Form **8879-TE** 

# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning  $\underline{JUL} \ 1$  , 2021, and ending  $\underline{JUN} \ 30$  , 20  $\underline{22}$ 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form8879TE for the latest information.

Name of filer	·		EIN or SSN
NATIONAL LGBT	Q TASK FORCE		52-1624852
Name and title of officer or person subject to	tax KIERRA JOHNSON		
	EXECUTIVE DIRECTOR		
Part I Type of Return and	Return Information		
Form 5330 filers may enter dollars and cort form 5330 filers may enter dollars and cort form to that lires are supported in the support of the first form to the support of the first form to th	ou are using this Form 8879-TE and enter the appents. For all other forms, enter whole dollars only ne for the return being filed with this form was blatter -0-). But, if you entered -0- on the return, then	v. If you check the box on linank, then leave line 1b, 2b,	ne 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, , 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check here	<b>b</b> Total revenue, if any (Form 990, Part	VIII, column (A), line 12)	1ь 6,303,577.
2a Form 990-EZ check here			
3a Form 1120-POL check here ▶	<b>b Total tax</b> (Form 1120-POL, line 22)		
4a Form 990-PF check here	b Tax based on investment income (Fe		
5a Form 8868 check here	<b>b Balance due</b> (Form 8868, line 3c)		
6a Form 990-T check here	<b>b Total tax</b> (Form 990-T, Part III, line 4)		6b
7a Form 4720 check here	<b>b Total tax</b> (Form 4720, Part III, line 1)		
8a Form 5227 check here >	b FMV of assets at end of tax year (Fo	rm 5227, Item D)	8b
9a Form 5330 check here >	b Tax due (Form 5330, Part II, line 19)		9b
10a Form 8038-CP check here			ine 22) <b>10b</b>
Part II Declaration and Signature	gnature Authorization of Officer or Pe	erson Subject to Tax	
as my signature on the tax yea with a state agency(ies) regular on the return's disclosure conficer.  As an officer or person subject return. If I have indicated with	g schedules and statements, and, to the best of unt in Part I above is the amount shown on the corr, or electronic return originator (ERO) to send the or rejection of the transmission, (b) the reason for electronic return originator (ERO) to send the U.S. Treasury and its designated Financial Againdicated in the tax preparation software for payrithis account. To revoke a payment, I must contact ayment (settlement) date. I also authorize the final information necessary to answer inquiries and remy signature for the electronic return and, if applied to the IRS Fed/State programment sent screen.  The company of the IRS Fed/State programment sent account that a copy of the return is being file entermy PIN on the return's disclosure consent sent screen.	my knowledge and belief, topy of the electronic returns e return to the IRS and to re any delay in processing them to initiate an electronic ment of the federal taxes over the U.S. Treasury Financiancial institutions involved in esolve issues related to the cable, the consent to electronic to the cable, and the cable and the cable are the cable and the cable are the ed within this return that a sum, I also authorize the aformal of the ed with a state agency(ies) returns the return that a state agency(ies) returns the return that a state agency(ies) returns the return that a state agency(ies) returns the ret	they are true, correct, and I consent to allow my eceive from the IRS (a) an he return or refund, and (c) the date funds withdrawal (direct debit) wed on this return, and the ial Agent at 1-888-353-4537 no n the processing of the electronic payment. I have selected a ronic funds withdrawal.  The enter my PIN 24852  Enter five numbers, but do not enter all zeros  copy of the return is being filed rementioned ERO to enter my PIN  tax year 2021 electronically filed
Signature of officer or person subject to tax	wthentication		Date ► 5/10/23
Part III Certification and A			
ERO's EFIN/PIN. Enter your six-digit ele number (EFIN) followed by your five-digit	-	52777199999 Do not enter all zeros	
	my PIN, which is my signature on the 2021 electron the requirements of <b>Pub. 4163</b> , Modernized e-F		
ERO's signature		Date <b>&gt;</b> 5	5/11/2023
Do No	ERO Must Retain This Form - See		So.

