LGBTQ TASK FORCE 52-1624852 Page 7</u>

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	inizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
_6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	•	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
<u>10</u>	Line 8 amount divided by Line 9 amount	T	ı	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
	From 2013			
	From 2014			
e	From 2015			
f_	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount			
<u> </u>	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
3	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
·	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
•	and 4c			
8	Breakdown of line 7:			
a				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

Schedule A	(Form 990 or 990-EZ) 2016	NATIONAL	LGBTQ T.	ASK F	ORCE		52-1624852	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, li Section D, lines 5, 6, and 8 (See instructions.)	nation. Provide t 2, 3b, 3c, 4b, 4c, 5 nes 2 and 3; Part l'	he explanatior a, 6, 9a, 9b, 9 V, Section E, li	ns require c, 11a, 11 nes 1c, 2	ed by Part II, line 1 lb, and 11c; Part l a, 2b, 3a, and 3b;	IV, Section B, lines 1 Part V, line 1; Part \	17b; Part III, line 12; and 2; Part IV, Section /, Section B, line 1e; Par	C,

SCHEDULE C

(Form 990 or 990-EZ)

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.

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

Гах) (see separate instructions), the	en		•	
• Section 501(c)(4), (5), or (6) organ	izations: Complete Part III.			
Name of organization			Empl	oyer identification number
	NAL LGBTQ TASK FOR			52-1624852
Part I-A Complete if the	organization is exempt und	er section 501(c)	or is a section 527 or	ganization.
1 Provide a description of the orga	· · · · · · · · · · · · · · · · · · ·	· ·		
	nditures			
3 Volunteer hours for political cam	ipaign activities			
Part I-B Complete if the	organization is exempt und	er section 501(c)((3).	
1 Enter the amount of any excise	tax incurred by the organization und	der section 4955	▶ \$	
2 Enter the amount of any excise				
3 If the organization incurred a sec	ction 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.	 			1/0
Part I-C Complete if the	organization is exempt und	er section 501(c),	except section 501(c	<u>)(3).</u>
1 Enter the amount directly expen	ded by the filing organization for se	ction 527 exempt func	tion activities > \$	
2 Enter the amount of the filing or	-			
3 Total exempt function expenditu				
	rm 1120-POL for this year?			
,	I employer identification number (Ell	,	•	0 0
	nization listed, enter the amount paid	0 0		•
	promptly and directly delivered to a . If additional space is needed, prov			e segregated fund or a
				T
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
			filing organization's funds. If none, enter -0	promptly and directly
				delivered to a separate
				political organization. If none, enter -0
				il florie, effici -o

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

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016	NATIO	NAL LG	BTQ TASK FO	RCE	52-1	624852	Page 2
Part II-A Complete if the org	anizatio	n is exen	npt under section	n 501(c)(3) and file	d Form 5768 (ele	ction unde	r
section 501(h)).							
A Check if the filing organiza	tion belon	gs to an affil	liated group (and list in	Part IV each affiliated	group member's name	, address, EIN	,
expenses, and shar	e of exces	s lobbying e	expenditures).				
B Check 🕨 🔲 if the filing organiza	tion check	ed box A ar	nd "limited control" pro	visions apply.			
		oying Exper eans amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated totals	group
1a Total lobbying expenditures to influ	ience publ	ic opinion (d	arass roots lobbying)		0.		
b Total lobbying expenditures to influ	-				0.		
c Total lobbying expenditures (add li	-				0.		
d Other exempt purpose expenditure					-		
e Total exempt purpose expenditure					0.		
f Lobbying nontaxable amount. Enter	•		·		0.		
If the amount on line 1e, column (a) o			bying nontaxable am				
Not over \$500,000			the amount on line 1e.				
Over \$500,000 but not over \$1,000	0,000		00 plus 15% of the exce	ess over \$500,000.			
Over \$1,000,000 but not over \$1,5			00 plus 10% of the exce				
Over \$1,500,000 but not over \$17,			00 plus 5% of the exces				
Over \$17,000,000		\$1,000,0	000.				
g Grassroots nontaxable amount (en	ter 25% of	line 1f)			0.		
h Subtract line 1g from line 1a. If zer	o or less, e						
i Subtract line 1f from line 1c. If zero	or less, e	nter -0					
j If there is an amount other than ze	ro on eithe	r line 1h or l	ine 1i, did the organiza	ation file Form 4720			
reporting section 4911 tax for this	year?					Yes	No
			eraging Period Under				
(Some organizations the	See	the separa	ate instructions for lin	nes 2a through 2f.)	f the five columns be	low.	
	Lobi	ying Exper	nditures During 4-Yea	r Averaging Period			
Calendar year (or fiscal year beginning in)	(a)	2013	(b) 2014	(c) 2015	(d) 2016	(e) Tota	ป
2a Lobbying nontaxable amount							
b Lobbying ceiling amount							
(150% of line 2a, column(e))							
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount							
(150% of line 2d, column (e))							
(-)							

