	i A	~	"PUBLIC INSPECT		r i i i i i i i i i i i i i i i i i i i	
Form 8879-EO	н 1	IRS e- for	file Signature an Exempt O	Authorization		OMB No. 1545-1878
	For calendar y	vear 2018, or fiscal year	beginning JUL 1	, 2018, and ending JUN 3	0 , 20 1 9	2018
Den start af the Transmission			not send to the IRS. Ke			<b>ZU IO</b>
Department of the Treasury Internal Revenue Service		Go to www	w.irs.gov/Form8879E0	for the latest information.		• ••••
Name of exempt organization	•		•		Employer	dentification number
NATIONAL LGBT	Q TASK	FORCE	·		52-16	524852
Name and title of officer KIMBERLY CARE EXECUTIVE DIR	ECTOR					
C020000569030000000000000000000000000000000			rmation (Whole Dolla			
on line 1a. 2a. 3a. 4a. or 5	a, below, and	d the amount on t	that line for the return be	er the applicable amount, if ar ing filed with this form was b irn, then enter -0- on the app	lank, then leave li	ne 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	X	b Total revenu	ue, if any (Form 990, Par	t VIII, column (A), line 12)		5,213,680.
2a Form 990-EZ check he	,	b Total rev	venue, if any (Form 990-	EZ, line 9)	2b _	
3a Form 1120-POL check	· .	b Tota	al tax (Form 1120-POL, li	ne 22)	Зb	
4a Form 990-PF check h	ere 🕨			ne (Form 990-PF, Part VI, line		
5a Form 8868 check her	e 🕨 🛄	b Balance Du	e (Form 8868, line 3c)			· · · · · · · · · · · · · · · · · · ·
Part II Declara	tion and O	Laura Arabi	norization of Office		•	· · · · · · · · · · · · · · · · · · ·
processing of the electron	nic payment o a personal id electronic fur	of taxes to receive lentification numb	e confidential information	date. I also authorize the final necessary to answer inquirie for the organization's electro	es and resolve iss	ues related to the
X Lauthorize RI	IBTNO &	COMPANY.	CHARTERED		to enter m	v PIN 24852
A raunonze rec	<u>, , , , , , , , , , , , , , , , , , , </u>		ERO firm name			Enter five numbers, b do not enter all zeros
is being filed w enter my PIN o As an officer of indicated withir	ith a state age n the return's the organizat n this return th	ency(ies) regulatin s disclosure conse tion, I will enter m hat a copy of the	ng charities as part of the ent screen. ny PIN as my signature of	a return. If I have indicated wi IRS Fed/State program, I als In the organization's tax year a state agency(ies) regulating	so authorize the a 2018 electronical g charities as part	forementioned ERO to ly filed return. If I have of the IRS Fed/State
Officer's signature 🕨				Date 🕨 _	02/26/202	0
Part III Certific	ation and	Authenticatio	<b>n</b>			
ERO's EFIN/PIN. Entery number (EFIN) followed b				52534999 Do not enter al		
I certify that the above nu confirm that I am submitt e-file Providers for Busin	ting this return	s my PIN, which i n in accordance v	s my signature on the 20 with the requirements of	018 electronically filed return <b>Pub. 4163</b> , Modernized e-Fil	for the organization le (MeF) Information	on indicated above. I on for Authorized IRS
ERO's signature	tread	200'N	belley CA	Date 🕨	2/27/20	
	Do I			m - See Instructions S Unless Requested To	o Do So	•
LHA For Paperwork Re	eduction Act	Notice. see inst	ructions.			Form 8879-EO (2018
823051 10-26-18					· ·	· .

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)

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.



AI	⊦or	the 20	018 calendar year, or tax year beginning $\bigcirc \bigcirc \bigcirc \bigcirc$ $\bigcirc \bigcirc \bigcirc$ and	ل ending	UN 30, 2019						
Β	Chec appli	k if cable:	C Name of organization		D Employer identifie	cation number					
	cł	ddress nange	NATIONAL LGBTQ TASK FORCE								
	Na	1624852									
	Initial Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number										
	lre	nal turn/	1325 MASSACHUSETTS AVENUE, NW	600	202-	393-5177					
	at	rmin- ed	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	8,072,331.					
	Ar	mended turn	WASHINGTON, DC 20005		H(a) Is this a group re	eturn					
	tic		F Name and address of principal officer: KIMBERLY R. CAREY		for subordinates	? Yes X No					
	-	ending	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No					
1.	Tax	-exem	pt status: 🗴 501(c)(3) 🗌 501(c) ( )◀ (insert no.) 🗌 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)					
			▶ WWW.THETASKFORCE.ORG		H(c) Group exemption						
K	Forn	<u>n of org</u>	ganization: 🔀 Corporation 🦳 Trust 🦳 Association 📃 Other 🕨	L Year	of formation: 1988	State of legal domicile: DC					
Pa	art		ummary								
~	-	<b>1</b> Bri	efly describe the organization's mission or most significant activities: $rac{ ext{THE}}{ ext{}}$	MISSIC	N OF THE NAT	TIONAL					
ő		$\mathbf{L}$	GBTQ TASK FORCE IS TO BUILD POWER, TAKE	ACTIO	N AND CREATE	CHANGE TO					
rna		2 Ch	eck this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of more	than 25% of its net ass						
ove	3	3 Nu	mber of voting members of the governing body (Part VI, line 1a)		3	16					
Ğ	4	1 Nu		16							
es é	5	5 To	tal number of individuals employed in calendar year 2018 (Part V, line 2a) $\ldots$	5	55						
vitik	6	<b>6</b> To	tal number of volunteers (estimate if necessary)		6	800					
Activities & Governance	7	<b>7 a</b> To	tal unrelated business revenue from Part VIII, column (C), line 12			0.					
_	·	b Ne	t unrelated business taxable income from Form 990-T, line 38	<u></u>	7b	0.					
					Prior Year	Current Year					
Ð	8	Co	ntributions and grants (Part VIII, line 1h)		5,818,514.	4,057,761.					
enu	9	Pro	ogram service revenue (Part VIII, line 2g)		601,659.	573,070.					
Revenue	1		restment income (Part VIII, column (A), lines 3, 4, and 7d)		45,064.	37,831.					
ш	1	<b>1</b> Otl	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		458,400.	545,018.					
	1	2 To	tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,923,637.	5,213,680.					
	1	<b>3</b> Gra	ants and similar amounts paid (Part IX, column (A), lines 1-3)		240,500.	233,850.					
	1		nefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
ŝ	1		laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,811,788.	3,873,339.					
Expenses	1	6a Pro	ofessional fundraising fees (Part IX, column (A), line 11e)		260,032.	243,250.					
2D%			tal fundraising expenses (Part IX, column (D), line 25) 880, 2								
ш	11		her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,794,780.	2,580,223.					
	1	8 To	tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,107,100.	6,930,662.					
	1	9 Re	venue less expenses. Subtract line 18 from line 12		-183,463.	-1,716,982.					
S OF				Be	ginning of Current Year	End of Year					
Assets	<b>1</b> 2	<b>0</b> To	tal assets (Part X, line 16)		4,237,077.	2,531,039.					
tAs	2	<b>1</b> To	tal liabilities (Part X, line 26)		935,467.	906,834.					
-Se	2	2 Ne	t assets or fund balances. Subtract line 21 from line 20		3,301,610.	1,624,205.					

Part II Signature Block

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

Sign	Signature of officer	Date									
Here	KIMBERLY R. CAREY, EXECUTIVE DIRECTOR										
	Type or print name and title										
	Print/Type preparer's name Preparer's signature Date	Check PTIN									
Paid	PATRICIA A. O'MALLEY, CPA	self-employed P00285909									
Preparer	Firm's name 🕨 RUBINO & COMPANY, CHARTERED	Firm's EIN <b>52-1186096</b>									
Use Only	Firm's address 6903 ROCKLEDGE DRIVE, SUITE 1200										
	BETHESDA, MD 20817-1818	Phone no. 301-564-3636									
May the IF	RS discuss this return with the preparer shown above? (see instructions)	X Yes No									
832001 12-3	1-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990</b> (2018)									
S	SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION										