Form **8879-TE** (2021)

# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A F	For the	2021 calendar year, or tax year beginning $$ JUL $1$ , $2021$ and end	ling J	UN 30, 2022	
<b>B</b> (	Check if applicable	C Name of organization		D Employer identifie	cation number
	Addres	NATIONAL LGBTQ TASK FORCE			
	Name change			52-16248	52
	Initial return		m/suite	E Telephone number	
	□Final return/		500	202-393-	
	termin- ated Amend			G Gross receipts \$  H(a) Is this a group re	12,549,886.
$\vdash$	return Applica tion		for subordinates		
	tion pendin	SAME AS C ABOVE		H(b) Are all subordinates in	·····= =
	Tay ay	empt status: X 501(c)(3)	527		list. See instructions
		e: NWW.THETASKFORCE.ORG	327	H(c) Group exemptio	
		<u> </u>	I Voor o		M State of legal domicile; DC
Pa	art I	Summary	L TEAL C	n tormation. ± 200   N	M State of legal doffliche, DC
•	_	Briefly describe the organization's mission or most significant activities: THE MIS	GGTOI	N OF THE NA	TTONAT.
ė	1	LGBTQ TASK FORCE IS TO BUILD POWER, TAKE AC			
aŭ					
err	2	Check this box if the organization discontinued its operations or disposed of		I _	16
હ	3	Number of voting members of the governing body (Part VI, line 1a)			16
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)			40
Activities & Governance	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			800
ţi	6	Total number of volunteers (estimate if necessary)			0.
Ac	/a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	, D	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		6,137,421.	5,901,360.
ine	9			161,125.	230,433.
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		260,966.	120,049.
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		280,552.	51,735.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,840,064.	6,303,577.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		139,000.	227,150.
		D 51 11 5 1 7 1 7 1 1 7 1 1 1 1 1 1 1 1 1		0.	0.
	45	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,959,166.	3,578,781.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		273,173.	269,169.
Sen	h	Total fundraising expenses (Part IX, column (D), line 25)   905, 794		27372731	20372031
Ě	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,695,154.	1,465,077.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,066,493.	5,540,177.
		Revenue less expenses. Subtract line 18 from line 12		1,773,571.	763,400.
Z	3		Bed	ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		16,292,821.	15,910,543.
ASS	21	Total liabilities (Part X, line 26)		601,025.	676,304.
Set 1	22	Net assets or fund balances. Subtract line 21 from line 20		15,691,796.	15,234,239.
Pá	art II	Signature Block		· ·	
Und	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules and	d stateme	nts, and to the best of my	/ knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer l	has any knowledge.	
Sig	n	Signature of officer		Date	
Her		■ KIERRA JOHNSON, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN
Paid	i	KAY VOLLANS, CPA	0	5/11/2023   self-employ	
Prep	parer	Firm's name RUBINO AND COMPANY, CHARTERED			52-1186096
Use	Only	Firm's address 6903 ROCKLEDGE DRIVE, SUITE 300			
		BETHESDA, MD 20817-1818		Phone no. 30	1-564-3636
May	√ the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE NATIONAL LGBTQ TASK FORCE IS TO BUILD POWER, TAKE
	ACTION AND CREATE CHANGE TO WIN COMPLETE EQUALITY AND ACHIEVE JUSTICE
	FOR LGBTQ PEOPLE AND THEIR FAMILIES. AS A LEADER IN THE BROADER
	PROGRESSIVE MOVEMENT, THE TASK FORCE WORKS TOWARD A SOCIETY THAT
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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? Yes 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, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$4,484,424. including grants of \$227,150. ) (Revenue \$230,433. )
	DURING FY2022, HIGHLIGHTS OF OUR ACCOMPLISHMENTS PURSUANT TO OUR
	MISSION INCLUDE:
	IN MARCH 2022, FOR THE SECOND TIME, CREATING CHANGE WAS HELD ONLINE FOR
	AN EXCLUSIVELY VIRTUAL AUDIENCE. RATHER THAN GATHER IN HOTEL LOBBIES,
	BALLROOMS, AND MEETING ROOMS, THE COVID-19 PANDEMIC MEANT THAT NEARLY
	2,200 PARTICIPANTS JOINED THE CONFERENCE FROM THEIR LIVING ROOMS. WE
	HELD TWO DAYS OF VIRTUAL PROGRAMMING AND KEPT ALIVE THE ENDURING SPIRIT
	OF CREATING CHANGE: DAYLONG INSTITUTES, WORKSHOPS, CAUCUSES, THE ANNUAL
	INTERFAITH SERVICE - EVEN GAME NIGHT AND THE ANNUAL HOUSE BALL! VIRTUAL
	PARTICIPANTS ALSO ENJOYED KEYNOTE AND AWARD PRESENTATIONS FEATURING
	ACTIVISTS, ARTISTS, AND AUTHORS. WHETHER IN-PERSON OR ONLINE, CREATING
4b	(Code:) (Expenses \$
4.	
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
74	(Expenses \$ including grants of \$ ) (Revenue \$ )
	Total program service expenses 4,484,424.
	Total program dervice expended P