Schedule C (Form 990 or 990-EZ) 2016

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2016 NATIONAL LGBTQ TASK FORCE 52-1624852 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year IIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." 1 Dues, assessments and similar amounts from members	ans? (c)(4), section 501(c) answered "No," Of	on 501(c)(5), or s	or section Yes 1	nount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." 1 Dues, assessments and similar amounts from members	ans? (c)(4), section 501(c) answered "No," Of	ne prior year? ;	Yes 1	
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501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." 1 Dues, assessments and similar amounts from members	e answered "No," Of		3	
			1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
expenses for which the section 527(f) tax was paid).	•			
a Current year				
b Carryover from last year		2	2a	
			2a 2b	
		2		
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		2	2b 2c	
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	162(e) dues	2	2b 2c	
	162(e) dues ortion of the excess	2 2 3 cess	2b 2c	
expenditure next year?	162(e) dues ortion of the excess lobbying and political	2 2 3 seess volitical	2b 2c	
 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political 				
	162(e) dues ortion of the excess lobbying and political	2 2 3 seess volitical	2b 2c 3	
Taxable amount of lobbying and political expenditures (see instructions)	162(e) dues ortion of the excess lobbying and political	2 2 3 5 cess political	2b 2c 3	
5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information	162(e) dues ortion of the excess lobbying and political	2 2 3 5 Seess Political 4 5 5 Seess Political 5 5 Seess Political	2b 2c 3 4 5	
5 Taxable amount of lobbying and political expenditures (see instructions)	162(e) dues ortion of the excess lobbying and political	2 2 3 5 Seess Political 4 5 5 Seess Political 5 5 Seess Political	2b 2c 3 4 5	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NATIONAL LGBTQ TASK FORCE

Employer identification number 52-1624852

Pa	rt I Orgar	nizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	 organiz	ation answered "Yes" on Form 990, Part IV, line	e 6.	·
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number a	at end of year		
2		ue of contributions to (during year)		
3		ue of grants from (during year)		
4		ue at end of year		
5		zation inform all donors and donor advisors in v	vriting that the assets held in donor advise	ed funds
	~	zation's property, subject to the organization's	_	
6		zation inform all grantees, donors, and donor a		
	-	ourposes and not for the benefit of the donor or	· · ·	-
	•	•		
Pa		ervation Easements. Complete if the org		
1	Purpose(s) of o	conservation easements held by the organization	on (check all that apply).	
	Preserva	ation of land for public use (e.g., recreation or e	ducation) Preservation of a hist	orically important land area
	Protection	on of natural habitat	Preservation of a cert	ified historic structure
	Preserva	ation of open space		
2	Complete lines	s 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax	year.		Held at the End of the Tax Year
а	Total number of	of conservation easements		2a
b				
С	Number of cor	nservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of cor	nservation easements included in (c) acquired a	fter 8/17/06, and not on a historic structu	re
	listed in the Na	ational Register		2d
3		nservation easements modified, transferred, rele		
	year ▶			
4	Number of sta	tes where property subject to conservation eas	ement is located	
5	Does the organ	nization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and	enforcement of the conservation easements it	holds?	Yes No
6	Staff and volur	nteer hours devoted to monitoring, inspecting, l		
				