Part III       Statement of Program Service Accomplishments       [X]         The Mission OF THE MATIONAL LOBTO TASK FORCE IS TO BUILD POWER, TAKE       [X]         THE MISSION OF THE NATIONAL LOBTO TASK FORCE IS TO BUILD POWER, TAKE       [X]         PARTICIPATIONAL CONTANT COMPLETE EQUALITY AND ACRIEVE JUSTICE       FOR LOBTO PROPLE AND THEIR FAMILIES. AS A LEADER IN THE BROADER         PERCORESSIVE MOVEMENT, THE TASK FORCE WORKS TOWARD A SOCIETY THAT       2         2       Ddt he organization underlag, or make significant changes in how it conducts, any program services; (]]       [Yes [X] No         H'Yes, 'describe these intw services on offschedue 0.       [Yes [X] No       [Yes [X] No         H'Yes, 'describe these intw services on Schedue 0.       [Yes [X] No       [Yes [X] No         H'Yes, 'describe these intw services completiments for each of its three larget program services, as measured by openses.       Section 501(c)(3) and 501(c)(4) organizations are required to inport the amount of grants and allocation to others. The total segments, and tevenue.       [Yes [X] No         H'Yes, 'describe these changes on Schedue 0.       [Yes [X] No       [Yes [X] No         H'Yes, 'describe these changes on Schedue 0.       [Yes [X] No       [Yes [X] No         H'Yes, 'describe these changes on Schedue 0.       [Yes [X] No       [Yes [X] No         H'Yes, 'describe these changes on Schedue 0.       [Yes [X] No       [Yes [X] No         Hower 1		990 (2018) NATIONAL LGBTO TAS		52-162485	2 Page <b>2</b>
Berly describe the organization's mission:           THE MISSION OF THE NATIONAL LGBTO TASK FORCE IS TO BUILD POWER, TAKE ACTION AND CREATE CHANGE TO WIN COMPLETE BOUALITY 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           2 Ddt the organization undertake any significant program services during the year which were not listed on the proform Boot 900627         Uves X No           1 "Ves," describe these new services on Schedule 0.	Pa	TIM Statement of Program Service Accomplisi	iments		
THE MISSION OF THE NATIONAL LGPTO TASK FORCE IS TO BUILD POWER, TAKE         ACTION AND CREATE CHANGE TO WIN COMPLETER EQUALITY AND ACHIEVE JUSTICE         PRORESSIVE 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 500 of 500 cf?       Image: The task of the organization cases conducting, or make significant danges in how it conducts, any program services?       Image: The task of the organization cases conducting, or make significant danges in how it conducts, any program services, as measured by expenses.         Section 501(6); and 501(6)(6)(6); and 501(6)(6) organizations are required to report the amount of grants and allocations to others, the total program service sported.       Image: Task of the organization cases, and the amount of grants and allocations to others, the total program service sported.         4 (case:       ) [becrease 5, 9,800, 264.       EARSE TO HERE ING OF DURACCOMPLENTY FURSUANT TO OUR MISSION INCLUDES (A) HOLDING THE MOVERENTY 5. LARGEST GANTERING OF LGBTQ.         LEADERS, ACTIVISTS AND ALLIES IN WASHINGTON, DC WITH NEARLY 3,500       PARTICIPANTS AND MORE THAN 200 WORKENDEYS (LD) OPERATED FEWARTCH. THE WARCHOOR NETWORK OF ACTIVISTS ACROSS THE PROGRESS MOVEMENT THAT         ATTURETET TO HOLD THE ADMINISTRATION ACCOUNTABLE FOR THEIR POLICIES AND REGULATIONS; (C) WORKED TO ENSURE THAT AS MANY PEOPLE AS POSSIBLE WILL PARTICIPANTS IN DORE THAN 200 WORKENT THAT AS MANY PEOPLE AS POSSIBLE WILL PARTICIPATE IN THE 2020 CENSUS.         40       (case:       ) (becreasis       ) (meanesis)       ) (meanesis)		· · ·	line in this Part III		X_
ACTION AND CREATE CHANGE TO WIN COMPLETE ROUALITY AND ACHIEVE SUBTICE FOR LEGRO PEOPLE AND THEIR FAMILIES AS A LEADER IN THE BROADER PROGRESSIVE MOVEMENT, THE TASK FORCE WORKS TOWARD A SOCIETY THAT         2 Ddt hor organization underkein wy significant program services during the year which were not listed on the proform 590 or 890 cf?       Image: Complete the second seco	1				777
POR LGETQ PEOPLE AND THEIR FAMILIES. AS A LEADER IN THE BROADER PROGRESSIVE MOVEMENT, THE TASK FORCE WORKS TOWARD A SOCIETY HAT         2       Dub the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990/E27       Image: Comparison of the set of the					
PROGRESSIVE MOVEMENT, THE TASK FORCE WORKS TOWARD A SOCIETY THAT         2       Did the organization services any significant program services during the year which were not listed on the plot Form 990 or 990-EZ?					'ICE
2       Did the organization undertake any significant program services during the year which were not listed on the prior Form 390 or 990-E27       □ Yes [X] No         1       Yes, "Gescribe three cheek services on Schedule 0.       □ Yes [X] No       □ Yes [X] No         1       Yes, "Gescribe three checks on Schedule 0.       □ Yes [X] No       □ Yes [X] No         1       Yes, "Gescribe three charges on Schedule 0.       □ Yes [X] No       □ Yes [X] No         1       Yes, "Gescribe three charges on Schedule 0.       □ Section 501(6)(3) and 501(4) (organizations are required to report the annound of grants and allocations to others, the total expresses, and revenue, if any, for each program service accompliation the annound of grants and allocations to other, the total expresses, and revenue, if any, for each program service accompliation of grants and allocations to others, the total expresses, and revenue, if any, for each program service accompliation and solid control of grants and allocations to others, the total expresses, and revenue, if any, for each program service accompliation and allocations to others, the total expresses, and revenue, if any, for each program service accompliation and allocations to others, the total expresses, and revenue, if any, for each program service accompliation and allocations to others, the total expresses, and revenue, if any, for each program service accompliation and allocations to others, the total expresses, and revenue, if any, for each program service accompliation and allocations to others, the total expression accompliation accompl					
pror Form 390 or 390 or 390 cf 20					
If 'Yes, 'describe these new services on Schedule 0.         3 Did the organization case conducting, or make significant changes in how it conducts, any program services, ameasured by expenses. Secton 51(6)(5) and 50(4) organizations are required to report the amount of grants and allocians to others, the total expenses, and revenue, if any, for each program service reported.         4 (cost	2				
<ul> <li>3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?</li></ul>					Yes 🔼 No
If 'Yes,' describe these changes on Schedule 0. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 51(6)(g) and 50(14) organizations are required to deport the amount of grants and allocations to others, the total expenses, and reverue, if any, for each program service reported. 4 (conc					
4 Describe the organization's program service accomplishments for each of its three largest program services, and measured by expenses, and revenue, if any, for each properties	3		anges in how it conducts, any program se	ervices?	Yes 🔼 No
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tervenue, fam, for each program service reported         4a       (back       ) (Expenses       5,860,264.       including grants of s       233,850.)       (Seamus 5)       573,070)         DURING FY2019, HIGHLIGHTS OF OUR ACCOMPLISHMENTS PURSUANT TO OUR         MISSION INCLUDE:       (A) HOLDING THE MOVEMENT'S LARGEST GARHERING OF LGBTQ         LEADERS, ACTIVISTS AND MORE THAN 200 WORKSHOPS; (B) OPERATED FEDWATCH, THE         WATCHDOG NETWORK OF ACTIVISTS ACROSS THE PROGRESS MOVEMENT THAT         ATTEMPTS TO HOLD THE ADMINISTRATION ACCOUNTABLE FOR THEIR POLICIES AND         REGULATIONS; (C) WORKED TO ENSURE THAT AS MANY PEOPLE AS POSSIBLE WILL         PARTICIPATE IN THE 2020 CENSUS.	4				
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4e Total program service expenses ► 5,860,264.	4d		\ /_ ·	۱. ۱	
	<u></u>			)	
	40			En	rm <b>990</b> (2018)

	990 (2018) NATIONAL LGBTQ TASK FORCE 52-1624	852	Р	age <b>3</b>
Pa	t 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	X	
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			v
	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		х	
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
6	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		- 23
'	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	<b>–</b>		- 23
0		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	<i>If</i> "Yes," <i>complete Schedule D, Part IV</i> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			<u> </u>
	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, VII, 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,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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			
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		x
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	445		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		15		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u>''</u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
	complete Schedule G, Part III	19		x
20a	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	Х	

Form	990 (2018) NATIONAL LGBTQ TASK FORCE 52-162	4852	Р	age <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
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		37	
	Schedule J	23	X	<u> </u>
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	04-		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		<u> </u>
U	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	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	v	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
<b>0</b> 4	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes." <i>complete</i>	31		- 23
52		32		x
33	Schedule N, Part II	52		<u> </u>
00	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	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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?			1
	Note. All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
-		2 <b>—</b>	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7	-		
b		<u>0</u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.	Х	
	(gambling) winnings to prize winners?	1 <b>1</b> C	Δ	1

