Form **8879-EO** 

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning  $\underline{JUL}$   $\underline{1}$  , 2019, and ending  $\underline{JUN}$   $\underline{30}$  , 20  $\underline{20}$ 

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

2019

Name of exempt organization	Employer identific	cation number
NATIONAL LGBTQ TASK FORCE	52-16248	352
Name and title of officer KIERRA JOHNSON EXECUTIVE DIRECTOR		
Part I Type of Return and Return Information (Whole Dollars Only)		
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, in line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form wawhichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the are than one line in Part I.	s blank, then leave line 1b	, <b>2b, 3b, 4b,</b> or <b>5b</b>
<b>1a</b> Form 990 check here ▶ X <b>b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)	1b 1!	5,931,636.
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
Ba Form 1120-POL check here b Total tax (Form 1120-POL, line 22)		
<b>b</b> Tax based on investment income (Form 990-PF, Part VI,		
5a Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	
Part II Declaration and Signature Authorization of Officer		
ntermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's re	in processing the return o	r refund, and (c)
the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initial debit) entry to the financial institution account indicated in the tax preparation software for payment of the return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact of 1888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financessing of the electronic payment of taxes to receive confidential information necessary to answer inquivayment. I have selected a personal identification number (PIN) as my signature for the organization's electrogranization's consent to electronic funds withdrawal.  **Dfficer's PIN: check one box only**  I authorize **RUBINO** AND COMPANY*, CHARTERED**  ER0 firm name	organization's federal taxe the U.S. Treasury Financia nancial institutions involve iries and resolve issues rel tronic return and, if applica	es owed on this I Agent at d in the ated to the able, the  24852 Enter five numbers, I do not enter all zero
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Form **8879-EO** (2019)

(Rev. January 2020) Department of the Treasury Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

2020 A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number X Address change NATIONAL LGBTQ TASK FORCE Name change 52-1624852 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1050 CONNECTICUT AVENUE, NW 202-393-5177 65500 18,486,611. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return WASHINGTON, DC 20035 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: KIERRA JOHNSON Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) = 501(c)) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.THETASKFORCE.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1988 M State of legal domicile: DC ☐ Trust Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF THE NATIONAL **Activities & Governance** LGBTO TASK FORCE IS TO BUILD POWER, TAKE ACTION AND CREATE CHANGE TO if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 20 3 20 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 800 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 0. 7h **Prior Year Current Year** 4,057,761. 14,497,950.Contributions and grants (Part VIII, line 1h) 8 573,070. 571,594. Program service revenue (Part VIII, line 2g) 37,831. 38,749. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 545,018. 823,343. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 5,213,680. 15,931,636. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 233,850. 426,993. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 3,873,339. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,941,257. 243,250. 304,233. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 2,580,223. 2,466,754. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,139,237. 6,930,662. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -1,716,982.8,792,399. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 2,531,039. 11,885,381 Total assets (Part X, line 16) 906,834. 1,451,737. 21 Total liabilities (Part X, line 26) 三年 624,205. 10,433,644 22 Net assets or fund balances. Subtract line 21 from line 20 .... 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. Signature of officer Date Sign KIERRA JOHNSON, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's (ignatu 05/17/2021 P01404047 KAY VOLLANS, CPA Paid self-employed Firm's name RUBINO AND COMPANY, CHARTERED Firm's EIN ▶ 52-1186096 Preparer Firm's address 6903 ROCKLEDGE DRIVE, SUITE 300 Use Only Phone no. 301-564-3636 BETHESDA, MD 20817-1818 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

	n 990 (2019) NATIONAL LGBTQ TASK FORCE rt III   Statement of Program Service Accomplishments	52-1624852	Page 2
Га	-		77
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:  THE MISSION OF THE NATIONAL LGBTQ TASK FORCE IS TO BUIL		
	ACTION AND CREATE CHANGE TO WIN COMPLETE EQUALITY AND A		CE
	FOR LGBTQ PEOPLE AND THEIR FAMILIES. AS A LEADER IN THE		
	PROGRESSIVE MOVEMENT, THE TASK FORCE WORKS TOWARD A SOC	IETY THAT	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Y€	es X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? <b>\\Y</b> {	es X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by expense	:S.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	• •	
	revenue, if any, for each program service reported.	ioro, are total experiese,	
4a	(Code:) (Expenses \$ 5 , 367 , 247 . including grants of \$ 426 , 993 . ) (Rev	venue \$ 571	,594.)
	DURING FY2019, HIGHLIGHTS OF OUR ACCOMPLISHMENTS PURSUA		,
	MISSION INCLUDE: (A) HOLDING THE MOVEMENT'S LARGEST GAT		ВТО
	LEADERS, ACTIVISTS AND ALLIES IN WASHINGTON, DC WITH NE		<u>x</u>
	PARTICIPANTS AND MORE THAN 200 WORKSHOPS; (B) OPERATED		E.
	WATCHDOG NETWORK OF ACTIVISTS ACROSS THE PROGRESS MOVEM		
	ATTEMPTS TO HOLD THE ADMINISTRATION ACCOUNTABLE FOR THE		AND
	REGULATIONS; (C) WORKED TO ENSURE THAT AS MANY PEOPLE A		
	PARTICIPATE IN THE 2020 CENSUS.	D TODDIDE W	
	IMITOTINIE IN THE 2020 COMBOD.		
4b	(Code:) (Expenses \$ including grants of \$ ) (Ret	venue \$	
	) (Leaponises w) (Leaponises w	venue ψ	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Rev	venue \$	
			•
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 5,367,247.	,	
		Form	990 (2019)

# Form 990 (2019) NATIONAL LGBTQ TASK FORCE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	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	X	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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?	14a		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			,,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			3,7
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			3,7
	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,	<u></u>	v	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_ v
	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		Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Δ	I

NATIONAL LGBTQ TASK FORCE

52-1624852 Page 4

Form 990 (		NATIONAL		
Part IV	Check	list of Required Sched	dules <sub>(con</sub>	tinued)

			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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			7.7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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			v
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		Х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Λ
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III	21		21
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	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			v
	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?	00	х	
Pa	Note: All Form 990 filers are required to complete Schedule O	38	Λ	
. u	Check if Schoolule O contains a reasonable or note to any line in this Bart V			
	Check it Schedule O contains a response of note to any line in this Part V		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
,	(gambling) winnings to prize winners?	1c	х	

### 019) NATIONAL LGBTQ TASK FORCE Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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 2a2								
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 e-file (see instructions)								
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
D	If "Yes," enter the name of the foreign country  Con inchwise for filling year imports for FinCEN Form 114. Persent of Foreign Reply and Financial Accounts (FDAD)								
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
b	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?	5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<del> </del>					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00							
	any contributions that were not tax deductible as charitable contributions?	6a		х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	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?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	8							
a	Did the conversion consists and a contract to the distribution and constitute 40000	9a							
b	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:	0.0							
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4							
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							
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.								
а	Enter the amount of reserves the organization is required to maintain by the states in which the								
^	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b  13c								
	Did the consideration and the constant of the independent of the constant of t	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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	1.45							
	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		х					
	If "Yes," complete Form 4720, Schedule O.								

Page 6

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

<u>C</u>						X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20			
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	<b>1</b> b	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
-				7b		х
8	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			75		
		-	=	8a	Х	
_				8b	X	
b				OD		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					х
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Λ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
	51111				Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	s, affiliates,			
	· · · · · · · · · · · · · · · · · · ·			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befo	re filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	<u>X</u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " $\gamma$	es," c	lescribe			
	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 approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent w	rith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatio	า'ร			
	exempt status with respect to such arrangements?			16b		
Sec	tion 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,GA,HI	IL,	KS,	ΚY
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar					
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	on S	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	financ	cial	
	statements available to the public during the tax year.		. , ,			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records			
=	KIERRA JOHNSON - 202-393-5177		<u> </u>			
	1050 CONNECTICUT AVENUE, NW, WASHINGTON, DC 20035					

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

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

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

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

See instructions for the order in which to list the persons above.