7	Amount of exp	enses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	ion easements during the year
	> \$			
8	Does each cor	nservation easement reported on line 2(d) above	e satisfy the requirements of section 170(l	n)(4)(B)(i)
	and section 17	'0(h)(4)(B)(ii)?		Yes No
9	In Part XIII, des	scribe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if appl	icable, the text of the footnote to the organizat	ion's financial statements that describes t	he organization's accounting for
В.	conservation e		Ad Illia Scal Torres and Co	la d'arila da arta
Ра		nizations Maintaining Collections of		ner Similar Assets.
		ete if the organization answered "Yes" on Form		
1a	•	tion elected, as permitted under SFAS 116 (AS	,,	· ·
		tures, or other similar assets held for public exh		nce of public service, provide, in Part XIII,
		footnote to its financial statements that describ		
b	-	tion elected, as permitted under SFAS 116 (AS		
	treasures, or o	ther similar assets held for public exhibition, ec	lucation, or research in furtherance of pub	olic service, provide the following amounts
	relating to thes			
		ncluded on Form 990, Part VIII, line 1		
	` '			·
2	-	tion received or held works of art, historical trea		gain, provide
		mounts required to be reported under SFAS 11		.
a		ded on Form 990, Part VIII, line 1		
h	Accete include	d in Form 000 Part V		— "

	t III Organizations Maintaining C	ollections of Ar			asures o	r Other			2 4 0 3 2	Page Z
	•									
3	Using the organization's acquisition, accession	on, and other record	s, check	any or the	iollowing that	are a sig	nincant us	se or its o	ollection it	ems
	(check all that apply):									
а	Public exhibition	C			change progra					
b	Scholarly research	е	• [(Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							e in Part	XIII.	
5	During the year, did the organization solicit or							_	_	
_	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered '	"Yes" on	Form 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia							_	_	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing ta	able:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	scrow or cu	ustodial acco	unt liabilit	:y?	L	Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete in	f the organization an	swered '	'Yes" on Fo	orm 990, Part	IV, line 1	0.			
		(a) Current year	(b) P	rior year	(c) Two yea	rs back ((d) Three ye	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre		e (line 1a	. column (a)) held as:					
a	Board designated or quasi-endowment	•	- (· g	, (,,,					
b	Permanent endowment	%	— ~							
	Temporarily restricted endowment									
·	The percentages on lines 2a, 2b, and 2c shou									
32	Are there endowment funds not in the posses	•	ation that	are held ar	nd administer	ed for the	organizat	tion		
ou	by:	solon of the organize	ation that	are ricia ai	ia aariiiiiotoi	00 101 1110	organiza		[v	es No
	-								3a(i)	65 140
	(m)								3a(ii)	
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir								
4	Describe in Part XIII the intended uses of the								SD	
Pai	t VI Land, Buildings, and Equipm		WITIETIC IC	ilius.					-	
	Complete if the organization answered) Part IV	line 11a S	See Form 990	Part X I	ine 10			
	Description of property	(a) Cost or o			t or other		cumulated	4	(d) Book	value
	Description of property	basis (investr			(other)		reciation	٠	(u) Dook	value
19	Land	'		240,0	· · · · · · · · · · · · ·	335				
	Land									
	Buildings		795.				20,10	0.	Q	,695.
	Leasehold improvements					1	.88,37		27	,128.
	Equipment		075.				$\frac{100,37}{4,22}$,853.
	Other			(D) !' · · · · · ·	0-1				45	,676.
TOLA	. Add lines 1a through 1e. (Column (d) must ed	uuai Form 990. Part	л. сошт	וו (ש). Ilne 1	UC.)				<u> </u>	, , , , , ,

Schedule D (Form 990) 2016

chedule D	(Form 990)	2016	NATIONAL	LGBTQ	TASK	FORCE	

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or en	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.		•		
Complete if the organization answered "Yes"	on Form 990. Part IV	. line 11c. See Form 990. l	Part X. line 13.	
(a) Description of investment	(b) Book value			d-of-year market value
(1)				·
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990 Part IV	line 11d See Form 990	Part X line 15	
	Description	, 1110 174. 000 1 01111 000,	r arry, into ro.	(b) Book value
(1)	·			1
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)			
Part X Other Liabilities.	; 13.)			1
Complete if the organization answered "Yes"	on Form 990 Part IV	line 11e or 11f See Form	1 990 Part X line 25	
(a) Description of liability.	0111 01111 000, 1 art 10	(b) Book value	1 330, 1 art X, iii c 20	·•
(1) Federal income taxes		(2) 20011 14.6.0		
OFFICE GUIDDE BEDIL		11,549.		
200000000000000000000000000000000000000		26,667.		
		20,007•		
<u>(4)</u>				
(5)				
<u>(6)</u>				
(7)				
(8)				
(9)		20 016		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.) ►	38,216.		