Form	990 (2018) NATIONAL LGBTQ TASK FORCE 52-1624	852	P	age <b>5</b>						
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
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 2a 55									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		37							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X							
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>						
a	<b>b</b> If "Yes," enter the name of the foreign country:									
Fo	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		х						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50								
u	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	00								
2	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	Х							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х							
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?									
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
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										
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8										
	sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.									
а	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 10a									
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11 a	Section 501(c)(12) organizations. Enter:         Gross income from members or shareholders         11a									
a b	Gross income from other sources (Do not net amounts due or paid to other sources against									
5	amounts due or received from them.) 11b									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	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									
с	Enter the amount of reserves on hand 13c									
14a	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								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		X						
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									

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Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thr	rough	7b below, a	and for a "I	No" re	spons	e
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.						
	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	ion 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	<b>1</b> a		16			
	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.			1.0			
b	Enter the number of voting members included in line 1a, above, who are independent	1b		16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				-		v
•	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the		-		~		х
4	of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 99			F	3 4		X
4 5	Did the organization make any significant changes to its governing documents since the profit of the Did the organization become aware during the year of a significant diversion of the organization's asse		s meu :		4 5		X
6	Did the organization have members or stockholders?				6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or ap				<u> </u>		
	more members of the governing body?				7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	lders, or				
	persons other than the governing body?				7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?				8a	Х	
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 read						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code.)				
				ſ	10	Yes	No X
	Did the organization have local chapters, branches, or affiliates?				10a		<u>л</u>
b		•			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body		e filina the		11a		х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	20101	ogo		110		
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe				
	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 ind	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					v	
	The organization's CEO, Executive Director, or top management official			I	15a	X	х
b	Other officers or key employees of the organization			·····	15b		л
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient w	ith a				
.54	taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi		-				
	exempt status with respect to such arrangements?				16b		
Sect	ion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, C	T,D	C,FL,G	GA,HI,	IL,	κs,	ΚY
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	d 990-	T (Section	501(c)(3)s	only) a	availab	le
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain		,				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	flict of	interest po	olicy, and f	inanci	al	
00	statements available to the public during the tax year.	l.a		•			
20	State the name, address, and telephone number of the person who possesses the organization's boo KIMBERLY R. CAREY - $202-393-5177$	ks and	a records	▶			
	1325 MASSACHUSETTS AVENUE, NW, STE 600, WASHINGTON,	DC	200	05			
832006	12-31-18         SEE SCHEDULE O FOR FULL LIST OF STATES				Form	990	(2018)

Form 990 (2018) NATIONAL LGBTQ TASK FORCE	52-1624852	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated							
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 (Ď), (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 report-able 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 organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	l		(0	C)		Juic	(D)	(E)	(F)
Name and Title	Average hours per	(do	Position do not check more than one ox, unless person is both an				one	Reportable compensation	Reportable compensation	Estimated amount of
	week	officer an		ind a director/trustee)				from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	truste		98	bens		(W-2/1099-MISC)		organization and related
	below	dual tr	Institutional trustee		nploy	st con yee	_			organizations
	line)	Individual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) MARY HARPER	4.00									
BOARD MEMBER		Х		Х				0.	0.	0.
(2) ROGER THOMSON	4.00									
TREASURER		Х		Х				0.	0.	0.
(3) SUMAN CHAKRABORTY	4.00									
CO-CHAIR		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	1.50	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	1 50	Х						0.	0.	0.
(10) JEFFERY HOYLE	1.50								•	•
BOARD MEMBER	1 0 0	Х						0.	0.	0.
(11) NAOMI METZ	4.00								0	0
SECRETARY	1 50	X		X				0.	0.	0.
(12) CANDY COX	1.50							•	0	0
BOARD MEMBER		Х						0.	0.	0.
(13) ANIKA SIMPSON	1.50							•	0	0
BOARD MEMBER	1 50	Х						0.	0.	0.
(14) JASON TESTER	1.50	v						0.	0.	0
BOARD MEMBER	1 50	Х						0.	0.	0.
(15) CHRIS MALIWAT	1.50	v						0	0	0
BOARD MEMBER (16) KARIN MITCHELL	1 50	Х						0.	0.	0.
	1.50	x						0.	0.	<u>م</u>
BOARD MEMBER (17) KIMBERLY CAREY	33.00	^						0.	U •	0.
(17) KIMBERLY CAREY EXECUTIVE DIRECTOR	4.50	•		x				249,128.	3,165.	43,860.
	1.00	I	1			1	L	,	3,103.	

832007 12-31-18

Form 990 (2018) NATIONAL	17								52-16	248	352	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C		, ,	<u> </u>		
(A)	(B)				C)			(D)	(E)		(	F)
Name and title	Average		not c		more	than o		Reportable	Reportable			nated
	week						compensation	compensatior	I		unt of	
	(list any	or					, 	_ from the	from related			her
	hours for	direct						organization	organizations (W-2/1099-MIS)		•	nsation 1 the
	related	e or	stee			Isated		(W-2/1099-MISC)	(11 2) 1000 1000	<i>,</i>		ization
	organizations	truste	al tru:		yee	mper					•	elated
	below	Individual trustee or director	Institutional trustee	5	Key employee	Highest compensated employee	er				organi	zations
	line)	Indiv	Instit	Officer	Key e	High	Former				-	
(18) KIERRA JOHNSON	36.50											
DEPUTY DIRECTOR	1.00			х				154,750.	2,16	<u>4.</u>	8	,844.
(19) STACEY LONG SIMMONS	34.50											
DIR OF ADVOCACY AND ACTION	3.00					X		107,037.	10,57	<u>4.</u>	24	,792.
(20) SAURABH BAJAJ	36.50							104 686	4 00		~	0.7.6
CHIEF DEVELOPMENT OFFICER	1.00					X		124,676.	4,89	2.	6	,876.
(21) SARAH MASSEY	36.50							110 740	0.45	_	-	000
DIRECTOR OF COMMUNICATIONS	1.00					X		119,749.	2,45	<u>/•</u>	1	,896.
(22) VICTORIA KIRBY-YORK	34.50							104 100	7 40		10	044
DEPUTY DIRECTOR-ADVOCACY AND ACTION	3.00					X		104,108.	7,49	<u>9.</u>	10	,044.
(23) SAYRE REECE CHIEF STRATEGIST	36.50					x		103,146.	3,94	。	20	,652.
	1.00							105,140.	5,94	••	20	052.
		1										
1b Sub-total								962,594.	34,69		128	,964.
c Total from continuation sheets to Part VI								0.		0.		0.
								962,594.	34,69	9.	128	,964.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100,	000 of reportable			-
compensation from the organization												<u>7</u>
										Г	Y	es No
<b>3</b> Did the organization list any <b>former</b> officer,	-				•	•		•				
line 1a? If "Yes," complete Schedule J for s											3	<u> </u>
4 For any individual listed on line 1a, is the su												-
and related organizations greater than \$150										····	4	X
5 Did any person listed on line 1a receive or a												37
rendered to the organization? <i>If</i> "Yes." com	plete Schedule	e J fo	or sı	ich i	bers	son .				<u></u>	5	X
Section B. Independent Contractors	manage and ind	000	nda		- m+w	ooto	(a +	ast reasined mars than f	100 000 of comp		ion from	
1 Complete this table for your five highest con the organization. Report compensation for t										ensau		
(A)	ine calendar ye	sar e	nui	ig w				(B)			(C)	
Name and business	address							Description of s	ervices	C	ompens	ation
MATIELLA CONSULTING, 770	PRINCET	ON	Ρ	L	NW							
UNIT B, WASHINGTON, DC 20								IT			126	,000.
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	zation 🕨				1	L						