Check this box if neither the organization	nor any related	orga	niza	tion	con	nper	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do		Pos		<b>າ</b> than ເ	nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week	_	cer an	la a a	recio	r/trus	iee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC)	(88-2/1099-181130)	organization
	organizations	Individual trustee or director	In stit utio nal tru stee		yee	Highest compensated employee		(** 27 1000 111100)		and related
	below	idual	ution	la e	Key employee	est co oyee	ler			organizations
	line)	Indiv	Instii	Officer	Key	High emp	Former			
(1) ANDREW SOLOMON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(2) STEPHEN SEO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(3) KEVIN WANG	1.00	]								
BOARD MEMBER		Х						0.	0.	0.
(4) JASON TESTER	1.00	1							_	_
BOARD MEMBER		Х						0.	0.	0.
(5) LIEBE GADINSKY	1.00	J								
CO-CHAIR	1	Х		Х				0.	0.	0.
(6) CANDY COX	1.00	l		l						
CO-CHAIR	1 00	Х		Х				0.	0.	0.
(7) ERIK RICHARD	1.00	l		l						
TREASURER	1 00	Х		Х				0.	0.	0.
(8) DR. ANIKA SIMPSON	1.00	ļ		l						
SECRETARY	1 00	Х		Х				0.	0.	0.
(9) BRADLEY CARLSON	1.00									
BOARD MEMBER ENDING 5/1/20	1.00	Х						0.	0.	0.
(10) PETER CHANDLER	1.00	٠,,							_	
BOARD MEMBER	1 00	Х						0.	0.	0.
(11) COLGATE DARDEN BOARD MEMBER	1.00	х						0.	0.	0.
(12) DON HAYDEN	1.00	Α						· ·	0.	· ·
BOARD MEMBER	1.00	х						0.	0.	0.
(13) ROSE HAYES	1.00	^						0.	0.	<u></u>
BOARD MEMBER	1.00	Х						0.	0.	0.
(14) JEFFREY HOYLE	1.00							0.	0.	<u></u>
BOARD MEMBER	1.00	х						0.	0.	0.
(15) RODNEY MCKENZIE, JR	1.00							•	•	•
BOARD MEMBER	1.00	х						0.	0.	0.
(16) HEZ NORTON	1.00	<del> </del>							•	<u>·</u>
BOARD MEMBER		х						0.	0.	0.
(17) DAVID PEREZ	1.00	1								
BOARD MEMBER		Х						0.	0.	0.
										Form 990 (2010)

52-1624852

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (D) (E) (F) Position Average Reportable Name and title Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC) from the Highest compensated Imployee related nstitutional trustee (W-2/1099-MISC) organization organizations ey employee and related below organizations line) (18) JEREMY RYE 1.00 BOARD MEMBER Х 0. 0. 0. (19) CANDELARIO SALDANA 1.00 X 0. 0. BOARD MEMBER 0. 1.00 (20) ALMAS SAYEED Х BOARD MEMBER 0. 0. 0. (21) KIMBERLY CAREY 36.50 252,916. EXECUTIVE DIRECTOR 1.00 X 4,439. 40,599. (22) KIERRA JOHNSON 36.50 DEPUTY DIRECTOR 1.00 Х 157,384. 3,331. 21,836. 36.50 (23) SAURABH BAJAJ CHIEF DEVELOPMENT OFFICER 1.00 X 131,618. 2,372. 6,462. (24) SARAH MASSEY 36.50 1.00 Х 131,908. 427. 4,258. COMMUNICATIONS DIR (25) VICTORIA ELLIOT YORK 36.50 110,665. 19,261. DEPUTY DIRECTOR ADVOCACY & ACTION 1.00 Х 498. (26) STACEY LONG SIMMONS 36.50 DIRECTOR OF PPGA 1.00 X 111,088. 5,554. 30,204. 895,579. 16,621. 122,620. 1b Subtotal 105,019. 30,204. c Total from continuation sheets to Part VII, Section A 152.824. 000.598. 16.621. Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on X 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes." complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MATIELLA CONSULTING, 770 PRINCETON PL NW APT B, WASHINGTON, DC 20010	IT	115,391.

SEE PART VII, SECTION A CONTINUATION SHEETS

\$100,000 of compensation from the organization

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

52-1624852

(A) Name and title  (B) Average hours per week (list any hours for related organizations below line)  (27) ALICIA BOYKINS  (B) (B) Average hours (check all that apply) Position (check all that apply)  and the position (check all that apply) and t	Form 990 NATIONAL									32-102	<del>1</del> 032
Name and title    Average   Position   Check all that apply)   Position   Check all that apply)   Position   P			nplo	yee			ligh	est (	Compensated Employe	es (continued)	
hours for related organizations blook line)  37.50    National Bookkins   Part of the companies of the compa	(A)	(B)								(E)	(F)
week (list any hours for related organizations will be a subject of the subject o	Name and title		(cl					ly)			
(list any lower for related organization shellow line)   1									1		
37.50 X 105,019. 0. 30,204		1	_				oyee				compensation
37.50 X 105,019. 0. 30,204			irecto				empl		organization	(W-2/1099-MISC)	l .
37.50 X 105,019. 0. 30,204			ord	tee			sated		(W-2/1099-MISC)		
37.50 X 105,019. 0. 30,204		1	ruste	al trus		yee	m pen				
37.50 X 105,019. 0. 30,204			iduali	ution	 	oldma	est co	er			
X 105,019. 0. 30,204		line)	Indiv	Instit	Offic	Key 6	High	Form			
	(27) ALICIA BOYKINS	37.50									
	DIRECTOR OF HR						Х		105,019.	0.	30,204
Total to Part VII, Section A, line 1c 105, 019. 30, 204											
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Fotal to Part VII, Section A, line 1c 105,019. 30,204											
Total to Part VII, Section A, line 1c   105,019.   30,204									10- 11-		
	Total to Part VII, Section A, line 1c								105,019.		30,204

Page 9

· u				neo or noto to an	v line in this Part VIII			
		Check if Schedule O C	oritairis a respo	nise of flote to any	y line in this Part VIII	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
(0, (0		- Foderated compaigns	1a					00011011010112 0111
Contributions, Gifts, Grants and Other Similar Amounts		<ul><li>Federated campaigns</li><li>Membership dues</li></ul>						
हें ह				95,62	24			
ts, An	(	c Fundraising events		93,02	44.			
ig ig	(	d Related organizations						
ns, jin	•	e Government grants (contri						
er S	1	<b>f</b> All other contributions, gifts, ç						
ĕ₹		similar amounts not included		14,402,32				
E S	!	<b>g</b> Noncash contributions included in li	ines 1a-1f 1g	217,19				
<u>2 g</u>		h Total. Add lines 1a-1f			14,497,950.			
				Business Co				
ė	2 :	a CONFERENCE REGISTRAT	ION	900099	571,594.	571,594.		
e Ķ	ı	b						
နှင့် ရှင်		С						
an eve		d						
Program Service Revenue		e						
Ā	1	f All other program service r	evenue					
		g Total. Add lines 2a-2f		·	571,594.			
	3	Investment income (includ						
		other similar amounts)			39,087.			39,087.
	4	Income from investment of			•			
	5	Royalties	· ·					
		· · · · <b>/</b> · · · · · · · · · · · · · · · · · · ·	(i) Rea		al			
	6	a Gross rents	6a					
		<b>b</b> Less: rental expenses	6b					
		c Rental income or (loss)	6c					
		d Net rental income or (loss)						
		a Gross amount from sales of	(i) Securi	ties (ii) Other				
	,	assets other than inventory	7a 1,394,					
		<b>b</b> Less: cost or other basis	74 -, 33 -,					
Φ			<b>7b</b> 1,395,	190				
Revenue		and sales expenses		338.				
eve		c Gain or (loss)d  d Net gain or (loss)	10	-	-338.			-338.
er B				<b>J</b>	330.			330.
Othe	8	<ul> <li>Gross income from fundraisin including \$</li> </ul>	95,624. of					
0								
		contributions reported on I	•	8a 1,983,12	20			
		Part IV, line 18						
		<b>b</b> Less: direct expenses		8b 1,159,78				022 242
		c Net income or (loss) from f	-		823,343.			823,343.
	9 ;	a Gross income from gaming						
	_	Part IV, line 19		9a				
		<b>b</b> Less: direct expenses		9b				
		c Net income or (loss) from o		s <b>J</b>				
	10	a Gross sales of inventory, le						
		and allowances		10a				
	- 1	<b>b</b> Less: cost of goods sold		10b				
	(	c Net income or (loss) from s	sales of invento		<b>&gt;</b>			
ဟ				Business Co	de			
Miscellaneous Revenue	11 :	a					ļ	
ane	ı	b						
e še		c						
Λisc B	(	d All other revenue						
_		e Total. Add lines 11a-11d			<u> </u>			
	12	Total revenue. See instruction	ns		15,931,636.	571,594.	0.	862,092.