# Form 990 (2021) NATIONAL LGBTQ TASK FORCE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 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		х
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? <i>If</i> "Yes," <i>complete</i>	<b>⊢</b> ′		<del> </del> -
Ü	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	۳		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
40	If "Yes," complete Schedule D, Part IV	<del>9</del>		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<sub>V</sub>
	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	<u>11a</u>	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			l
	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			
	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_ <del>``</del>	_ <b>_</b>	
		18	х	
19	1c and 8a? If "Yes," complete Schedule G, Part II	10		
ıσ	,	40		x
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<del>  ^</del> `
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		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

NATIONAL LGBTQ TASK FORCE

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52-1624852 Part IV Checklist of Required Schedules (continued) Yes No 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 Х 22 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 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 Х 24a Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х 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 Х 25b 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% Х 26 controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 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 ....... Х 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If X 28c "Yes," complete Schedule L, Part IV ..... Х 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 100 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form 990 (2021)

NATIONAL LGBTQ TASK FORCE

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 40									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a										
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		Х						
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		Х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7</b> f		X						
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
a	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									
11	Section 501(c)(12) organizations. Enter:									
a	Gross income from members or shareholders 11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
40-	amounts due or received from them.)	40-								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a								
	· · · · · · · · · · · · · · · · · · ·									
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a								
а	Note: See the instructions for additional information the organization must report on Schedule O.	IJa								
h	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
	Did the organization receive any payments for indoor tanning services during the tax year?	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	_								
	excess parachute payment(s) during the year?	15		Х						
	If "Yes," see the 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.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any									
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 16 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 16 **b** Enter the number of voting members included on line 1a, above, who are independent ..... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CT, DC, FL, GA, HI, IL, KS, KY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Own website Another's website \_\_\_ Other *(explain on Schedule O)* Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records KIERRA JOHNSON - 202-393-5177 1050 CONNECTICUT AVENUE, NW, 65500, WASHINGTON, 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	niza	tion	com	npen	sate	ed any current officer, di	rector, or trustee.		
(A)	(B)	(C)					(D)	(E)	(F)		
Name and title	Average	(do	Position (do not check more than			nne	Reportable	Reportable	Estimated		