			2018) <b>NATIO</b>	52-1624	852 Page <b>9</b>							
Part VIII Statement of Revenue												
_			Check if Schedule O conta	ains a response o	or note to any lin							
						<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514			
ts ts	1	а	Federated campaigns	1a								
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b								
Amo,		с	Fundraising events	1c	228,815.							
ar A ar A			Related organizations									
s, G			Government grants (contributi									
r Si		f	All other contributions, gifts, grant	ts, and								
but			similar amounts not included abov	/e <b>1f</b>	3,828,946.							
d O		g	Noncash contributions included in lines	1a-1f: \$	298,511.							
an Co		h	Total. Add lines 1a-1f		<b>&gt;</b>	4,057,761.						
					Business Code							
e	2	а	CONFERENCE REGISTRATION	1	900099	573,070.	573,070.					
evi		b										
n Se enu		С										
ran 3ev		d										
Program Service Revenue		е										
đ			All other program service reve									
			Total. Add lines 2a-2f			573,070.						
	3		Investment income (including			E0 120			E0 120			
			other similar amounts)			50,138.			50,138.			
	4		Income from investment of tax									
	5		Royalties									
	~	_	Overe verte	(i) Real	(ii) Personal							
			Gross rents									
			Less: rental expenses Rental income or (loss)									
			Gross amount from sales of	(i) Securities	(ii) Other							
	'	u	assets other than inventory	1,611,089.								
		b	Less: cost or other basis	, ,								
		~	and sales expenses	1,623,396.								
		с	Gain or (loss)									
			Net gain or (loss)			-12,307.			-12,307.			
•	8		Gross income from fundraising									
nue			including \$ 228									
eve			contributions reported on line	1c). See								
r B			Part IV, line 18	а	1,780,273.							
Other Revenue		b	Less: direct expenses	b	1,235,255.							
0		с	Net income or (loss) from fund	Iraising events	►	545,018.			545,018.			
	9	а	Gross income from gaming ac	tivities. See								
			Part IV, line 19									
			Less: direct expenses									
			Net income or (loss) from gam		····· •							
	10	а	Gross sales of inventory, less									
			and allowances									
			Less: cost of goods sold									
		С	Net income or (loss) from sales									
			Miscellaneous Revenue		Business Code							
	11								L			
		b										
		с С	All other revenue									
			All other revenue		<b></b>							
	12	e	Total revenue. See instructions			5,213,680.	573,070.	0.	582,849.			
	14				····· 🚩			•.				

## Form 990 (2018) NATIONAL LGBTQ TASK FORCE Part IX Statement of Functional Expenses

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

0001	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	212,000.	212,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	21,850.	21,850.		
3	Grants and other assistance to foreign				
	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	304,151.	39,387.	146,717.	118,047.
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)	0 004 015		0	110 110
7	Other salaries and wages	2,894,817.	2,696,449.	87,949.	110,419.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	35,049.	35,049.	15 220	10 000
9	Other employee benefits	408,225.	375,054.	15,338.	17,833.
10	Payroll taxes	231,097.	199,607.	15,863.	15,627.
11	Fees for services (non-employees):				
	Management		0 0 2 5	10 200	225
b	Legal	22,550.	9,935.	12,390.	225.
	Accounting	109,456.	48,223.	60,140.	1,093.
	Lobbying	242 250			242 250
е	Professional fundraising services. See Part IV, line 17	243,250.			243,250.
f	Investment management fees				
g	column (A) amount, list line 11g expenses on Sch 0.)	460,239.	342,330.	101,147.	16,762.
12	Advertising and promotion		0.45 0.60	00.000	101 000
13	Office expenses	461,768.	247,863.	92,033.	121,872.
14	Information technology	83,300.	21,222.	62,078.	
15	Royalties	420 222	24.267	414 000	
16	Occupancy	439,333.	24,367.	414,966.	00 001
17	Travel	360,845.	299,166.	32,678.	29,001.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	611 772	E42 146	21 252	27 27/
19 00	Conferences, conventions, and meetings	611,773. 10,279.	543,146.	<u>31,353.</u> 10,279.	37,274.
20	Interest	10,279.		10,279.	
21	Payments to affiliates	15,776.		15,776.	
22	Depreciation, depletion, and amortization	32,987.	200.	32,787.	
23	Insurance Other expenses. Itemize expenses not covered	54,907.	200.	54,101.	
24	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	FACILITY ALLOCATIONS	-10,629.	259,077.	-380,381.	110,675.
b	G&A ALLOCATION	-17,454.	485,339.	-560,931.	58,138.
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,930,662.	5,860,264.	190,182.	880,216.
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 Figure if following SOP 98-2 (ASC 958-720)				

art X	Balance Sheet					
	Check if Schedule O contains a response or note	e to any line	n this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing			391,313.	1	475,22
2	Savings and temporary cash investments				2	479,44
3	Pledges and grants receivable, net			1,349,417.	3	699,46
4	Accounts receivable, net				4	
5	Loans and other receivables from current and for					
	trustees, key employees, and highest compensat	ted employe	es. Complete			
	Part II of Schedule L				5	
6	Loans and other receivables from other disqualifi	ed persons	as defined under			
	section 4958(f)(1)), persons described in section	4958(c)(3)(B)	, and contributing			
	employers and sponsoring organizations of sections					
.	employees' beneficiary organizations (see instr).		6			
7	Notes and loans receivable, net		7			
8	Inventories for sale or use			8		
9	Prepaid expenses and deferred charges			99,416.	9	133,45
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D		258,371.			
b	Less: accumulated depreciation	10b	244,472.	29,675.	10c	<u>13,89</u> 661,07
11	Investments - publicly traded securities			2,298,776.	11	661,07
12	Investments - other securities. See Part IV, line 1				12	
13	Investments - program-related. See Part IV, line 1			13		
14	Intangible assets		14			
15	Other assets. See Part IV, line 11	68,480.	15	68,48		
16	Total assets. Add lines 1 through 15 (must equa	al line 34)		4,237,077.	16	2,531,03
17	Accounts payable and accrued expenses		·····	754,782.	17	801,28
18	Grants payable	4.0.6 .0.5	18			
19	Deferred revenue			126,005.	19	76,72
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete F		·····		21	
22	Loans and other payables to current and former					
	key employees, highest compensated employees	•				
22	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrelat	-			23	
24	Unsecured notes and loans payable to unrelated				24	
25	Other liabilities (including federal income tax, pay					
	parties, and other liabilities not included on lines			F1 600		20 02
	Schedule D			<u>54,680.</u> 935,467.		<u>28,82</u> 906,83
26	Total liabilities. Add lines 17 through 25			935,407.	26	900,03
	Organizations that follow SFAS 117 (ASC 958)					
	complete lines 27 through 29, and lines 33 and			-148,008.	07	-1,215,91
27	Unrestricted net assets			3,449,618.	27 28	2,840,12
28 29				5,445,010.	20	2,010,12
29	Permanently restricted net assets Organizations that do not follow SFAS 117 (AS		ok boro		29	
		5C 950), Che				
20	and complete lines 30 through 34.				20	
27 28 29 30 31 32 33	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equ				30 31	
31					31	
32	Retained earnings, endowment, accumulated inc Total net assets or fund balances			3,301,610.	32	1,624,20
33						<u>_</u>

	990 (2018) NATIONAL LGBTQ TASK FORCE	52-	1624852	Pa	<sub>ge</sub> 12
Pa	t 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	5,21		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,93		
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,71		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,30		
5	Net unrealized gains (losses) on investments	5	3	9,5	77.
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	1,62	4,2	05.
Pa	t 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	0.			
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	Х	
	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi <sup>,</sup>	t		
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	

OMB No. 1545-0047

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Go to www.irs.	gov/Form990 f	or instructions ar	nd the latest information.

2018	
Open to Public	

### Name of the organization

Nam	e of t	he organization						Employer	identification number
		NATI	ONAL LGBTQ	TASK FORCE					2-1624852
Pa	τI	Reason for Public (	Charity Status (/	All organizations must co	omplete th	is part.) Se	e instructions	S.	
The o	organi	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	d or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	Х	An organization that norma	lly receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from th	ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	nction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:							
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from o	contributio	ns, membersł	nip fees, an	d gross receipts from
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	ıfter June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	or section	509(a)(2).	See section &	509(a)(3). 🤇	Check the box in
		lines 12a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and	12g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	i majority c	of the direc	tors or truste	es of the su	ipporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	d organizatio	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions)	). You must complete	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	rated in co	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or		nally integrated supporti	ng organiz	ation.			
		er the number of supported of	• • • • • • • • • • • • • • • • • • • •						
g		vide the following information i) Name of supported	i about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	fmonetany	(vi) Amount of other
		organization		(described on lines 1-10	in your governi	ng document?	support (see ir		support (see instructions)
				above (see instructions))	Yes	No		,	, , , , , , , , , , , , , , , , , , , ,
Tota									

#### Schedule A (Form 990 or 990-EZ) 2018 NATIONAL LGBTQ TASK FORCE Part II Support Schedule for Organizations Described in Sections 1

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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.)