NATIONAL LGBTO TASK FORCE 52-1624852 Page **10** Form 990 (2019) Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B)
Program service
expenses (**D**)
Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 409,047. 409,047. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 17,946. 17,946. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... Benefits paid to or for members Compensation of current officers, directors, 471,752. 198,994. 155,501. 117,257. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 2,759,870. 2,043,889. 586,630. 129,351. 7 Pension plan accruals and contributions (include 51,559. 45,513. 6,046. section 401(k) and 403(b) employer contributions) 299,050. 93,689. 417,938. 25,199. Other employee benefits 9 240,138. 167,609. 54,957. 17,572. 10 Payroll taxes 11 Fees for services (nonemployees): Management 40,608. 9,104. 29,014. 2,490. Legal 148,287. 46,571. 101,669. 47. Accounting Lobbying 304,233. 304,233. Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 337,145. 283,409. 31,310. 22,426. column (A) amount, list line 11g expenses on Sch O.) 50,873. 49,132. 853. 888. Advertising and promotion 12 455,147. 168,542. 110,190. 176,415. 13 Office expenses 167,635. 16,184. 151,441. 10. 14 Information technology Royalties 15 370,946. 370,946. 16 Occupancy 209,032. 250,277. 18,385. 22,860. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19,646. 602,271. 562,074. 20,551. Conferences, conventions, and meetings 19 15,535. 15,535. 20 Payments to affiliates 21 10,462. 10,462. Depreciation, depletion, and amortization 22 29,706. 29,706. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) -1,711.-321,877.105,900. 214,266. FACILITY ALLOCATIONS ALLOCATIONS -10,427.626,885. -903,749. 266,437. С

1,211,636.

25

All other expenses

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here if following SOP 98-2 (ASC 958-720)

5,367,247.

560,354.

7,139,237.

Form 990 (2019)
Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			475,223.	1	2,717,366
	2	Savings and temporary cash investments			479,441.	2	0
	3	Pledges and grants receivable, net			699,465.	3	8,356,613
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	d in sect	tion 4958(c)(3)(B)		6	
ध	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	B			133,455.	9	65,118
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		258,371.			
	b	Less: accumulated depreciation	10b	254,934.	13,899.	10c	3,437 710,759
	11	Investments - publicly traded securities			661,076.	11	710,759
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	68,480.	15	32,088		
	16	Total assets. Add lines 1 through 15 (must equ			2,531,039.	16	11,885,381
	17	Accounts payable and accrued expenses		801,288.	17	668,197	
	18	Grants payable				18	
	19	Deferred revenue			76,720.	19	0
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
Se	22	Loans and other payables to any current or for	mer offic	er, director,			
≝∣		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	se perso	ons		22	
-	23	Secured mortgages and notes payable to unrel	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	•			24	714,700
	25	Other liabilities (including federal income tax, p.	-				
		parties, and other liabilities not included on line	•	· · · · · · · · · · · · · · · · · · ·	00 006		60.040
		of Schedule D			28,826.		68,840
	26	Total liabilities. Add lines 17 through 25			906,834.	26	1,451,737
<sub>s</sub>		Organizations that follow FASB ASC 958, ch	eck here				
Š		and complete lines 27, 28, 32, and 33.			1 015 010		7 502 500
alar	27	Net assets without donor restrictions			-1,215,919.	27	7,593,520
Ä	28	Net assets with donor restrictions			2,840,124.	28	2,840,124
Ĭ		Organizations that do not follow FASB ASC	958, che	ck here			
卢		and complete lines 29 through 33.					
ts (	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or e				30	
μ¥	31	Retained earnings, endowment, accumulated in			1 624 205	31	10 122 614
ž	32	Total net assets or fund balances			1,624,205.	32	10,433,644
	33	Total liabilities and net assets/fund balances			2,531,039.	33	11,885,381. Form <b>990</b> (2019

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

OIII	1000 (2010)	<u> </u>			1 6	igc
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,93		
2	Total expenses (must equal Part IX, column (A), line 25)	2				37.
3	Revenue less expenses. Subtract line 2 from line 1	3	8	,79	2,3	99.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,62	4,2	05.
5	Net unrealized gains (losses) on investments	5		1'	7,0	39.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	10	,43	3,6	43.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			<b>2</b> b		X
	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 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		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O	).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	lit			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it			

Form **990** (2019)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Total

#### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

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

52-1624852 Page 2

#### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5643879.	7785043.	5818514.	4057761.	14497950.	37803147.
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	5643879.	7785043.	5818514.	4057761.	14497950.	37803147.
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)						13937554.
	Public support. Subtract line 5 from line 4.						23865593.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	5643879.	7785043.	5818514.	4057761.	14497950.	37803147.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	32,881.	23,934.	50,071.	50,138.	39,087.	196,111.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						37999258.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12 2	,940,116.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3)	
0-	organization, check this box and stop	here					<b>&gt;</b>
Sec	ction C. Computation of Publi	c Support Per	centage			Г	
	Public support percentage for 2019 (li		•	* * * * * * * * * * * * * * * * * * * *		14	62.81 %
	Public support percentage from 2018					15	69.69 <u>%</u>
16a	<b>33 1/3% support test - 2019.</b> If the o				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the "fac-			•	•	•	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	_					
	more, and if the organization meets the		•				9
	organization meets the "facts-and-circ			•	,		<b>&gt;</b>
18	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u>3</u>