	hours per	box	box, unless person is both an officer and a director/trustee)			s both	an	compensation	compensation	amount of	
	week	_				an octor/if usiee)		from	from related	other	
	(list any	irecto						the	organizations	compensation	
	hours for related	eord	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization	
	organizations	ndividual trustee or director	Institutional trustee		yee	m pe n		1099-NEC)	1000 NEO)	and related	
	below	idual	ution	ia .	Key employee	est co oyee	er	,		organizations	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former				
(1) KIERRA JOHNSON	36.50										
EXECUTIVE DIRECTOR	1.00			Х				240,226.	6,582.	17,820.	
(2) MAYRA HIDALGO-SALAZAR	36.50										
DEPUTY DIRECTOR	1.00			Х				98,041.	0.	3,030.	
(3) ASHAWNDA FLEMING	37.50										
DIRECTOR OF DEVELOPMENT						Х		147,084.	0.	14,652.	
(4) ALICIA BOYKINS	37.50	-									
DIRECTOR OF HR						Х		123,982.	0.	12,360.	
(5) JANICE THOM	37.50							110 000		4 = 606	
DIRECTOR OF OPERATIONS						Х		112,926.	0.	15,636.	
(6) KIMBERLY CAREY	0.00							0.55 0.00			
EXECUTIVE DIRECTOR - FORMER							Х	265,000.	0.	0.	
(7) CANDY COX	1.00										
CO-CHAIR		Х		Х				0.	0.	0.	
(8) LIEBE GADINSKY	1.00										
CO-CHAIR		Х		Х				0.	0.	0.	
(9) COLGATE DARDEN	1.00										
TREASURER	1 00	Х		Х				0.	0.	0.	
(10) DR. ANIKA SIMPSON	1.00	ļ							•	•	
SECRETARY	1 00	Х		Х				0.	0.	0.	
(11) PETER CHANDLER	1.00								•	•	
BOARD MEMBER	1 00	Х						0.	0.	0.	
(12) DON HAYDEN	1.00	.,							0	0	
BOARD MEMBER	1 00	Х						0.	0.	0.	
(13) ROSE HAYES	1.00	3,7							0	0	
BOARD MEMBER	1 00	Х						0.	0.	0.	
(14) JEFFREY HOYLE (END 1/31/22)	1.00	3,7							0	0	
BOARD MEMBER	1 00	Х						0.	0.	0.	
(15) RODNEY MCKENZIE, JR.	1.00	v							0	0	
BOARD MEMBER (16) DAVID PEREZ	1 00	Х				$\vdash$		0.	0.	0.	
BOARD MEMBER	1.00	Х						0.	0.	n	
(17) JEREMY RYE	1.00	Λ				$\vdash$		J •	0.	0.	
BOARD MEMBER	1.00	Х						0.	0.	0.	
DOTALD MEMBER	1	Λ				Ш		ı	0.	000	

Form 990 (2021) NATIONAL	LGBTQ T	'AS	K	FO	RC	Έ			52-162	24852	P	age 8
Part VII Section A. Officers, Directors, Tru	stees, Key Emp	oloy	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	Position (do not check more box, unless person officer and a direct				than c s both	an	(D)  Reportable compensation from	(E) Reportable compensation from related	- 1	(F) stimate mount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	c/ f org an	npensa from the ganizat nd relate janizatio	e ion ed
(18) CANDELARIO SALDANA	1.00											
BOARD MEMBER		Х						0.	(	0.		0.
(19) ALMAS SAYEED	1.00											_
BOARD MEMBER	1 00	Х						0.	(	0.		0.
(20) STEPHEN SEO	1.00	3,7							,	,		^
BOARD MEMBER (21) ANDREW SOLOMON	1.00	Х						0.		0.		0.
BOARD MEMBER	1.00	Х						0.	(	o.		0.
(22) JASON TESTER	1.00	77						0.		<del>'                                    </del>		<u> </u>
BOARD MEMBER	1100	х						0.	(	o.		0.
(23) KEVIN WANG	1.00											
BOARD MEMBER		Х						0.	(	o.		0.
		-										
							_	987,259.	6,582	2 6	3,4	00
1b Subtotal								967,259.		0.	3,4	0.
c Total from continuation sheets to Part \ d Total (add lines 1b and 1c)								987,259.	6,582		3,4	
Total number of individuals (including but							o re		-		<u> </u>	
compensation from the organization						,		,				5
<del>-</del>											Yes	No
3 Did the organization list any former office	r, director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for	such individual									. 3	X	
4 For any individual listed on line 1a, is the s	um of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization			
and related organizations greater than \$15										4	X	
5 Did any person listed on line 1a receive or												37
rendered to the organization? If "Yes," co.  Section B. Independent Contractors	mplete Schedule	e <i>J f</i> e	or su	ıch r	oers:	on .				5		X
Complete this table for your five highest complete.	•	•							•	nsation fr	om	
the organization. Report compensation for	tne calendar ye	ear e	endir	ng w	ith c	or wi	nin		ear.		<u></u>	
(A) Name and busines	s address							<b>(B)</b> Description of s	ervices	Compe	<b>C)</b> ensatio	n