26	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8052376.	5643879.	7785043.	5818514.	4057761.	31357573.
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	8052376.	5643879.	7785043.	5818514.	4057761.	31357573.
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)						9326059.
6	Public support. Subtract line 5 from line 4.						22031514.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	8052376.	5643879.	7785043.	5818514.	4057761.	31357573.
	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	101,259.	32,881.	23,934.	50,071.	50,138.	258,283.
9	Net income from unrelated business	101,235.	52,001.	23,5540	50,0710	50,150.	230,2031
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						31615856.
	Total support. Add lines 7 through 10		````			40 2	
	Gross receipts from related activities,	•	,				<u>,932,146.</u>
13	First five years. If the Form 990 is for	-			•		
500	organization, check this box and stor ction C. Computation of Publi	c Support Per	contago				
				. (7)			60 60
	Public support percentage for 2018 (I		-			14	<u>69.69 %</u>
	Public support percentage from 2017					15	<u>69.57 %</u>
16a	<b>33 1/3% support test - 2018.</b> If the d						
	stop here. The organization qualifies		-				
b	<b>33 1/3% support test - 2017.</b> If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	check a box on line	e 13, 16a, or 16b, a	ind line 14 is 10%	or more,
	and if the organization meets the "fac			-	=	-	
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶∟
b	10% -facts-and-circumstances test	- 2017. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the						e
	organization meets the "facts-and-circ	cumstances" test. 7	The organization q	ualifies as a public	ly supported organ	nization	▶□
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s <b>&gt;</b>
					0.1	dula A (Farma 000	

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 NATIONAL LGBTQ TASK FORCE
Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(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.)

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 20	)18 <b>(f)</b>	Total	
	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								
0	are not an unrelated trade or bus-								
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								
	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
	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								
~	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
	ction B. Total Support								-
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 20	19 <i>(f</i> )	Total	
		<b>(a)</b> 2014	(b) 2015	(C) 2016	( <b>a</b> ) 2017	(e) 20		TOLAI	
	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								
	Add lines 10a and 10b								
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
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.)								
	First five years. If the Form 990 is for	the organization'	s first. second. thir	d. fourth. or fifth t	ax vear as a sectio	n 501(c)(3) (	organization.		
	check this box and stop here	•			•		•	▶	٦
Sec	tion C. Computation of Publi								_
	Public support percentage for 2018 (li		•	column (f))		15			%
	Public support percentage from 2017					16			%
	•								
	Investment income percentage for 20			ne 13, column (f))		17			%
	Investment income percentage from 2					18			%
19a	33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, an	d line 17 is not	_	
	more than 33 1/3%, check this box an	id <b>stop here.</b> The	e organization quali	fies as a publicly s	supported organiza	ition		. ►	
b	33 1/3% support tests - 2017. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33	1/3%, and		
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b> f	top here. The orga	nization qualifies	as a publicly suppo	orted organi	ization	►	
20	Private foundation. If the organizatio								
	23 10-11-18		,	,			orm 990 or 990	)-EZ) 20	18

#### Schedule A (Form 990 or 990-EZ) 2018 NATIONAL LGBTQ TASK FORCE

#### 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 (as 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.)

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

## Schedule A (Form 990 or 990 EZ) 2018 NATIONAL LGBTQ TASK FORCE

Fai	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		
	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		
Sec	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		
Sec	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		103	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
000			Vee	N
	Did the eventimation movide to each of its event deal eventimations, by the last day of the fifth would be the		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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
-	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? 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		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? 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		
3	Parent of Supported Organizations. Answer (a) and (b) below.	2.5		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
U	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	or to supported organizations: If tes, describe in the the role blaved by the ordanization in this redard.	00		

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# Schedule A (Form 990 or 990-EZ) 2018 NATIONAL LGBTQ TASK FORCE Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

#### "PUBLIC INSPECTION COPY" Schedule A (Form 990 or 990-EZ) 2018 NATIONAL LGBTQ TASK FORCE 52-1624852 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 **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. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 9 Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Distributable Underdistributions Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2018 Pre-2018 Distributable amount for 2018 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions. Excess distributions carryover, if any, to 2018 3 a From 2013 **b** From 2014 c From 2015 **d** From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2018 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2019. Add lines 3j and 4c.

Schedule A (Form 990 or 990-EZ) 2018

8 Breakdown of line 7:
a Excess from 2014
b Excess from 2015
c Excess from 2016
d Excess from 2017
e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2018 NATIONAL LGBTQ TASK FORCE	52-1624852	Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a o Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part	r 17b; Part III, line 12; 1 and 2; Part IV, Section	C,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additic (See instructions.)	onal information.	
_			

### Political Campaign and Lobbying Activities

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

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

SCHEDULE C

(Form 990 or 990-EZ)

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

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

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

<ul> <li>Section 501(c)(4),</li> </ul>	(5), or (6) organizations: Complete Part III.
Name of organization	

	51
on.	
Yes 🔄 N	lo
Yes 🔄 N	lo
Yes 🗌 N	lo
organization	
of political	
ted fund or a	
nount of political	
	Yes N Yes N organization of political

	filing organization's funds. If none, enter -0	contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

Schedule C (Form 990 or 990-EZ) 2018



OMB No. 1545-0047

2018 Open to Public Inspection

Employer identification number

Schedule C (Form 990 or 990-EZ) 2018 N Part II-A Complete if the orga	IATIONAL LG	BTQ TASK FOI	RCE 1 501(c)(3) and file		624852 Page 2 ction under
expenses, and share	of excess lobbying e	liated group (and list in expenditures). nd "limited control" pro		group member's name	e, address, EIN,
Limits	on Lobbying Expe			<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
<ul> <li>1a Total lobbying expenditures to influe</li> <li>b Total lobbying expenditures to influe</li> <li>c Total lobbying expenditures (add line</li> <li>d Other exempt purpose expenditures</li> <li>e Total exempt purpose expenditures</li> <li>f Lobbying nontaxable amount. Enter</li> </ul>	ence a legislative boo es 1a and 1b) (add lines 1c and 1d	ly (direct lobbying)		12,731. 12,731. 6,917,931. 6,930,662. 496,533.	
If the amount on line 1e, column (a) or Not over \$500,000 Over \$500,000 but not over \$1,000, Over \$1,000,000 but not over \$1,500 Over \$1,500,000 but not over \$17,00 Over \$17,000,000	(b) is:         The lob           20% of 1           000         \$100,00           0,000         \$175,00	bying nontaxable amount the amount on line 1e. 20 plus 15% of the exce 20 plus 10% of the exce 20 plus 5% of the excess	ount is: ess over \$500,000. ess over \$1,000,000.		
<ul> <li>g Grassroots nontaxable amount (enter</li> <li>h Subtract line 1g from line 1a. If zero</li> <li>i Subtract line 1f from line 1c. If zero</li> <li>j If there is an amount other than zero</li> <li>reporting section 4911 tax for this year</li> </ul>	or less, enter -0- or less, enter -0- o on either line 1h or l ear?	······	ation file Form 4720	124,133. 0. 0.	Yes No
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)					
Calendar year	Lobbying Exper	nditures During 4-Yea	r Averaging Period		

Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> Total
2a Lobbying nontaxable amount			505,355.	496,533.	1,001,888.
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>					1,502,832.
c Total lobbying expenditures			10,600.	12,731.	23,331.
d Grassroots nontaxable amount			126,339.	124,133.	250,472.
e Grassroots ceiling amount (150% of line 2d, column (e))					375,708.
f Grassroots lobbying expenditures					