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 NATIONAL LGBTQ TASK FORCE

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

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

Calendar year (or fiscal year beginning in)  Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total yupport. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	Section A. Public Support	now, please comp	piete Part II.)				
1 Giffs, grants, contributions, and membership bese received. (Do not include any "unusual grants.")  2 Gross receipts from admissions, merchandice sold or services per formed, or facilities tumished in any activity that is related to the organization is trave-empt purpose.  3 Gross receipts from admissions, merchandice sold or services per formed, or facilities tumished in any activity that is related to the organization is twe-empt purpose.  3 Gross receipts from admissions, merchandice sold or services per formed or facilities from the services or facilities furnished by a governmental unit to the organization is benefit and either paid to re-expended on its behalf.  5 The value of services or facilities furnished by a governmental unit to the organization without charge of Total. Add intent through 5.  7 A mounts included on lines 1, 2, and 3 received from disqualified persons.  A mounts included on lines 1, 2, and 3 received from disqualified persons.  A mounts included on lines 1, 2, and 3 received from disqualified persons.  A mounts included on lines 1, 2, and 3 received from disqualified persons.  A mounts from included in line 1 to 1 for the first service of \$3,000 or 1 for first services, and the services of the services of \$3,000 or 1 for first services, and the services of the services of \$3,000 or 1 for first services, and the services of the services, and the services of the services, and the services, and the services of the services of the services, and the services, and the services of the services, and the services of the services, and the services of the services, and the services of the services, and the services, and the services of the serv		(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
membarship fees received. (Do not include any runsual grants?)  2. Gross neeligts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross neeligts from admissions that are not an unrelated trade or business under section 513  4. Tax revenues leviad for the organization's tax-exempt purpose 3 dross receives from admission that are not an unrelated trade or business under services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization'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. The value of misqualified persons by Announts included on lines 1, 2, and 3 received from disqualified persons by Announts included on lines 1, 2, and 3 received from disqualified persons by Announts included on lines 1, 2, and 3 received from disqualified persons by Announts included on lines 1, 2, and 3 received from disqualified persons by Announts included on lines 1, 2, and 3 received from disqualified persons by Announts included on lines 1, 2, and 3 received from disqualified persons by Announts from line 6.  8. Public aupport, altered lines 1, 2, and 3 received from similar sources by Lines 1, and 7, a	· · · · · · · · · · · · · · · · · · ·					, ,	`,
2. Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3. Gross receipts from admission that are not an unrelated trade or business under section 513.  4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or exemption of the paid to or expended on its behalf or exemption of the paid to or expended on its behalf or exemption of the paid to or expended on its behalf or exemption of the paid to or expended on its behalf or exemption of the paid to or expended on its behalf or the paid to or expended on its behalf or the paid to or expended on its behalf or the paid to organization without charge 6. Total. Adult institute the organization without charge 6. Total value of services or facilities furnished by a governmental unit to the organization without charge 6. Total value of the paid of the p	membership fees received. (Do not						
merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's trave-empt purpose organization is severed for the organization benefit and either paid to or expended on its behalf or expended or its or expended on its behalf or expended or its organization or expended or expended or expended or expended or ex	include any "unusual grants.")						
merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's trave-empt purpose organization is severed for the organization benefit and either paid to or expended on its behalf or expended or its or expended on its behalf or expended or its organization or expended or expended or expended or expended or ex	2 Gross receipts from admissions,						
any activity that is related to the organization is tar-exempt purpose of organization is tar-exempt purpose of consistent of the organization is the section 513.  4 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf or or expended on its behalf or organization is benefit and either paid to or expended on its behalf or the organization of the organization without charge of Total. Add lines 1 through 5	merchandise sold or services per-						
origanization's tax exempt purpose 3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Acid lines 1 through 5 7 A Amouris included on lines 1, 2, and 3 received from disqualified persons A horousis included in lines 1, 2, and 3 received from disqualified persons A horousis included in lines 2 and 1 received from the second of the 2 and 1 received from the the disqualified persons be accepted by the second of the 2 and 1 received from the second of the 2 and 1 received from the the disqualified persons be Add lines 7 and 7 b  8 Public support. (System line)  Section B. Total Support  Zalendar year (or fload year beginning in) b  9 Amouris forbical year  Section B. Total Support  Zalendar year (or fload year beginning in) b  9 Amouris forbical year  Section B. Total Support  Zalendar year (or fload year beginning in) b  10a cross income from interest.  Children's power of the section of the	· · · · · · · · · · · · · · · · · · ·						
3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to the organization without charge  6 Total. Add lines 1 through 5  7a Amounts included on lines 1, 2, and 3 received from disqualified persons  b amounts included on lines 1, 2, and 3 received from disqualified persons  b amounts included on lines 1, 2, and 3 received from disqualified persons  b amounts included on lines 1 and 3 received from disqualified persons  b amounts included on lines 1 and 3 received from disqualified persons and a received and a received person district from lines 6  10a Gross income from interest, divided district, royalties, and income from similar sources  b unrelated business trackle income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 101 taxes) from businesses acquired after June 30, 1975  c Add lines 101 taxes) from businesses acquired after June 30, 1975  c Add lines 101 taxes) from businesses acquired after June 30, 1975  a Add lines 101 taxes) from the sale of calpital associativities not included in line 100, whether or not the business activities not included and 100 to whether or not the business activities not included and 100 to whether or not the business activities not included in line 100, whether or not the business activities not included and 100 to whether or not the business activities not included and 100 to whether or not the business activities not included and 100 to whether or not the business activities not included and 100 to whether or not the business activities not included and 100 to whether or not the business activities not included and 100 to whether or not the business activities not included and 100 to whether or not the busin							
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#### Schedule A (Form 990 or 990-EZ) 2019 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.)

		Yes	No
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	3b		
	3с		
	4a		
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	rt IV Supporting Organizations (continued)		,	ige <b>o</b>
	Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	140
	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		
	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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	١	
2	Activities Test. Answer (a) and (b) below.	ructions)	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	140
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must o	complete Sec	tions A through E.	·
Sect	tion 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	tion 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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion 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-function	ally integrated	Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	<sup>↑</sup> V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nnizations (continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	<u> </u>	
	(provide details in <b>Part VI</b> ). See instructions.	9		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
10	Eine o amount divided by line o amount	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
•	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
Ū	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
U	and 4b from line 1. For result greater than zero, explain in			
	•			
	Part VI. See instructions.  Excess distributions carryover to 2020. Add lines 3j			
7	-			
	and 4c.			
_8_	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 NATION.	AL LGBTQ TASI	K FORCE	52-1624852 Page 8
Part VI	<b>Supplemental Information.</b> Pro Part IV, Section A, lines 1, 2, 3b, 3c, 4b,	ovide the explanations re , 4c, 5a, 6, 9a, 9b, 9c, 11 Part IV, Section E, lines	quired by Part II, line 10; Pa a, 11b, and 11c; Part IV, So 1c, 2a, 2b, 3a, and 3b; Part	art II, line 17a or 17b; Part III, line 12; ection B, lines 1 and 2; Part IV, Section C, · V, line 1; Part V, Section B, line 1e; Part V,

#### **SCHEDULE C**

(Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

Tax) (s	ee separate instructions), then				
● Se	ction 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Name (	of organization			Empl	oyer identification number
	NATIONA	L LGBTQ TASK FOR	CE		52-1624852
Part	I-A Complete if the org	anization is exempt unde	er section 501(c) o	or is a section 527 or	ganization.
<b>2</b> P	rovide a description of the organiz olitical campaign activity expendit olunteer hours for political campai	ures		<b>▶</b> \$	
Part	I-B Complete if the org	anization is exempt unde	er section 501(c)(3	3).	
<b>1</b> E	nter the amount of any excise tax	incurred by the organization und	er section 4955	▶\$	
	nter the amount of any excise tax				
3 If	the organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a W	as a correction made?				Yes No
b lf	"Yes," describe in Part IV.				
Part	I-C Complete if the org	anization is exempt unde	er section 501(c),	except section 501(c	<u>)(3).</u>
93 To lir 4 D 5 Er m	nter the amount of the filing organ cempt function activities of tall exempt function expenditures are 17b of the filing organization file <b>Form</b> of the filing organization file <b>Form</b> and the names, addresses and en ade payments. For each organization tributions received that were problitical action committee (PAC). If	. Add lines 1 and 2. Enter here an 1120-POL for this year? Inployer identification number (EIN tion listed, enter the amount paic parptly and directly delivered to a	nd on Form 1120-POL,  N) of all section 527 polid from the filing organizates as separate political orga	► \$  itical organizations to which ation's funds. Also enter the nization, such as a separate	Yes No the filing organization amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2019

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2	<i>_</i>		ם ∠	: 4	O.	2	Pad	e z

Schedule C (Form 990 or 990-EZ) 2019						L624852	
Part II-A Complete if the org	janizatio	n is exen	npt under section	501(c)(3) and file	d Form 5768 (el	ection unde	er
section 501(h)).							
A Check 🕨 🔙 if the filing organiza	ation belon	gs to an affi	liated group (and list in	Part IV each affiliated	group member's nam	ne, address, El	N,
expenses, and sha	re of exces	s lobbying e	expenditures).				
B Check 🕨 🔛 if the filing organiza	tion check	ed box A ar	nd "limited control" pro	visions apply.			
		oying Exper eans amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated totals	•
1a Total lobbying expenditures to influ	uence publ	ic opinion (g	grassroots lobbying)				
<b>b</b> Total lobbying expenditures to influ	•	. "					
c Total lobbying expenditures (add li	_						
<b>d</b> Other exempt purpose expenditure							
e Total exempt purpose expenditure							
f Lobbying nontaxable amount. Enter	•						
If the amount on line 1e, column (a) of			bying nontaxable amo				
Not over \$500.000	(2)		the amount on line 1e.				
Over \$500,000 but not over \$1,000	0,000		00 plus 15% of the exce	ess over \$500 000			
Over \$1,000,000 but not over \$1,5	,		00 plus 10% of the exce				
Over \$1,500,000 but not over \$17.			00 plus 5% of the exces				
Over \$17,000,000	,000,000	\$1,000,	•	ο στοι φτ,σοσ,σοσ.			
3 (3) (4) (1) (300)		Ψ1,000,					
g Grassroots nontaxable amount (er	ter 25% of	line 1f)					
h Subtract line 1g from line 1a. If zer		,					
i Subtract line 1f from line 1c. If zero							
j If there is an amount other than ze						·	
reporting section 4911 tax for this						Yes	☐ No
reperting economic terminal	<i>y</i> • • • • • • • • • • • • • • • • • • •		eraging Period Under				
(Some organizations t		a section 50		ave to complete all o	of the five columns b	elow.	
	Lobb	ying Expe	nditures During 4-Yea	r Averaging Period			
Calendar year (or fiscal year beginning in)	(a)	2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> To	tal
2a Lobbying nontaxable amount			505,355.	496,533.		1,001,	888.
<b>b</b> Lobbying ceiling amount							
(150% of line 2a, column(e))						1,502,	832.
c Total lobbying expenditures			10,600.	12,731.		23,	331.
<b>d</b> Grassroots nontaxable amount			126,339.	124,133.		250	472.
e Grassroots ceiling amount				·			
(150% of line 2d, column (e))						375,	708.
·							