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	edule D (Form 990) 2016 NATIONAL LGBTQ TASK FORCE			1624852 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statement	ts With Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	8,915,552.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a 13,242.		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	13,242.
3	Subtract line 2e from line 1		3	8,902,310.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	8,902,310.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemer	its With Expenses per F	Returr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	7,286,554.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	7,286,554.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	7,286,554.
Pa	rt XIII Supplemental Information.			
Prov	ide 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 >	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal information.		
	_			
PAI	RT X, LINE 2:			
UNI	DER THE PROVISION OF SECTION 501(C)(3) OF THE	<u>IE INTERNAL REVE</u>	NUE	CODE AND
TH:	E APPLICABLE INCOME TAX REGULATIONS OF THE D	DISTRICT OF COLU	MBI	A, THE
TA	SK FORCE IS NOT A PRIVATE FOUNDATION AND IS	EXEMPT FROM TAX	ES (ON INCOME
OTI	HER THAN UNRELATED BUSINESS INCOME. NO PROVI	SION FOR INCOME	TA	XES IS
RE(QUIRED FOR 2017 OR 2016.HOWEVER, TAX YEARS E	ENDED JUNE 30, 2	014	THROUGH
<u> 20:</u>	16 REMAIN OPEN TO EXAMINATION BY THE TAXING	JURISDICTIONS T	'O WI	HICH THE
				_
TA	SK FORCE IS SUBJECT, AND THEY HAVE NOT BEEN	EXTENDED BEYOND	THI	₹
AP]	PLICABLE STATUTE OF LIMITATIONS.			

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NATIONAL LGBTQ TASK FORCE

Employer identification number

52-1624852 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants X Phone solicitations g X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) GRASSROOTS CAMPAIGNS, INC. -Yes No PO BOX 2517, DENVER, CO 24,387 STREET CANVASING Х 41,120 -16,733. THE HARRINGTON AGENCY - 202 SOUTH CHESTER RD. DIRECT MAIL Х 0 127,755 -127,755. PUBLIC INTEREST COMMUNICATIONS - 7700 TELEMARKETING Х 0. 17,458 -17,458. PRODUCTIONS SOLUTIONS - 1953 GALLOWS ROAD SUITE 600 MAIL HOUSE/ POSTAGE Х 0. 121,328 -121,328. 307,661. 24 387. -283 274 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM NV,NY,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,MO

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2016

0-6	اد د	La C. (Farra 2002 au 2002 FZ) 2004 C. NATTONA	"PUBLIC INSF		52_	1624852 Page 2
Pa	eau I rt I	le G (Form 990 or 990-EZ) 2016 NATIONA II Fundraising Events. Complete if the				
		of fundraising event contributions and gr	•	· ·		· ·
			(a) Event #1 WINTER PARTY	(b) Event #2	(c) Other events NONE	(d) Total events
			FEST	MIAMI GALA	NONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	1,273,230.	642,152.	,	1,915,382.
E	2	Less: Contributions	124,975.	73,100.		198,075.
	3	Gross income (line 1 minus line 2)	1,148,255.	569,052.		1,717,307.
	4	Cash prizes	6,053.	1,563.		7,616.
Direct Expenses	5	Noncash prizes				
	6	Rent/facility costs	164,687.	35,342.		200,029.
	7	Food and beverages	43,985.	138,367.		182,352.
	8	Entertainment				
	9	Other direct expenses	553,607.	205,031.		758,638.
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)		>	1,148,635.
Pa	11	Net income summary. Subtract line 10 from I	line 3, column (d)	- 000 D-+N/ E 10		568,672.
Pa	ונו		answered "Yes" on Form	1 990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
e			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue				0 1 0		() ()
æ	1	Gross revenue				
Se	2	Cash prizes				
xpenses	3	Noncash prizes				
Direct Ex	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %		Yes %	
	6	Volunteer labor	No No	No	No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		>	
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
а	ls t	the organization licensed to conduct gaming a	_	states?		Yes No
h	If "	No " explain:				