## Schedule C (Form 990 or 990-EZ) 2018 NATIONAL LGBTQ TASK FORCE 52-16248 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(k	<b>)</b>
	e lobbying activity.	Yes	No	Amo	ount
1 a	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: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5),	or sec	tion	
	501(c)(6).				
				Yes	No
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		3	P	
Par	t III-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 ' answered "Yes."				e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b			2b		
с	Total		2c		
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A,	lines 1 a	nd 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SC	HEDULE D	Supplementa	al Financia	I Statements	5		OMB No. 1545-0047
	n 990)	Complete if the ora	anization answere	d "Yes" on Form 990.			2018
Doport	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10	), 11a, 11b, 11c, 11 Attach to Form 99	d, 11e, 11f, 12a, or 12 0	b.		Open to Public
	I Revenue Service	Go to www.irs.gov/Form9			ation.		Inspection
Nam	e of the organizati	on NATIONAL LGBTQ TAS	K FORCE			Emplo	byer identification number 52-1624852
Pa	rt I Organiza	ations Maintaining Donor Advise	d Funds or Oth	er Similar Funds	or Ac	count	S. Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin	ie 6.				
			(a) Donor a	idvised funds	(k	<b>b)</b> Funds	s and other accounts
1		nd of year					
2		f contributions to (during year)					
3	Aggregate value o						
4		t end of year					
5	-	on inform all donors and donor advisors in v	-				
6		on's property, subject to the organization's on inform all grantees, donors, and donor a					Yes No
Ŭ	•	poses and not for the benefit of the donor o	•	•			
		ate benefit?				ũ.	Yes No
Pa		ation Easements. Complete if the org					
1		servation easements held by the organization					
	Preservation	n of land for public use (e.g., recreation or e	education)	Preservation of a hist	orically	importa	nt land area
		of natural habitat		Preservation of a cert	ified his	toric st	ructure
		n of open space					
2	•	through 2d if the organization held a qualif	fied conservation co	ontribution in the form	of a con 1		
-	day of the tax year				ł		leld at the End of the Tax Year
a L		onservation easements				2a	
b	•	ricted by conservation easements			r	2b 2c	
с С		vation easements included in (c) acquired a				20	
u		nal Register	,			2d	
3		vation easements modified, transferred, rel					uring the tax
	year 🕨	· · ·		, <b>,</b>	U		0
4	Number of states	where property subject to conservation eas	sement is located	•			
5	Does the organiza	tion have a written policy regarding the per	riodic monitoring, in	spection, handling of			
	,	orcement of the conservation easements it					
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violation	ns, and enforcing cons	ervatior	n easem	ents during the year
_		<del></del>					
7	• ·	ses incurred in monitoring, inspecting, hanc	aling of violations, ai	nd enforcing conserva	tion eas	ements	during the year
•		viction accoment reported on line 2(d) above	a action the require	monto of position 170(	h)(4)(D)(;	<b>`</b>	
8		vation easement reported on line 2(d) abov )(4)(B)(ii)?					Yes No
9		be how the organization reports conservation					
		ble, the text of the footnote to the organizat		-			
	conservation ease				Ŭ		Ĵ.
Pa	rt III Organiza	ations Maintaining Collections of	f Art, Historical	Treasures, or Ot	her Si	milar	Assets.
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8				
<b>1</b> a		elected, as permitted under SFAS 116 (AS					
		s, or other similar assets held for public exh		or research in furthera	nce of p	ublic se	rvice, provide, in Part XIII,
		thote to its financial statements that descri					
a	-	elected, as permitted under SFAS 116 (AS					
		r similar assets held for public exhibition, ea	ucation, or researc	in in furtherance of put	JIC Serv	ice, pro	vide the following amounts
	relating to these it	ded on Form 990, Part VIII, line 1				¢	
2		received or held works of art, historical tre					
-		unts required to be reported under SFAS 1			5 ., P		
а	-	on Form 990, Part VIII, line 1		-		▶ \$	
b		i Form 990, Part X					

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
832051	10-29-18

Schedule D (Form 990) 2018

		L LGBTQ TA								2 Page <b>2</b>
	t III Organizations Maintaining C									,
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing that	are a sign	nificant u	se of its c	ollection	items
_	(check all that apply):		. — .							
a	Public exhibition	C			hange progra					
b										
_	<ul> <li>c Preservation for future generations</li> <li>4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.</li> </ul>									
4		•			•	•	• •	se in Part	XIII.	
5	During the year, did the organization solicit o								7.2	
Da	to be sold to raise funds rather than to be ma									No No
Fa	t IV Escrow and Custodial Arran reported an amount on Form 990, Pai		ete if the	organizatio	n answered '	'Yes" on F	orm 990	, Part IV, I	ine 9, or	
4							- la sel e sel			
та	Is the organization an agent, trustee, custodi								7.2	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing ta	able:						
									Amount	
c	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						<b>1</b> f			
	Did the organization include an amount on F						/?	L	Yes	No
-	If "Yes," explain the arrangement in Part XIII.									
Pa	<b>t V Endowment Funds.</b> Complete i									
		(a) Current year	<b>(b)</b> P	rior year	(c) Two year	rs back (c	<b>d)</b> Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	, column (a)	) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment <	%								
с	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are held an	d administer	ed for the	organiza	ition		
	by:								Γ	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on So	chedule R?					3b	
4	Describe in Part XIII the intended uses of the									
Pa	't VI   Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	), Part IV	, line 11a. S	ee Form 990	, Part X, lir	ne 10.			
	Description of property	(a) Cost or c		(b) Cost			cumulate	d	(d) Book	value
		basis (investr	ment)	basis			reciation		.,	
1a	Land									
	Buildings									
	Leasehold improvements			2	8,795.		27,24	16.	1	.,549.
	Equipment				5,501.		03,90			,593.
	Other				4,075.		13,31			757.
	. Add lines 1a through 1e. (Column (d) must e		X. colum						13	3,899.

Schedule D (Form 990) 2018

	"Р	UBLIC INSPEC	TION COPY"		
Schedule D	(Form 990) 2018 NATIONAL LGE	BTQ TASK FO	DRCE	52	-1624852 Page 3
Part VII		~			
	Complete if the organization answered "Yes" of				
(a) Descrip	Dtion of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	-of-year market value
. ,	al derivatives				
	-held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F) (G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes" of	on Form 990 Part IV	line 11c. See Form 990	Part X line 13	
	(a) Description of investment	(b) Book value			-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" of		, line 11d. See Form 990, I	Part X, line 15.	
	(a) L	Description			(b) Book value
(1)					
(2)					
(3)					
<u>(4)</u> (5)					
(6)					
(7)					
(8)					
(9)					
	umn (b) must equal Form 990. Part X. col. (B) line Other Liabilities.	15.)			
	Complete if the organization answered "Yes" of	on Form 990. Part IV	, line 11e or 11f. See Form	990, Part X. line 25.	
1.	(a) Description of liability	,	(b) Book value		
	deral income taxes				
	EFERRED RENT		17,021.		
	JE TO RELATED PARTY		11,805.		
(4)					
(5)					

Intal (Column (b) must equal Form 000 Port V col (P) line 25)		
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	· · · · · · · · · · · · · · · · · · ·	

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

28,826.

(6) (7) (8) (9)

Sche	dule D (Form 990) 2018 NATIONAL LGBTQ TASK FORCE			52-3	1624852 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	nents With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,253,257.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	39,577.		
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	39,577.
3	Subtract line 2e from line 1			3	5,213,680.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part 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	5,213,680.
Pa	t XII Reconciliation of Expenses per Audited Financial Stater		Expenses per F	Returi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		, , , , , , , , , , , , , , , , , , ,	
1	Total expenses and losses per audited financial statements			1	6,930,662.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	<b>2</b> b			
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	6,930,662.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part 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	6,930,662.
Pa	t XIII Supplemental Information.				

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

#### PART X, LINE 2:

UNDER THE PROVISION OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND

THE APPLICABLE INCOME TAX REGULATIONS OF THE DISTRICT OF COLUMBIA, THE

TASK FORCE IS NOT A PRIVATE FOUNDATION AND IS EXEMPT FROM TAXES ON INCOME

OTHER THAN UNRELATED BUSINESS INCOME. NO PROVISION FOR INCOME TAXES IS

REQUIRED FOR 2019.

#### THE TASK FORCE'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION

BY FEDERAL AND STATE TAXING AUTHORITIES. THE ASSOCIATION IS NOT AWARE OF

ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS. INCOME TAX

RETURNS FOR THE YEARS ENDED JUNE 30, 2018, 2017 AND 2016 REMAIN OPEN TO

EXAMINATION BY THE TAXING JURISDICTIONS.

832054 10-29-18

Schedule D (Form 990) 2018 NATIONAL LGBTQ TASK FORCE Part XIII Supplemental Information (continued)	52-1624852 Page 5
Part XIII Supplemental Information (continued)	
· · · · · · · · · · · · · · · · · · ·	

SCHEDULE G	Suppleme	ental Information Regard	ding Fu	ndrais	ing or Gaming A	ctivities	\$	OMB No. 1545-0047				
(Form 990 or 990-EZ)			ganization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the anization entered more than \$15,000 on Form 990-EZ, line 6a.									
Department of the Treasury Internal Revenue Service		Attach to Forr to www.irs.gov/Form990 for				on		Open to Public Inspection				
Name of the organization	1					Em	mployer identification number 52-1624852					
		L LGBTQ TASK FOR Complete if the organization a		"Yes" c	n Form 990, Part IV,							
<ol> <li>Indicate whether the</li> <li>X Mail solicitat</li> <li>X Internet and</li> <li>X Phone solicit</li> <li>X In-person sol</li> <li>2 a Did the organizatio key employees listed</li> </ol>	e organization rais ions email solicitations tations licitations n have a written c ed in Form 990, P highest paid indiv	sed funds through any of the fo e X So f So g X Sp or oral agreement with any indiv vart VII) or entity in connection v viduals or entities (fundraisers)	olicitation olicitation pecial fun vidual (inc with profe	of non- of gove draising luding c ssional	government grants rnment grants events fficers, directors, trus fundraising services?		X Yes ser is to be					
(i) Name and address of individual or entity (fundraiser)		(ii) Activity				to (or ret fund	unt paid ained by) raiser n col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization				
THE HARRINGTON AGEN CHESTER RD., SWARTH		TELEMARKETING	Ye	es No X	58,400.		79,726.	-21,326.				
BELARDI WONG - PO E NEW YORK, NY 10087	BOX 5173,	EMAIL FUNDRAISING		x	12,103.		6,528.	5,575.				
PUBLIC INTEREST COMMUNICATIONS - 77	00	TELEMARKETING		x	8,921.		21,054.	-12,133.				
PRODUCTIONS SOLUTIC GALLOWS ROAD SUITE		TELEMARKETING		x	0.		98,840.	-98,840.				
Total	ch the organizatio	n is registered or licensed to s			79,424.		206,148. 10t from re	-126,724.				