Schedule C (Form 990 or 990-EZ) 2019

f Grassroots lobbying expenditures

## Schedule C (Form 990 or 990-EZ) 2019 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)).

the lobbying activity.  I During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?	Yes		1	
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	Am	ount
or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
<ul> <li>a Volunteers?</li> <li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> </ul>				
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
			-	
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?	-			
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?art III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5)	or soc	rtion	
501(c)(6).	301(0)(3)	, or sec	Juon	
			Yes	N
Were substantially all (90% or more) dues received nondeductible by members?				
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
art III-B Complete if the organization is exempt under section 501(c)(4), section		, 0. 000		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N		o) Part I		3. is
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N answered "Yes."	.,	o) Part I		3, is
answered "Yes."				3, is
answered "Yes."  Dues, assessments and similar amounts from members				e 3, is
answered "Yes."  Dues, assessments and similar amounts from members				9 3, is
Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	l	. 1		9 3, is
answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year	l	. 1 2a		3, is
answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	ıl	1 2a 2b		9 3, is
answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total	ıl	2a 2b 2c		9 3, is
answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total		2a 2b 2c		9 3, is
answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	ul Ses	2a 2b 2c		9 3, is
answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	ul Ses	2a 2b 2c		3, is
answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expensions.	ul Ses	2a 2b 2c 3		3, i
answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)  art IV Supplemental Information	il SS SS itical	2a 2b 2c 3 4 5	III-A, line	9 3, is
answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)	il SS SS itical	2a 2b 2c 3 4 5	III-A, line	9 3, is

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NATIONAL LGBTQ TASK FORCE

**Employer identification number** 52-1624852

organization answered "Yes" on Form 990, Part IV, line 6.  1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization or education) Preservation of and for public use (for example, recreation or education) Preservation of and for public use (for example, recreation or education) Preservation of and public use (for example, recreation or education) Preservation of andural habitat Preservation of open space Complete lines 2 at hrough 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the day of the tax year.  1 Total number of conservation easements 1 Total number of conservation easements 1 Total number of conservation easements on a certified historic structure included in (a) 1 Number of conservation easements nor definition of the preservation easements on the day of the tax year.  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  4 Number of states where property subject to conservation easement is looked?  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  5 Does the organization have a written policy regarding the periodic monitoring,	Yes No
Total number at end of year  2 Aggregate value of contributions to (during year)  3 Aggregate value of grants from (during year)  4 Aggregate value of grants from (during year)  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impremissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  □ Preservation of and for public use (for example, recreation or education) □ Preservation of a historically important land area □ Protection of natural habitat □ Preservation of acceptified historic structure □ Preservation of open space  2 Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the day of the tax year.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements included in (c) acquired after 7725/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year P  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year P  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year P	Yes No
Aggregate value of contributions to (during year)  Aggregate value of grants from (during year)  Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the day of the tax year.  Total number of conservation easements  Total acreage restricted by conservation easements  Total acreage restricted by conservation easements  Total acreage restricted by conservation easements  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  A Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year violations, and enforcement of the conservation generates the holds?  A Number of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year violations, and enforcement of the conservation easements it holds?  A Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcement of the conservation easements the holds?  A Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcement of the conservation easements in the veal per possible to the description of th	
Aggregate value of contributions to (during year)  Aggregate value of grants from (during year)  Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the day of the tax year.  Total number of conservation easements  Total acreage restricted by conservation easements  Total acreage restricted by conservation easements  Total acreage restricted by conservation easements  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  A Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year violations, and enforcement of the conservation generates the holds?  A Number of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year violations, and enforcement of the conservation easements it holds?  A Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcement of the conservation easements the holds?  A Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcement of the conservation easements in the veal per possible to the description of th	
A Aggregate value of grants from (during year)  4 Aggregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  □ Preservation of land for public use (for example, recreation or education) □ Preservation of a historically important land area □ Protection of natural habitat □ Preservation of open space  2 Complete lines 2 through 2 di ft he organization held a qualified conservation contribution in the form of a conservation easement on the day of the tax year.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure listed in the National Register  3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year ▶  > \$  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  > \$  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?  9 In Part XIII, describe how the organization reports	
Aggregate value at end of year    Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
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are the organization's property, subject to the organization's exclusive legal control?	
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Part II   Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).    Preservation of land for public use (for example, recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Preservation of open space   Preservation of open space   Preservation of open space   Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the day of the tax year.   Held at the End of the a Total number of conservation easements   2a   Held at the End of the 2   2b   Description   Preservation easement on the day of the tax year.   Preservation easements   Preservation   Preservation easement   Preservation   Preservati	Yes No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the day of the tax year.  Total number of conservation easements  Total number of conservation easements  Number of conservation easements on a certified historic structure included in (a)  Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of states where property subject to conservation easement is located lose the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	
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Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the day of the tax year.  Total number of conservation easements  Total acreage restricted by conservation easements  Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  Number of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	portant land area
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b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	eld at the End of the Tax Year
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Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
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violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  —————  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  ———————————————————————————————————	
Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   S	
Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  \$\begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Yes No
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	
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and section 170(h)(4)(B)(ii)?  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	
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balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	Yes No
organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	oes the
	A 1 -
Complete it the organization answered "Yes" on Form 990 Part IV line 8	Assets.
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works	et works
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	blic
<b>b</b> If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of	
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,	orks of
provide the following amounts relating to these items:	orks of
(i) Revenue included on Form 990, Part VIII, line 1	orks of
(ii) Assets included in Form 990, Part X	orks of
	orks of
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	orks of
<ul> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>Revenue included on Form 990, Part VIII, line 1</li> </ul>	orks of c service,