b If "Yes," explain: _

Schedule G (Form 990 or 990-EZ) 2016 NATIONAL LIGHTY TASK FORCE 52-	1024032	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	☐ No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility	13b	<u></u> %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name		
Address >		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
of gaming revenue retained by the third party ▶\$ c If "Yes," enter name and address of the third party:		
Name ▶		
Address		
16 Gaming manager information:		
Name ▶		
Gaming manager compensation \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	100	
organization's own exempt activities during the tax year \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	ines 9, 9b, 10	b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
COURDING C DARM T ITME OR ITCM OF MEN UTOURCM DATE RIMEDATORD	c.	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER:	<u>);</u>	
(I) NAME OF FUNDRAISER: GRASSROOTS CAMPAIGNS, INC.		
(I) ADDRESS OF FUNDRAISER: PO BOX 2517, DENVER, CO 80201		
<u> </u>		
(I) NAME OF FUNDRAISER: THE HARRINGTON AGENCY		
(1) MILL OF FORDINIDEN. THE IMMINISTRA AGENCY		
(I) ADDRESS OF FUNDRAISER: 202 SOUTH CHESTER RD., SWARTHMORE, PA	19081	
(I) NAME OF FUNDRAISER: PUBLIC INTEREST COMMUNICATIONS		

Part IV Supplemental Information (continued)	52-1624852 Page 4
(I) ADDRESS OF FUNDRAISER:	
7700 LEESBURG PIKE, SUITE 301 NORTH, FALLS CHURCH, VA 22	2043
/->	
(I) NAME OF FUNDRAISER: PRODUCTIONS SOLUTIONS	
(I) ADDRESS OF FUNDRAISER: 1953 GALLOWS ROAD SUITE 600 ,	VIENNA , VA 22182

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization NATIONAL	LGBTO TAS	K FORCE					Employer identification number 52-1624852
Part I General Information on Grants at		1 01101					32 1021032
 Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro 	stance?						
Part II Grants and Other Assistance to I	Domestic Organia	zations and Domestic	Governments. C	omplete if the org	anization answered "\	es" on Form 990, Part	IV, line 21, for any
recipient that received more than					(f) Method of	T	
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE MIAMI FOUNDATION 200 SOUTH BISCAYNE BLVD. SUITE 505							THE GRANT FUNDS THE GLBT PROJECTS FUND AT THE MIAMI FOUNDATION. THE
MIAMI, FL 33131	65-0350357	501C3	290,125.	0.	воок		FUND IS A PARTNERSHIP
NATIONAL LGTBTQ TASK FORCE ACTION FUND, INC 1325 MASSACHUSETTS AVE. NW SUITE 600 - WASHINGTON, DC							TO SUPPORT ADVOCACY TRAINING AND EDUCATION
20005	13-2772832	501C4	60,000.	0.	воок		PROGRAMS
2 Enter total number of section 501(c)(3) a	nd government org	ganizations listed in the	e line 1 table				> 1.
3 Enter total number of other organizations	s listed in the line	1 table					<u> </u>

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2016)

52-1624852 Schedule I (Form 990) (2016) Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (c) Amount of (a) Type of grant or assistance (b) Number of (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance CREATING CHANGE AWARD WINNERS 10,000. 0.BOOK Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: OUR GRANTEES (EXCEPT FOR THE MIAMI FOUNDATION) ARE ORGANIZATIONS THAT WE DIRECTLY WORK WITH THROUGHOUT THE YEAR. PAID STAFF OF THE TASK FORCE WORK WITH THE GRANTEES TO EXECUTE THE PROGRAMS/PROJECT FOR WHICH WE PROVIDE SUPPORT. WE ACTUALLY SEE THE GRANTEES DOING THE WORK. IN THE CASE OF THE MIAMI FOOUNDATION, IT IS A LARGE U.S. COMMUNITY FOUNDATION WITH ITS OWN PROCESSES AND CONTROLS FOR ITS GRANTS. WE MAKE A CONTRIBUTION TO THE

FOUNDATION, WHICH IT RE-GRANTS.