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

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) 2018 NATIONAL LGBTQ TASK FORCE

52-1624852 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

				• •	
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		WINTER PARTY		NONE	(add col. (a) through
		FEST	MIAMI GALA		col. (c)
1)		(event type)	(event type)	(total number)	
anua	Gross receipts	1,366,918.	642,170.		2,009,088
2	Less: Contributions	45,000.	183,815.		228,815
3	Gross income (line 1 minus line 2)	1,321,918.	458,355.		1,780,273
4	Cash prizes				
5	Noncash prizes	747.	1,857.		2,604
6 7	Rent/facility costs	501,035.	38,268.		539,303
7 7	Food and beverages	33,266.	126,936.		160,202
8	Entertainment	45,900.	6,320.		52,220
9	Other direct expenses	335,989.	144,937.		480,926
10		n 9 in column (d)		<b>&gt;</b>	1,235,255
11	Net income summary. Subtract line 10 from I	ine 3, column (d)		►	545,018

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

Revenue		<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 Gross revenue				
es	2 Cash prizes				
xpens	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes%	
	7 Direct expense summary. Add lines 2 through s	5 in column (d)		►	
	8 Net gaming income summary. Subtract line 7 f	rom line 1, column (d)			
	Enter the state(s) in which the organization conduc				
	<ul> <li>Is the organization licensed to conduct gaming act</li> <li>If "No," explain:</li> </ul>				Yes No
	Were any of the organization's gaming licenses rev			/ear?	Yes No

832082 10-03-18

Schedule G (Form 990 or 990 EZ) 2018 NATIONAL LGBTQ TASK FORCE 52	2-1624852	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		%
<b>b</b> An outside facility	13b	%
<ul> <li>Enter the name and address of the person who prepares the organization's gaming/special events books and records:</li> <li>Name ▶</li></ul>		
Address ►		
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	🗌 No
<ul> <li>b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$</li> <li>c If "Yes," enter name and address of the third party:</li> </ul>		
Name		
Address		
16 Gaming manager information:		
Name		
Gaming manager compensation <a> \$</a>		
Description of services provided 🕨		
Director/officer Employee Independent contractor		
<ul> <li>17 Mandatory distributions:</li> <li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</li> <li>b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$</li> </ul>		No No
<b>Part IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	d Part III, lines 9,	9b, 10b,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS		
SCHEDOLE G, TAKT T, DIME 2D, DIGT OF THE HIGHEST TAID FONDATION		
(I) NAME OF FUNDRAISER: THE HARRINGTON AGENCY		
(I) ADDRESS OF FUNDRAISER: 202 S CHESTER RD., SWARTHMORE, PA	L9081	
<u>, , , , , , , , , , , , , , , , , , , </u>		
(I) NAME OF FUNDRAISER: PUBLIC INTEREST COMMUNICATIONS		
(I) ADDRESS OF FUNDRAISER:		
7700 LEESBURG PIKE, SUITE 301 NORTH, FALLS CHURCH, VA 22043		

(I) NAME OF FUNDRAISER: PRODUCTIONS SOLUTIONS

Part IV Supplemental Information (continued)

Schedule G (Form 990 or 990-EZ)

(I) ADDRESS OF FUNDRAISER: 1953 GALLOWS ROAD SUITE 600, VIENNA, VA 22182

NATIONAL LGBTQ TASK FORCE

SCHEDULE I	Grants and Other Assistance to Organizations,					OMB	No. 1545-0047			
(Form 990)		Go	vernments, an ete if the organization	nd Individual	s in the Ŭni	ted States		2	018	
Department of the Treasury Internal Revenue Service										
Name of the organization Employ NATIONAL LGBTQ TASK FORCE										
Part I General I	nformation on Grants a		1 1 01102						1624852	
1 Does the organi	zation maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	ion		
criteria used to a	award the grants or assis	stance?				-		X Ye	s 🗌 No	
2 Describe in Part	IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	States.					
	nd Other Assistance to hat received more than \$	-				anization answered "Y	es" on Form 990, Parl	t IV, line 21, for any		
1 (a) Name and ad	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose or assist	•	
THE MIAMI FOUNDAT 200 SOUTH BISCAYN MIAMI, FL 33131	TION NE BLVD. SUITE 505	65-0350357	501C3	206,000.	0.	воок		SEE SCHEDULE I	, PART IV.	
2 Enter total numb	per of section 501(c)(3) a	nd government org	anizations listed in the	e line 1 table			1	······ <b>·</b>	1.	
	per of other organizations									
LHA For Paperwork	k Reduction Act Notice	, see the Instruction	ons for Form 990.					Schedule I (Fo	rm 990) (2018)	

l (Form 990) (2018)	NATIONAL	LGBTQ	TASK	FORCE			
Grants and Other Ass	istance to Domestic	Individuals	s. Comple	ete if the organizatior	answered "Yes"	' on Form 990,	Part IV, line 22.
Part III can be duplicate	ed if additional space	is needed.					

· · ·					
(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CREATING CHANGE AWARD WINNERS	9	21,850.	0.	воок	
	1			1	1

**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:

Schedule

Part III

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 FOUNDATION, 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.

52-1624852

Page 2

Schedule I (Form 990)         NATIONAL LGBTQ TASK FORCE         52-1624852           Part IV         Supplemental Information         52-1624852	Page <b>2</b>
PART II, LINE (H)	
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.	

		"PUB	LIC INSPECTION COPY"								
SCI	HEDULE J	Compe	ensation Information	0	MB No. 1545-0	0047					
•	rm 990)	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Open to Public									
	tment of the Treasury al Revenue Service		m990 for instructions and the latest information.		Inspection						
-	e of the organizatio			Employer ident	tification n	umber					
		NATIONAL LGBTQ 7	TASK FORCE	52-162	4852						
Pa	rt I Question	s Regarding Compensation									
					Ye	s No					
1a	Check the appropri	ate 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 c	harter travel	Housing allowance or residence for perso	nal use							
	Travel for com	panions	Payments for business use of personal re-	sidence							
		ation and gross-up payments	Health or social club dues or initiation fee								
	Discretionary	spending account	Personal services (such as maid, chauffeu	ır, chef)							
b	•		ation follow a written policy regarding payment or								
_			d above? If "No," complete Part III to explain		1b	-					
2			rsing or allowing expenses incurred by all directors,								
	trustees, and office	rs, including the CEO/Executive Directo	or, regarding the items checked on line 1a?		2	_					
•	la dia da subista la 16 an			1							
3			n used to establish the compensation of the organization								
			k any boxes for methods used by a related organization	on to							
		ation of the CEO/Executive Director, bu									
	Compensation		Written employment contract								
		compensation consultant ther organizations	Compensation survey or study X Approval by the board or compensation c	ommittoo							
		the organizations		Ommillee							
4	During the year, did	any person listed on Form 990. Part V	II, Section A, line 1a, with respect to the filing								
•	organization or a re										
а	•	e payment or change-of-control payme	nt?		4a	X					
			nqualified retirement plan?		4b	X					
			ompensation arrangement?		4c	X					
			e applicable amounts for each item in Part III.								
	Only section 501(c	c)(3), 501(c)(4), and 501(c)(29) organiza	ations must complete lines 5-9.								
5	For persons listed of	on Form 990, Part VII, Section A, line 1a	, did the organization pay or accrue any compensatio	'n							
	contingent on the r										
а	The organization?				5a	<u> </u>					
b	Any related organiz	ation?			5b	X					
		or 5b, describe in Part III.									
6	For persons listed of	on Form 990, Part VII, Section A, line 1a	n, did the organization pay or accrue any compensatio	n							
	contingent on the r	C									
					<u>6a</u>	X					
b	Any related organiz				6b	X					
_		or 6b, describe in Part III.									
7			a, did the organization provide any nonfixed payments		_	v					
~			l		7	X					
8			accrued pursuant to a contract that was subject to th			v					
~					8	X					
9			ttable presumption procedure described in								
	Regulations section	1 53.4958-6(C)?		 Sabadula	9	0) 00 10					

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

Schedule J (Form 990) 2018

#### Schedule J (Form 990) 2018

NATIONAL LGBTQ TASK FORCE

52-1624852

Page **2** 

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-MIS	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	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) KIMBERLY CAREY	(i)	249,128.	0.	0.	18,000.	25,860.	292,988.	0.
EXECUTIVE DIRECTOR	(ii)	3,165.	0.	0.	0.	0.		0.
(2) KIERRA JOHNSON	(i)	154,750.	0.	0.	0.	8,844.	163,594.	0.
DEPUTY DIRECTOR	(ii)	2,164.	0.	0.	0.	0.	2,164.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2018

### 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.

Schedule J (Form 990) 2018

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047 2018

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.