	t III Organizations Maintaining Co		t, Histo	orical Tre	asures, or	Other	Similar	Assets	(continu	red)	.go
	Using the organization's acquisition, accessio								(COITIIII	<u> </u>	
•	collection items (check all that apply):	,	o, ooo	a, oo.	.cc.ii.ig anac		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00 01 110			
а	Public exhibition	d		oan or evo	hange progra	m					
b	Scholarly research	e			nange progra						
	Preservation for future generations	e									
C 4		llootians and avalain	. h o +b .	a ftha a th		n'a avam	nt numan	o in Dort	VIII		
4	Provide a description of the organization's col	·		•	•			e in Part	AIII.		
5	During the year, did the organization solicit or								7		1
Dar	to be sold to raise funds rather than to be main to be sold to raise funds rather than to be main to be main to be sold to raise funds rather than to be main to be sold to raise funds rather than to be main to be sold to raise funds rather than to be main to be sold to raise funds rather than to be main to be sold to raise funds rather than to be main to be sold to raise funds rather than to be main to be sold to raise funds rather than to be main to be main to be sold to raise funds rather than to be main to be sold to raise funds rather than to be main to be sold to raise funds rather than to be main to be sold to raise funds rather than to be main to be sold to raise funds rather than to be main to be sold to be s								_ Yes		No
ı aı	reported an amount on Form 990, Part		ete ir the	organizatio	n answered "	res" on i	-orm 990,	, Part IV,	ine 9, or		
10	Is the organization an agent, trustee, custodia		ion, for o	ontribution	o or other acc	oto not ir	aludad				
ıa									7 v		1 N
	on Form 990, Part X?							L	<b>」Yes</b>		No
р	If "Yes," explain the arrangement in Part XIII a	ina complete the fol	lowing ta	abie:					A		
							1		Amount		
С.	Beginning balance						1c				
d	Additions during the year										
е	Distributions during the year										
f	Ending balance								7	_	
	Did the organization include an amount on Fo	* *	•				y?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V   Endowment Funds. Complete if								T		
	<u> </u>	(a) Current year	<b>(b)</b> P	rior year	(c) Two years	s back (	<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 curre	ent year end balance	e (line 1g	, column (a	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment > 9	6									
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
За	Are there endowment funds not in the posses	sion of the organiza	tion that	are held ar	nd administere	ed for the	organiza	tion			
	by:								[-	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	"Yes" on Form 990	. Part IV.	line 11a. S	See Form 990.	Part X. I	ine 10.				
	Description of property	(a) Cost or o			or other		cumulate	d	(d) Book	value	<del>,</del>
	Decempation of property	basis (investr			(other)		reciation	~	(u) Doon	value	•
1a	Land				. ,						
b		I	t								
C	Buildings Leasehold improvements			2	8,795.		28,79	95.			0.
					5,501.	2	13,47		2	, 02	
d	Equipment		ł		4,075.		12,66			, 4(	
	Other Add lines 1a through 1e. (Column (d) must on		V /				<u>-2,00</u>	, , .	<u>_</u>	. 4	

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.	712 111511 1 0110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	rage -
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-or	f-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-or	f-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	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(5)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X. col. (B) line	15 )	<b>.</b>	
Part X Other Liabilities.	13.)		
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
(1) Federal income taxes			. ,
(2) DEFERRED RENT			3,285.
(3) OTHER SHORT TERM			22,358.
(4) DUE TO RELATED PARTY			43,197.
			43,1316
<u>(5)</u>			
<u>(6)</u>			
(7)			
(8)			
(9)			60 010
Total. (Column (b) must equal Form 990, Part X, col. (B) line			68,840.
2. Liability for uncertain tax positions. In Part XIII, provide t	ine text of the footnote to	o trie organization s financial statements that	reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

932054 10-02-19

NATIONAL LGBTQ TASK FORCE

52-1624852 Page 4

Par	t XI Reconciliation of Revenue per Audited Financial St	atements With Revenue	per Return.	<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
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			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1			
Pai	t XII Reconciliation of Expenses per Audited Financial S	-	s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,		<del>- 1</del> 1	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)	•		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	<u></u>		
	Add lines 4a and 4b			
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII   Supplemental Information.	18.)	5	
		d 4. Dort IV lines 1b and 0b. Dort	V line 4: Dort V line 0: Dort V	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		v, line 4, Part X, line 2, Part X	<b>Λ</b> Ι,
111163	zu and 4b, and Part XII, lines zu and 4b. Also complete triis part to provide	any additional information.		

#### **SCHEDULE G**

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

uctions and the latest information.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

NATIONA	L LGBTQ TASK FORCE				52-162	24852
Part I Fundraising Activities	- Complete if the organization answe		es" or	n Form 990, Part IV, I		
required to complete this par  1 Indicate whether the organization rai  a X Mail solicitations  b X Internet and email solicitation  c X Phone solicitations	sed funds through any of the following $\mathbf{E} \left[ \mathbf{X} \right]$ Solicita	tion of tion of	non-g gover	overnment grants		
<ul><li>d X In-person solicitations</li><li>2 a Did the organization have a written</li></ul>	or oral agreement with any individual Part VII) or entity in connection with p ividuals or entities (fundraisers) pursu	(includ	ling of onal fu	ficers, directors, trus undraising services?	X	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	(v) Amount pai to (or retained b fundraiser listed in col. (i	to (or retained by)
PRODUCTIONS SOLUTIONS - 1952		Yes	No			
GALLOWS ROAD SUITE 600,	TELEMARKETING		Х	34,168.	131,71	-97,542.
THE HARRINGTON AGENCY - 202 S CHESTER RD., SWARTHMORE, PA	TELEMARKETING		x	22,561.	119,22	-96,659.
BELARDI WONG - PO BOX 5173,				22,002.	113,11	20,002.
NEW YORK, NY 10087	EMAIL FUNDRAISING		x	14,185.	14,19	6. –11.
PUBLIC INTEREST						
COMMUNICATIONS - 7700	TELEMARKETING		х	6,041.	10,50	-4,460.
ENGAGE USA - 880 N. EAST ST. , FREDERICK, MD 21701	TELEMARKETING		х	0.	23,41	123,411.
Total  3 List all states in which the organization	on is registered or licensed to solicit o	contrib	<b>▶</b> utions	76,955.	299,03	,
or licensing. AL , AK , AR , CA , CO , CT , DC ,	FI. GA HT TI. KS KV 1	Γ. <b>Δ</b> Ν	ſΔ N	ID ME MT MN	MS NC NI	NH NJ NM
NV,NY,OH,OK,OR,PA,RI,					,110 ,110 ,111	5 , IVII , IVO , IVII

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) 2019

52-1624852 Page 2
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		of fundraising event contributions and gro		-EZ, lines 1 and 6b. List e		
		<u> </u>	(a) Event #1	(b) Event #2	(c) Other events	
			WINTER PARTY	` '	NONE	(d) Total events
				MIAMI GALA	1,01,1	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
nue					· · · · · · · · · · · · · · · · · · ·	
Revenue	1	Gross receipts	1,345,137.	733,615.		2,078,752.
ш			05 604			05 604
	2	Less: Contributions	95,624.			95,624.
	3	Gross income (line 1 minus line 2)	1,249,513.	733,615.		1,983,128.
	4	Cash prizes				
m	5	Noncash prizes				
bense	6	Rent/facility costs	281,106.	36,629.		317,735.
Direct Expenses	7	Food and beverages	22,331.	147,041.		169,372.
Ö	8	Entertainment	29 459.	8 950		38 409.
	9	Other direct expenses	29,459. 497,985.	8,950. 136,284.		38,409. 634,269.
	l -	Direct expense summary. Add lines 4 through				1,159,785.
	ı	Net income summary. Subtract line 10 from li				823,343.
Pa	irt I	II Gaming. Complete if the organization a				
		\$15,000 on Form 990-EZ, line 6a.		_		
Ф			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			., ,	bingo/progressive bingo	., , ,	col. (a) through col. (c))
Rev						
	1	Gross revenue				
	2	Cash prizes				
ses	-	Oddit prized				
cben	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
Ö						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	│ No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	_				_	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u>P</u>	
9	Fnt	ter the state(s) in which the organization condu	icts gaming activities.			
		the organization licensed to conduct gaming ac	_	states?		Yes No
		No," explain:				
_	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	/ear?	Yes No
k	) If "	Yes," explain:				
	_					

Schedule G (Form 990 or 990-EZ) 2019 NATIONAL LGBTQ TASK FORCE	52-1624852 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
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:	1 1
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re-	cords:
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the	amount
of gaming revenue retained by the third party >\$	
c If "Yes," enter name and address of the third party:	
Name ▶	
Address	
16 Gaming manager information:	
Name ▶	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spe	ent in the
organization's own exempt activities during the tax year   \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and	
<b>Part IV Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	I (v); and Part III, lines 9, 9b, 10b,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDS	RAISERS:
(I) NAME OF FUNDRAISER: PRODUCTIONS SOLUTIONS	
/T) ADDDEGG OF HUNDDATGED 1050 GALLOWG DOAD GUITE (00 MT	TATA 173 00100
(I) ADDRESS OF FUNDRAISER: 1952 GALLOWS ROAD SUITE 600, VIE	ENNA, VA 22182
(I) NAME OF FUNDRAISER: THE HARRINGTON AGENCY	
(I) ADDRESS OF FUNDRAISER: 202 S CHESTER RD., SWARTHMORE, F	PA 19081
1-,	
(I) NAME OF FUNDRAISER: PUBLIC INTEREST COMMUNICATIONS	