Part IV Supplemental Information
PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT: THE MIAMI FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: THE GRANT FUNDS THE GLBT PROJECTS
FUND AT THE MIAMI FOUNDATION. THE FUND IS A PARTNERSHIP WITH THE NATIONAL
LGBTQ TASK FORCE TO SUPPORT ORGANIZATIONS AND PROGRAMS THAT ADVANCE
EDUCATION AND PUBLIC AWARENESS OF GAY, LESBIAN, BISEXUAL AND TRANSGENDER
ISSUES IN GREATER MIAMI.

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NATIONAL LGBTQ TASK FORCE

Employer identification number 52-1624852

D		102403		
Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а		4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			X
c	Participate in, or receive payment from, an equity-based compensation arrangement?			X
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Tes to any or lines 4a c, list the persons and provide the applicable amounts for each item in art in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on 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		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а		6a		Х
	Any related organization?			Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
•		8		Х
9	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			
9	Regulations section 53.4958-6(c)?	9		
	riogulations scotion society:	9		

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

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denemis	(B)(i)-(D)	reported as deferred on prior Form 990
(1) KIMBERLY CAREY	(i)	226,786.	14,580.	0.	0.	24,998.		0.
EXECUTIVE DIRECTOR	(ii)	935.	0.	0.	0.	234.		0.
(2) RUSSELL ROYBAL	(i)	160,780.	0.	0.	0.	8,209.		0.
DEPUTY EXE DIRECTOR	(ii)	838.	0.	0.	0.	209.		0.
(3) WILLIAM DALEY	(i)	134,932.	0.	0.	0.	12,761.		
CHIEF COMMUNICATIONS OFFICER	(ii)	18,582.	0.	0.	0.	4,646.	23,228.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2016

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
THE BOARD APPROVES THE BONUS FOR THE EXECUTIVE DIRECTOR BASED ON
PERFORMANCE.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization NATIONAL LGBTQ TASK FORCE **Employer identification number** 52-1624852

Pai	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut		ts
1	Art - Works of art			, , , ,			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	10	618,915.	FMV		
10	Securities - Closely held stock						
11	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						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other						
26	Other						
27	Other						
28	Other ()						
29	Number of Forms 8283 received by the organize	_	•				
	for which the organization completed Form 828	33, Part IV, [Donee Acknowledg	gement 29			
					г	Yes	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date		l contribution, and	which isn't required to be us	ed for		177
	exempt purposes for the entire holding period?					30a	X
	If "Yes," describe the arrangement in Part II.					37	
31	Does the organization have a gift acceptance p				ions?	31 X	_
32a	Does the organization hire or use third parties of						_ v
	contributions?					32a	X
	If "Yes," describe in Part II.	-l		. fan laiala aal	.l.a.d		
33	If the organization didn't report an amount in co	oiumn (c) foi	a type of property	ror wnich column (a) is chec	kea,		
	describe in Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

Schedule M	(Form 990) (2016)	NATIONAL	LGBTQ	TASK	FORCE			52-1624852	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Information. I, column (b), the	Provide the number of o	informatio contributio	on required b	by Part I, lines 30th ber of items recei	b, 32b, and 33, ived, or a comb	and whether the organ ination of both. Also co	ization omplete

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

16 Open to Public

OMB No. 1545-0047

Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Internal Revenue Service

Inspection

Name of the organization

NATIONAL LGBTO TASK FORCE

Employer identification number 52-1624852

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WIN COMPLETE EQUALITY AND ACHIEVE JUSTICE FOR LGBTO PEOPLE AND THEIR FAMILIES. AS A LEADER IN THE BROADER PROGRESSIVE MOVEMENT, THE TASK FORCE WORKS TOWARD A SOCIETY THAT VALUES AND RESPECTS THE DIVERSITY OF HUMAN EXPRESSION AND IDENTITY AND CREATES EQUITY FOR ALL.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: VALUES AND RESPECTS THE DIVERSITY OF HUMAN EXPRESSION AND IDENTITY AND CREATES EQUITY FOR ALL.