the organization. Report compensation for the calendar year ending with or within	nin the organization's tax year.				
(A) Name and business address	(B) Description of services	(C) Compensation			
BDO, 12505 PARK POTOMAC AVE., SUITE 700, POTOMAC, MD 20854	ACCOUNTING	139,832.			
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than				

Form **990** (2021)

\$100,000 of compensation from the organization

Page 9

		Chack if Sahadula O captains a rea	nonco	or note to any lin	o in this Dort VIII			
		Check if Schedule O contains a res	ponse	or flote to arry lift	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
nts ts	1 a	Federated campaigns 1a	1					
irai	b	Membership dues1k	<u> </u>					
A, G	С	Fundraising events1	;	72,000.				
ar it	d	Related organizations 10	ı					
s, Biji	е	Government grants (contributions)	,					
Sign		All other contributions, gifts, grants, and						
her in		similar amounts not included above <b>1f</b>		5,829,360.				
QË	g		\$	154,103.				
Contributions, Gifts, Grants and Other Similar Amounts	_				5,901,360.			
Ora		Total. Add lines 1a-1f		Business Code	0,502,0001			
	_	CONFEDENCE DECICEDATION		611710	220 422	220 422		
ice	2 a			611710	230,433.	230,433.		
er v	b							
J.S.	С							
ran }ev	d							
Program Service Revenue	е							
<u>P</u>	f	All other program service revenue						
	g	Total. Add lines 2a-2f		<b>&gt;</b>	230,433.			
	3	Investment income (including dividends						
		other similar amounts)		•	84,398.			84,398.
	4	Income from investment of tax-exempt						
	5	Royalties						
	_	(i) Ro		(ii) Personal				
	6 2			(-)				
		Less: rental expenses 6b						
	С	` '						
	7 a	Gross amount from sales of (i) Secu		(ii) Other				
		assets other than inventory 7a 5,661	,099.					
	b	Less: cost or other basis						
ne		and sales expenses						
Revenue	С	Gain or (loss) 7c 35	,651.					
Be	d	Net gain or (loss)	<u></u>	<b>&gt;</b>	35,651.			35,651.
ē	8 a	Gross income from fundraising events (not						
₹		including \$ 72,000. of	:					
		contributions reported on line 1c). See						
		Part IV, line 18	8a	672,596.				
	b	Less: direct expenses		620,861.				
	c	Net income or (loss) from fundraising ev			51,735.			51,735.
	9 a	Gross income from gaming activities. S			, -			,
	Ju	Part IV, line 19						
	L							
		Less: direct expenses						
		Net income or (loss) from gaming activit	iles	·····				
	10 a	Gross sales of inventory, less returns						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sales of inven	tory	<b></b>				
S				Business Code				
Miscellaneous Revenue	11 a							
ane	b							
eve	С							
disc B	d	All other revenue						
2	е	Total. Add lines 11a-11d		<b>.</b>				
	12	Total revenue. See instructions			6,303,577.	230,433.	0.	171,784.