Schedul	e G (Form 9	90 or 9	90-EZ)	NATIO:	$\mathtt{NAL}$	LGBTQ I	'ASK FO	RCE			52-1624852	Page 4
Part I	V Supp	leme	ntal Ínfor	NATIO:	ontinue	d)						<b>.</b>
(I)	ADDRES	S OI	F FUNDI	RAISER	:							
<u>7700</u>	LEESB	URG	PIKE,	SUITE	301	NORTH,	FALLS	CHURCH,	VA	22043		

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047 **2019** 

Open to Public Inspection

Employer identification number

NATIONAL 1	LGBTQ TAS	K FORCE					52-1624852
Part I General Information on Grants ar	nd Assistance						
Does the organization maintain records to criteria used to award the grants or assis	tance?				y for the grants or assi		on X Yes No
2 Describe in Part IV the organization's pro						/ " F 200 B /	N/ II O4 6
aranto una Otrici Addictance to I	•				ganization answered "Y	res" on Form 990, Part	IV, line 21, for any
recipient that received more than \$  1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE MIAMI FOUNDATION 200 SOUTH BISCAYNE BLVD. SUITE 505 MIAMI. FL 33131	65-0350357	501C3	213,000.	0.	. BOOK		SEE SCHEDULE I PART IV.
CENTERLINK PO BOX 24490			220,000.	•			TO EDUCATE AND PROMOTE THE LGBTQ+ COMMUNITY IN PARTICIPATING IN THE 2020
FT. LAUDERDALE, FL 33307	52-2292725	501C3	10,000.	0.	, воок		census.
TRANSGENDER RESOURCE CENTER OF NM PO BOX 80872 ALBUQUERQUE, NM 87198	39-2076744	501C3	10,000.	0.	воок		TO EDUCATE AND PROMOTE THE LGBTQ+ COMMUNITY IN PARTICIPATING IN THE 2020 CENSUS.
EQUALITY FLORIDA PO BOX 13184 ST. PETERSBURG, FL 33733	59-3435235	501C3	10,000.	0.	. воок		TO EDUCATE AND PROMOTE THE LGBTQ+ COMMUNITY IN PARTICIPATING IN THE 2020 CENSUS.
EQUALITY NORTH CAROLINA FOUNDATION PO BOX 28768 RALEIGH , NC 27611	58-1374041	501C3	10,000.	0.	, воок		TO EDUCATE AND PROMOTE THE LGBTQ+ COMMUNITY IN PARTICIPATING IN THE 2020 CENSUS.
MOVEMENT ADVANCEMENT PROJECT 1905 15TH ST., UNIT 1097 BOULDER, CO 80306	47-3968535	501C3	25,000.	0.	воок		TO EDUCATE AND PROMOTE THE LGBTQ+ COMMUNITY IN PARTICIPATING IN THE 2020 CENSUS.
2 Enter total number of section 501(c)(3) ar	nd government org	ganizations listed in th	e line 1 table				<u>13.</u>
3 Enter total number of other organizations	listed in the line	1 table					0.
LHA For Paperwork Reduction Act Notice,	see the Instructi	ons for Form 990.					Schedule I (Form 990) (2019)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL QUEER ASIAN PACIFIC							TO EDUCATE AND PROMOTE
ISLANDER ALLIANCE - PO BOX 1277							THE LGBTQ+ COMMUNITY IN
OLD CHELSEA STATION - NEW YORK, NY							PARTICIPATING IN THE 202
10113	27-2114866	501C3	20,000.	0.	воок		CENSUS.
							TO EDUCATE AND PROMOTE
PFLAG							THE LGBTQ+ COMMUNITY IN
1625 K ST. NW, SUITE 700							PARTICIPATING IN THE 202
WASHINGTON , DC 20006	95-3750694	501C3	25,000.	0.	воок		CENSUS.
							TO EDUCATE AND PROMOTE
PRIDELINES YOUTH SERVICES							THE LGBTQ+ COMMUNITY IN
PO BOX 014340							PARTICIPATING IN THE 2020
MIAMI, FL 33101	65-0670159	501C3	10,000.	0.	воок		CENSUS.
,			,				TO EDUCATE AND PROMOTE
TRASCENDING BARRIERS							THE LGBTQ+ COMMUNITY IN
1755 THE EXCHANGE SUITE 160							PARTICIPATING IN THE 2020
ATLANTA, GA 30339	82-1544547	501C3	10,000.	0.	воок		CENSUS.
			, ,	-			TO EDUCATE AND PROMOTE
TRANGENDER LEGAL DEFENSE &							THE LGBTQ+ COMMUNITY IN
EDUCATION FUND - 520 8TH AVE,							PARTICIPATING IN THE 2020
SUITE 2204 - NEW YORK, NY 10018	04-3762842	501C3	25,000.	0.	воок		CENSUS.
				- •			TO EDUCATE AND PROMOTE
SAVE FOUNDATION, INC							THE LGBTQ+ COMMUNITY IN
1951 NW 7TH AVENUE, #6							PARTICIPATING IN THE 2020
MIAMI, FL 33136	65-0836881	50103	25,000.	0	BOOK		CENSUS.
HIIMI, 11 33130	03 0030001	50105	25,000.	0.	BOOK		TO EDUCATE AND PROMOTE
INTERACT							THE LGBTQ+ COMMUNITY IN
365 BOSTON POST ROAD # 163							PARTICIPATING IN THE 202
	27-2947576	E0102	10 000	0	воок		CENSUS.
SUDBURY, MA 01776	21-294/5/6	20163	10,000.	0.	BOOK		CENSUS.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
CREATING CHANGE AWARD WINNERS	5	17,946.	0.	воок					
		,							
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.					
PART I, LINE 2:									
OUR GRANTEES (EXCEPT FOR THE MIAMI	FOUNDATI	ON) ARE OF	RGANIZATION	S THAT WE					
DIRECTLY WORK WITH THROUGHOUT THE	YEAR. PAI	D STAFF OF	F THE TASK	FORCE WORK					
WITH THE GRANTEES TO EXECUTE THE P	ROGRAMS/P	ROJECT FOR	R WHICH WE	PROVIDE					
SUPPORT. WE ACTUALLY SEE THE GRANT	EES DOING	THE WORK	. IN THE CA	SE OF THE					
MIAMI FOUNDATION, IT IS A LARGE U.	S. COMMUN	ITY FOUND	ATION WITH	ITS OWN					
PROCESSES AND CONTROLS FOR ITS GRA	NTS. WE M	AKE A CONT	TRIBUTION T	О ТНЕ					
FOUNDATION, WHICH IT RE-GRANTS.									

Schedule I (Form 990) NATIONAL LGBTQ TASK FORCE Part IV   Supplemental Information	52-1624852	Page 2
PART II, LINE (H)		
THE GRANT FUNDS 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	C AWARENESS	
OF GAY, LESBIAN, BISEXUAL AND TRANSGENDER ISSUES IN GREATER	MIAMI.	

Schedule I (Form 990)

## SCHEDULE J (Form 990)

**Compensation Information** 

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

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

➤ Attach to Form 990.

2019

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

Name of the organization

NATIONAL LGBTQ TASK FORCE

Part I Questions Regarding Compensation

Employer identification number
52-1624852

			Yes	No			
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)						
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
~	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	1.5					
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?						
additions, and officially the object executive birector, regarding the terms choosed on the rat.							
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's						
-	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee Written employment contract						
	☐ Independent compensation consultant ☐ Compensation survey or study						
	Form 990 of other organizations  X Approval by the board or compensation committee						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
-	organization or a related organization:						
а	Receive a severance payment or change-of-control payment?	4a		Х			
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X			
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the revenues of:						
а	The organization?	5a		X			
b	Any related organization?	5b		X			
	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the net earnings of:						
а	The organization?	6a		<u>X</u>			
b	Any related organization?	6b		X			
	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u>X</u>			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53 4958-6/c)?	۹					

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

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denemis	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) KIMBERLY CAREY	(i)	252,916.	0.	0.	18,672.	21,226.		0.
EXECUTIVE DIRECTOR	(ii)	4,439.	0.	0.	328.	373.		0.
(2) KIERRA JOHNSON	(i)	157,384.	0.	0.	0.	21,383.	178,767.	0.
DEPUTY DIRECTOR	(ii)	3,331.	0.	0.	0.	453.	3,784.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2019 NATIONAL LGBTQ TASK FORCE	52-1624852	Page 3
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 com	plete this part for any additional information	
Fromule the information, explanation, or descriptions required for Part I, lines Ta, Tb, S, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 6, and for Part II. Also com-	piete triis part for arry additional information.	