**Open to Public** Inspection

Name	of the	organization
Name	or the	organization

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

Ime of the organization NATIONAL LGE	TO TAS	K FORCE		52-1624852
art I Types of Property	- 2			
	(a) Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
Art - Works of art				
Art - Historical treasures				
Art - Fractional interests				
Books and publications				
Clothing and household goods				
Cars and other vehicles				
Boats and planes				
Intellectual property				
Securities - Publicly traded	Х	9	298,511.	FMV
Securities - Closely held stock				
Securities - Partnership, LLC, or				
trust interests				
Securities - Miscellaneous				
Qualified conservation contribution -				
Historic structures				
Qualified conservation contribution - Other				
Real estate - Residential				
Real estate - Commercial				
Real estate - Other				
Collectibles				
Food inventory				
Drugs and medical supplies				
Taxidermy				
Historical artifacts				
Scientific specimens				
Archeological artifacts				
Other ► ( )				
Other ( )				
Other ( )				
B Other  ( )				
Number of Forms 8283 received by the organ	ization during	, the tax year for c	ontributions	•
for which the organization completed Form 82	-			
				Yes

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule M	(Forn	n 990)	2018
	describe in Part II.				
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,				
b	If "Yes," describe in Part II.				
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		32a		x
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		31	X	
b	If "Yes," describe the arrangement in Part II.				
	exempt purposes for the entire holding period?		30a		X
	must hold for at least three years from the date of the initial contribution, and which isn't required to be used for				

Schedule M	(Form 990) 2018 NATIONAI	LGBTQ	TASK	FORCE			52-1624852	Page <b>2</b>
Part II	Supplemental Information is reporting in Part I, column (b), th this part for any additional informa	<ul> <li>Provide the e number of</li> </ul>	informatior contribution	n required by l s, the numbe	Part I, lines 30b r of items receiv	, 32b, and 33, ved, or a comb	and whether the organi ination of both. Also co	zation mplete

# SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



NATIONAL LGBTQ TASK FORCE

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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 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

Schedule O (Form 990 or 990-EZ) (2018)

DATA FROM SIMILAR ORGANIZATIONS AND THE DECISION WAS DOCUMENTED. THE LAST

COMPENSATION REVIEW PROCESS TOOK PLACE ON JUNE 2, 2019

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, NJ, NM, NY, OR, PA, RI

SC, TN, TX, UT, VA, WV, WI, MO, AZ, CO, DE, IA, ID, IN, LA, ME, ND, NE, NV, OH, 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.

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-CHAIRS, THE

TREASURER (CHAIR OF STANDING COMMITTEE ON FINANCE), THE SECRETARY

(CHAIR OF STANDING COMMITTEE ON BOARD OF GOVERNANCE AND DIVERSITY), THE

CHAIR OF THE STANDING COMMITTEE ON RESOURCE DEVELOPMENT, AND SUCH OTHER

AT LARGE DIRECTORS AS THE BOARD MAY APPROVE.

THE EXECUTIVE COMMITTEE OF THE BOARD SHALL HAVE THE SAME POWERS AS THE

BOARD AND SHALL ACT ON THE TASK FORCE'S BEHALF BETWEEN BOARD MEETINGS.

**Related Organizations and Unrelated Partnerships** 

# SCHEDULE R

(Form 990)

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

Attach to Form 990.

OMB No. 1545-0047

2018 Open to Public Inspection

Employer identification number 52 - 1624852

Department of the Treasury Internal Revenue Service

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

Name of the organization

### NATIONAL LGBTQ TASK FORCE

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

# Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity		<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
NATIONAL LGBTQ TASK FORCE ACTION FUND, INC -	BUILD THE GRASSROOTS						
13-2772832, 1325 MASSACHUSETTS AVE. #600,	POLITICAL POWER OF THE						
WASHINGTON, DC 20005	LGBTQ COMMUNITY	NEW YORK	501(C)(4)	N/A	N/A		Х
	-						

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

Schedule R (Form 990) 2018

### Schedule R (Form 990) 2018 NATIONAL LGBTQ TASK FORCE

### 52-1624852 Page 2

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)	(1	h)	(i)		i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gene mana part	ral or aging ner?	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	1											
										+		
	{											
	{											
	{											

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>(b)</b> Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr ent	(i) ction (b)(13) trolled tity?
		country)						Yes	No
								'	┼──
									$\vdash$
	-								
								'	──

#### NATIONAL LGBTQ TASK FORCE Schedule R (Form 990) 2018

Part V	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 9	90, Part IV, line 34, 35b, or 36.
--------	--	---------------------------------------	-----------------	-----------------------------------

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
	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)	1g		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 organization(s)	11		X
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	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
<u>s</u>	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 who must complete this line, including covered relationships and transaction thresholds.			

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) NATIONAL LGBTQ TASK FORCE ACTION FUND	0	98,050.	
<u>(2)</u>			
<u>(3)</u>			
<u>(</u> 4)			
(5)			
<u>(6)</u>			

### Schedule R (Form 990) 2018 NATIONAL LGBTQ TASK FORCE

### 52-1624852 Page 4

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)	(b)	(c)	(d)	10		(f)	(g)	/	h)	(i)	(j)	(k)
(a) Name, address, and EIN	(b) Primary activity	Legal domicile	Predominant incomo	Are Are partners 501(c orgs	all	(י) Share of	(9) Share of		ronor-		(J) General c	
of entity	Frimary activity	(state or foreign	(related, unrelated,	501(c	s sec. ;)(3)	total	end-of-year	tio	ropor- nate	amount in box 20	managin	ownership
or onacy		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	orgs		income	assets		tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?	
		country)	Sections 512-514)	Yes	No			Yes	No	(FUITH 1005)	Yes NO	<u></u>
												1

Schedule R (Form 990) 2018

|--|

Schedule R	(Form 990) 2018 Supplemental Infor	NATIONAL	LGBTQ	TASK	FORCE		52-1624852	Page 5
Part VII			4	e en Celes	dula D. Cas instruction	_		
	Provide additional inform	ation for responses	to question	s on Sche	dule R. See Instruction	S		

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

Department of the Treasury Internal Revenue Service

(Rev. January 2019)

Form **8868** 

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

**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/e-file-providers/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 file	er's identify	ing number						
Type or	Name of exempt organization or other filer, see instru	Employer identification number (EIN) or										
print			F0 10	04050								
File by the	NATIONAL LGBTQ TASK FORCE				24852							
due date fo filing your return. See	Number, street, and room or suite no. If a P.O. box, since 1325 MASSACHUSETTS AVENUE,			Social se	curity numb	ber (SSN)						
instructions	Instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions.											
Enter the	e Return Code for the return that this application is for (file	e a separat	e application for each return)									
Applicat	tion			Return								
Is For		Code	Is For			Code						
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07						
Form 99	0-BL	02	Form 1041-A			08						
Form 47	20 (individual)	03	Form 4720 (other than individual)			09						
Form 99	0-PF	04	Form 5227			10						
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11						
Form 99	0-T (trust other than above)	06	Form 8870 1325 MASSACHUSETTS			12						
<ul> <li>If the</li> <li>If this box</li> <li>1 I return the</li> <li>2 If the</li> </ul>	equest an automatic 6-month extension of time until e organization named above. The extension is for the orga calendar year or X tax year beginning JUL 1, 2018 the tax year entered in line 1 is for less than 12 months, cl Change in accounting period	Group Exe and atta MAX anization's , an heck reasc	mption Number (GEN), I ch a list with the names and EINs of <u>7 15, 2020</u> , to file return for: d ending <u>JUN 30, 2019</u> on: Initial return	f this is fo all memb	r the whole ers the exte npt organiza	group, check this						
3a       If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less       any nonrefundable credits. See instructions.       3a       \$												
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 overpayment allowed as a credit. 3b						0.						
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by												
using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c						0.						
Caution instruction	: If you are going to make an electronic funds withdrawal ons.	(direct det	bit) with this Form 8868, see Form 84	153-EO an	d Form 887	9-EO for payment						
LHA I	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ctions.		Form	8868 (Rev. 1-2019)						