Form 990 (2021)

## 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 207,150. 207,150. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 20,000. 20,000. 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, 453,923. 468,064. 14,141. 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 2,446,697. 1,861,778. 389,311. 195,608. 7 Pension plan accruals and contributions (include 28,604. 22,687. 3,982. 1,935. section 401(k) and 403(b) employer contributions) 411,227. <u>59,</u>568. 322,282. 29,377. Other employee benefits 9 224,189. 177,814. 31,210. 15,165. 10 Payroll taxes 11 Fees for services (nonemployees): Management 15,125. 4,414. 10,654. 57. Legal 152,738. 107,593. 44,574. 571. Accounting Lobbying 269,169. 269,169. Professional fundraising services. See Part IV, line 17 31,839. 31,839. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 294,439. 208,308. 74,425. 11,706. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 455,310. 137,030. 79,492. 238,788. 13 Office expenses 81,585. 19,810. 61,775. 14 Information technology Royalties 15 48,961. 48,703. 258. 16 Occupancy 87,660. 52,711. 23,675. 11,274. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 264,626. 236,116. 27,349. 1,161. Conferences, conventions, and meetings 19 1,975. 1,975. 20 Payments to affiliates 21 374. 374. Depreciation, depletion, and amortization 22 41,770. 41,770. 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.) -100. -25,704. 6,866. 18,738. FACILITY ALLOCATIONS ALLOCATIONS -11,225. 696,831. -832,173. 124,117. С d All other expenses 5,540,177. 4,484,424. 149,959. 905,794. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2021)
Part 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			12,346,045.	1	1,251,617.	
	2	Savings and temporary cash investments				2		
	3	Pledges and grants receivable, net			2,850,074.	3	2,916,760.	
	4	Accounts receivable, net				4		
	5	Loans and other receivables from any current o						
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%				
		controlled entity or family member of any of the		5				
	6	Loans and other receivables from other disqual	ified per	sons (as defined				
		under section 4958(f)(1)), and persons describe	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)					
<u>9</u>	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use			8			
۲	9				44,450.	9	111,419.	
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	304,107. 258,745.				
	b	Less: accumulated depreciation	10b	258,745.	42,000.	10c	45,362. 11,568,363.	
	11	Investments - publicly traded securities		1,004,052.	11	11,568,363.		
	12	Investments - other securities. See Part IV, line			12			
	13	Investments - program-related. See Part IV, line			13			
	14	Intangible assets		14	1 - 1 - 1			
	15	Other assets. See Part IV, line 11	6,200.	15	17,022.			
$\rightarrow$	16	Total assets. Add lines 1 through 15 (must equ			16,292,821.	16	15,910,543.	
	17	Accounts payable and accrued expenses	560,412.	17	566,687.			
	18	Grants payable		18	200			
	19	Deferred revenue				19	390.	
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Complete				21		
es	22	Loans and other payables to any current or form						
Liabilities		trustee, key employee, creator or founder, subs						
ia k		controlled entity or family member of any of the		: Г		22		
_	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23		
	24	Unsecured notes and loans payable to unrelate		Г		24		
	25	Other liabilities (including federal income tax, pa						
		parties, and other liabilities not included on line of Schedule D	•	·	40,613.	25	109,227.	
	26	Total liabilities. Add lines 17 through 25			601,025.	26	676,304.	
-+	20	Organizations that follow FASB ASC 958, che	ock hore	X	001,025	20	070,304.	
န္		and complete lines 27, 28, 32, and 33.	CK HEI					
ğ	27				12,443,592.	27	9,684,954.	
3ale	28	Net assets with donor restrictions	3,248,204.	28	5,549,285.			
<u>ا</u> ق		Organizations that do not follow FASB ASC 9					27327233	
ᆵ		and complete lines 29 through 33.	<b>,</b>					
þ	29	Capital stock or trust principal, or current funds			29			
ets	30	Paid-in or capital surplus, or land, building, or e			30			
Ass	31	Retained earnings, endowment, accumulated in				31		
Net Assets or Fund Balances	32	Total net assets or fund balances		15,691,796.	32	15,234,239.		
-	33				16,292,821.	33	15,910,543.	