FORM 990, PART VI, SECTION B, LINE 11B:

THE RETURN WAS PREPARED BY THE OUTSIDE ACCOUNTING FIRM. THE BOARD DELEGATED THE REVIEW OF THE 990 TO THE AUDIT COMMITTEE. THE PRE-SUBMISSION DRAFT WAS CIRCULATED TO THE AUDIT COMMITTEE. THE AUDIT COMMITTEE APPROVED THE RETURN AFTER IT WAS SATISFIED THAT ALL QUESTIONS AND COMMENTS HAD BEEN RESOLVED. THE RETURN IS THEN DISTRIBUTED TO ALL BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS AND STAFF FILE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT. THE BOARD CO-CHAIRS (FOR BOARD MEMBERS) AND EXECUTIVE DIRECTOR (FOR STAFF) REVIEW DISCLOSED AND/OR ARISING CONFLICTS. THE BOARD RESOLVES CONFLICTS OF ITS MEMBERS WITH THE AFFECTED MEMBER (S) RECUSED. THE EXECUTIVE DIRECTOR RESOLVES CONFLICTS ASSOCIATED WITH THE STAFF.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD DETERMINED SALARY FOR THE EXECUTIVE DIRECTOR USING COMPARABLE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization NATIONAL LGBTQ TASK FORCE	Employer identification number 52-1624852
DATA FROM SIMILAR ORGANIZATIONS AND THE DECISION WAS DOCUM	ENTED. THE LAST
COMPENSATION REVIEW PROCESS TOOK PLACE ON JUNE 27, 2014.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, AK, AR, CA, CT, DC, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, N	J,NM,NY,OR,PA,RI
SC,TN,TX,UT,VA,WV,WI,MO,AZ,CO,DE,IA,ID,IN,LA,ME,ND,NE,NV,C	H,OK,SD,VT,WA
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	FINANCIAL
STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE AUDIT COMMITTEE OVERSEES BOTH THE AUDIT AND SELECTION	OF AN
INDEPENDENT AUDITOR. THE PROCESS HAS NOT CHANGED FROM THE	PRIOR YEAR.
FORM 990, PART VI. LINE 1A	
THE EXECUTIVE COMMITTEE SHALL BE COMPOSED OF THE TWO CO-CH	AIRS, THE
TREASURER (CHAIR OF STANDING COMMITTEE ON FINANCE), THE SE	CRETARY
(CHAIR OF STANDING COMMITTEE ON BOARD OF GOVERNANCE AND DI	VERSITY), THE
CHAIR OF THE STANDING COMMITTEE ON RESOURCE DEVELOPMENT, A	ND SUCH OTHER
AT LARGE DIRECTORS AS THE BOARD MAY APPROVE.	
THE EXECUTIVE COMMITTEE OF THE BOARD SHALL HAVE THE SAME F	OWERS AS THE
BOARD AND SHALL ACT ON THE TASK FORCE'S BEHALF BETWEEN BOA	RD MEETINGS.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

NATIONAL LGBTQ	NATIONAL LGBTQ TASK FORCE							
Part I Identification of Disregarded Entities. Complete	te if the organization answered "Ye	s" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-yea		assets Direct c		ı
	- - -							
	-							
Part II Identification of Related Tax-Exempt Organizations during the tax year	ntions. Complete if the organization	n answered "Yes" on Form 990), Part IV, line 34 b	ecause it had one	or more r	elated tax-exem	npt	
organizations during the tax year. (a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) et controlling entity	Section 5 contro	olled
NATIONAL LGBTQ TASK FORCE ACTION FUND, INC - 13-2772832, 1325 MASSACHUSETTS AVE. #600, WASHINGTON, DC 20005	BUILD THE GRASSROOTS POLITICAL POWER OF THE LGBT COMMUNITY	NEW YORK	501(C)(4)	501(c)(3))	N/A		Yes	No
	-							
	-							
	-							