Schedule J (Form 990) 2019

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

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

Name of the organization

NATIONAL LGBTQ TASK FORCE

Employer identification number 52-1624852

Pai	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determing noncash contribution a	_	
		applicable		Form 990, Part VIII, line 1g	Horicasii contribution a	inount	.5
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	11	217,190.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organization		•	1 1			
	for which the organization completed Form 828	3, Part IV, [	Donee Acknowledg	gement 29		T.,	Τ
						Yes	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date		l contribution, and	which isn't required to be us			37
	exempt purposes for the entire holding period?				<u>30a</u>		X
	If "Yes," describe the arrangement in Part II.	- l'	andrea Marana dans	- f	:0	- V	
31	Does the organization have a gift acceptance po				ions? 31	X	
32a	Does the organization hire or use third parties o		_		00-		x
<b>L</b>	contributions?				<u>32a</u>		
	If "Yes," describe in Part II.	olumn (a) fa	a type of property	for which column (a) is abac	skod		
33	If the organization didn't report an amount in co	numn (C) föl	a type of property	rior which column (a) is chec	ikeu,		
	describe in Part II.						

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

Schedule M (Form 990) 2019

Schedule M	(Form 990) 2019 NATIO	NAL LGBTQ	TASK	FORCE		52-1624852	Page 2
Part II	Supplemental Informatis reporting in Part I, column (I this part for any additional info	t <b>ion.</b> Provide the	information contribution	on required by	y Part I, lines 30b, 32 per of items received,	b, and 33, and whether the organiza or a combination of both. Also com	ation plete

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# 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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

NATIONAL LGBTO TASK FORCE

**Employer identification number** 52-1624852

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

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

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

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

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

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

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

THE BOARD DETERMINED SALARY FOR THE EXECUTIVE DIRECTOR USING COMPARABLE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization **Employer identification number** NATIONAL LGBTQ TASK FORCE 52-1624852 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. FORM 990, LINE 2 THE AUDIT IS CURRENTLY IN PROGRESS, WHICH MAY RESULT IN CHANGES TO THE INFORMATION PROVIDED IN THE RETURN. 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.

Schedule O (Form 990 or 9	90-EZ) (2019)			Page 2
Name of the organization		LGBTQ TASK	T FORCE	Employer identification number 52-1624852

#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

NATIONAL LGBTQ	TASK FORCE					52-16248	352	
Part I Identification of Disregarded Entities. Complete	e if the organization answered "Yes	" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-yea		Direct c	(f) controlling ntity	I
Identification of Related Tax-Exempt Organiza	tions. Complete if the organization	answered "Yes" on Form 990	) Part IV line 34	pecause it had one	or more	related tax-exe		
organizations during the tax year.								
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direc	(f) ct controlling entity	Section 5 contro	olled ity?
NATIONAL LGBTQ TASK FORCE ACTION FUND, INC -	BUILD THE GRASSROOTS			501(c)(3))			Yes	No
13-2772832, 1325 MASSACHUSETTS AVE. #600, WASHINGTON, DC 20005	POLITICAL POWER OF THE LGBTQ COMMUNITY	NEW YORK	501(C)(4)	N/A	N/A			x
WASHINGTON, BC 20003	LIGHTY COMMONTTY	NEW TORK	301(0)(4)	N/A	N/A			
For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	•	•		· ·	Schedule R	(Form 99	0) 2019

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)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	otal Share of Dispressionate Co		Code V-UBI	General o	Percentage	
		country)		sections 512-514)			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 country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	entity:	
		,						Yes	No	

art V	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
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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	th one or more rel	ated organizations listed in	n Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X			
					1b		X			
С	Gift, grant, or capital contribution from related organization(s)				1c		X			
d	Loans or loan guarantees to or for related organization(s)				1d		X			
	Loans or loan guarantees by related organization(s)				1e		X			
f	Dividends from related organization(s)				1f		X			
g	Sale of assets to related organization(s)				<b>1</b> g		X			
	Purchase of assets from related organization(s)				1h		X			
i	Exchange of assets with related organization(s)				1i		X			
j	j Lease of facilities, equipment, or other assets to related organization(s)									
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X			
- 1	Performance of services or membership or fundraising solicitations for related organization	tion(s)			11		Х			
m	Performance of services or membership or fundraising solicitations by related organizati				1m		Х			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
o Sharing of paid employees with related organization(s)										
р	Reimbursement paid to related organization(s) for expenses				1р	Х				
	Reimbursement paid by related organization(s) for expenses				1q		Х			
r	Other transfer of cash or property to related organization(s)				1r		X			
s	Other transfer of cash or property from related organization(s)				1s		X			
	If the answer to any of the above is "Yes," see the instructions for information on who m									
	(a)	(b)	(c)	(d)						
	(a) Name of related organization	Transaction	Amount involved	Method of determining amount in	volved					
		type (a-s)								
1)										
2)										
3)										
4)										
5)										
6)										

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

Schedule R	(Form 990) 2019 Supplemental Infori	NATIONAL	LGBTQ	TASK	FORCE	52-1624852	Page 5
Part VII		mation					
	Provide additional informa	tion for responses	to questions	s on Sche	dule R. See instructions.		
-							

Form **8868** 

(Rev. January 2020)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ File a separate application for each return.▶ Go to www.irs.gov/Form8868 for the latest information.

**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-pon-profits

filing of	this form, visit www.irs.gov/e-file-providers/e-file-for-charit	ties-and-n	on-profits.						
Auton	natic 6-Month Extension of Time. Only subm	it origina	al (no copies needed).						
All corp	orations required to file an income tax return other than Fore Form 7004 to request an extension of time to file income	orm 990-T	(including 1120-C filers), partnership	s, REMICs	s, and trusts				
Type or	Name of exempt organization or other filer, see instruc	Taxpayer	Taxpayer identification number (TIN)						
print	NATIONAL LGBTQ TASK FORCE	52-1624852							
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions.  1050 CONNECTICUT AVENUE, NW, NO. 65500								
instruction	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC $20035$								
Enter th	e Return Code for the return that this application is for (file	e a separat	te application for each return)			0 1			
Applica	tion	Return	Application			Return			
ls For		Code	Is For		Code				
Form 99	90 or Form 990-EZ	01	Form 990-T (corporation)		07				
Form 99	90-BL	02	Form 1041-A		08				
Form 4720 (individual)			Form 4720 (other than individual)		09				
Form 99		04 05	Form 5227		10				
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above)			Form 6069 Form 8870		11 12				
Telep	KIERRA JOHNSON  cooks are in the care of ► 1050 CONNECTICU  cohone No. ► 202-393-5177  corganization does not have an office or place of business  is is for a Group Return, enter the organization's four digit (  . If it is for part of the group, check this box ►	in the Uni Group Exe	Fax No. ▶ted States, check this box	f this is fo	r the whole group, c				
th	request an automatic 6-month extension of time until le organization named above. The extension is for the orga calendar year or	MAN anization's	7 17, 2021 , to file return for:		pt organization retu ·				
	this application is for Forms 990-BL, 990-PF, 990-T, 4720,			^					
_	ny nonrefundable credits. See instructions. this application is for Forms 990-PF, 990-T, 4720, or 6069,	3a	\$	0.					
_	stimated tax payments made. Include any prior year overpa			3b	\$	0.			
c Balance due. Subtract line 3b from line 3a. Include your payn using EFTPS (Electronic Federal Tax Payment System). See in				3c	\$	0.			
	: If you are going to make an electronic funds withdrawal				•				

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

Form 8868 (Rev. 1-2020)