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

Schedule R (Form 990) 2016

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I		(i)	((k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total income	Share of end-of-year	Disprop	ortionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	ral or	Percentage ownership
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	assets	allocations?		20 of Schedule	partner?		Ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
							l	l		I	i l	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	ction b)(13) rolled tity?
		,						Yes	No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (I) interest, (II) annuities, (III) royalties, or (IV) rent from a controlled entity	/			па			
b	Gift, grant, or capital contribution to related organization(s)				1b	X		
С	Gift, grant, or capital contribution from related organization(s)				1c		X	
d	Loans or loan guarantees to or for related organization(s)				1d		X	
	Loans or loan guarantees by related organization(s)				1e		X	
f	Dividends from related organization(s)				1f		X	
g	Sale of assets to related organization(s)				1 g		X	
h	Purchase of assets from related organization(s)				1h		X	
i	Exchange of assets with related organization(s)				1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X	
	Performance of services or membership or fundraising solicitations for related organ				11		X	
m	m Performance of services or membership or fundraising solicitations by related organization(s)							
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
0	o Sharing of paid employees with related organization(s)							
р	Reimbursement paid to related organization(s) for expenses				1 p	X		
q	Reimbursement paid by related organization(s) for expenses				1q	X		
r	Other transfer of cash or property to related organization(s)				1r	X		
s	Other transfer of cash or property from related organization(s)				1s		X	
2	If the answer to any of the above is "Yes," see the instructions for information on whether the second seco	ho must complete th	is line, including covered re	elationships and transaction thresholds.				
	(a) Name of related organization	(b)	(c)	(d)				
	Name of related organization	Transaction	Amount involved	Method of determining amount in	volved			
		type (a-s)						
		_	60 000					
1) N	ATIONAL LGBTQ TASK FORCE ACTION FUND	В	60,000.	F.W.A.				
2)								
3)								
4)								
- \								
5)								
C)								
6)	200.00	l		6.1	D (F - · ·	000	10040	
32163	09-06-16			Schedule	n (FOI)	บ ลลด	<i> </i> 2016	

52-1624852

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproper tionate allocation Yes N	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) Percentage ownership

Schedule F	(Form 990) 2016 NATIONAL LGBTQ TASK FORCE	52-1624852	Page 5
Part VII	Supplemental Information. Supplemental Information.		
	Provide additional information for responses to questions on Schedule R. See instructions.		

Form **8868**

(Rev. January 2017)

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed) All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print NATIONAL LGBTO TASK FORCE 52-1624852 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 1325 MASSACHUSETTS AVENUE, NW, NO. 600 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1 **Application** Return **Application** Return Code Is For Code Is For Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 1041-A Form 990-BL 02 08

Form 4720 (individual)	03	Form 4720 (other than individual)						
Form 990-PF	04	Form 5227			10			
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990-T (trust other than above)	06	Form 8870			12			
KIMBERLY R. CAR	REY -	1325 MASSACHUSETTS A	VEN	UE, NW, ST	E			
 The books are in the care of ► 600 - WASHINGTO 	ON, DO	20005						
Telephone No. ► 202-393-5177		Fax No. ▶						
If the organization does not have an office or place of business	in the Un	ted States, check this box						
If this is for a Group Return, enter the organization's four digit (r the whole group, cl	neck this			
box ▶ . If it is for part of the group, check this box ▶	and atta	ch a list with the names and EINs of all i	membe	ers the extension is f	or.			
I request an automatic 6-month extension of time until	MA	7 15, 2018 , to file the	e exem	pt organization retu	rn			
for the organization named above. The extension is for the o								
•	-							
calendar year or								
► X tax year beginning JUL 1, 2016	, an	d ending JUN 30, 2017						
2 If the tax year entered in line 1 is for less than 12 months, ch			ıl returi	<u>—</u> n				
Change in accounting period								
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, 6	enter the tentative tax, less any						
nonrefundable credits. See instructions.		•	3a	\$	0.			
b If this application is for Forms 990-PF, 990-T, 4720, or 6069.	, enter any	refundable credits and						
estimated tax payments made. Include any prior year overpa	•		3b	\$	0.			
c Balance due. Subtract line 3b from line 3a. Include your pa								
by using EFTPS (Electronic Federal Tax Payment System). S	•		3c	\$	0.			

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2017)