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

Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u> .			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,30		
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,54	0,1	77 <b>.</b>
3	Revenue less expenses. Subtract line 2 from line 1	3			3,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15	5,69	1,7	96.
5	Net unrealized gains (losses) on investments	5	-1	L,22	0,9	57.
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	15	5,23	4,2	39.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
					Yes	No
1	Accounting method used to prepare the Form 990:					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O	1_			
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	1		

Form **990** (2021)

#### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization 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).) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on 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 above (see instructions))

NATIONAL LGBTQ TASK FORCE

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5818514.	4057761.	14497950.	6137421.	5901360.	36413006.
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	5818514.	4057761.	14497950.	6137421.	5901360.	36413006.
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)						12296742.
6	Public support. Subtract line 5 from line 4.						24116264.
Sec	ction B. Total Support			·	T		
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	5818514.	4057761.	14497950.	6137421.	5901360.	36413006.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	50,071.	50,138.	39,087.	60,381.	84,398.	284,075.
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.)						26605001
	<b>Total support.</b> Add lines 7 through 10						36697081.
	Gross receipts from related activities,						<u>,124,831.</u>
13	First 5 years. If the Form 990 is for the	-		· · · · · · · · · · · · · · · · · · ·			. $\Box$
<u> </u>	organization, check this box and stor						<b>&gt;</b>
	ction C. Computation of Publi			. (0)			65.72 %
	Public support percentage for 2021 (I		•	* * * * * * * * * * * * * * * * * * * *		14	64 55
	Public support percentage from 2020					15	
16a	33 1/3% support test - 2021. If the c						▶ 5
	stop here. The organization qualifies		~		line 45 in 00 4 /00/		
D	33 1/3% support test - 2020. If the c						<b>.</b> —
47-	and <b>stop here.</b> The organization qual	•	• •		10 160 0 160 0		
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts			-		_	
ı.	meets the facts-and-circumstances te	-	· ·		-	7a, and line 15 is	
D	10% -facts-and-circumstances test	_					1070 UI
	more, and if the organization meets the				-		▶□
10	organization meets the facts-and-circu <b>Private foundation.</b> If the organization		-				<b>\</b>
10	r i vate i ouridation. Il the organizatio	in ala not check a f	JUN ULL III IE 13, 108	a, 100, 17a, 01 1/D	, uneur uns dux al	ia see ilistructions	> <b>▶ </b> └──

Schedule A (Form 990) 2021

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

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

Section A. Public Support	siow, picase comp	oicte i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose  3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
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	<del>                                     </del>					
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year  c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6			. ,			
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975	ļ					
c Add lines 10a and 10b	-					
11 Net income from unrelated business activities not included on line 10b,						
whether or not the business is						
regularly carried on  12 Other income. Do not include gain				+		<u> </u>
or loss from the sale of capital						
assets (Explain in Part VI.)				1		
14 First 5 years. If the Form 990 is for th	e organization's f	irst second third	fourth or fifth tax	vear as a section !	-I 501(c)(3) organizatio	n
check this box and <b>stop here</b>	•			•		. —
Section C. Computation of Publi	c Support Per	rcentage				,
15 Public support percentage for 2021 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inves					<del> </del>	
17 Investment income percentage for 20					17	<u>%</u>
18 Investment income percentage from 2					18	<u>%</u>
19a 33 1/3% support tests - 2021. If the						<b>.</b> .
more than 33 1/3%, check this box ar b 33 1/3% support tests - 2020. If the	=					
line 18 is not more than 33 1/3%, che	•			•	•	
20 Private foundation. If the organizatio						

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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.)

	1	· ·	
		Yes	No
	1		
	2		
	За		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	<b>5</b> 1.		
-	5b 5c		
	<u> </u>		
	6		
-	7		
	8		
	J		
	9a		
	Qh		
-	9b		
	9с		
	10a		
	10b		
lule	A (Forn	n 990)	2021

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ily member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
200		vised, or controlled the supporting organization.	2		
sec	lion C	C. Type II Supporting Organizations			Г
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed	_		
Sec	the su tion C	pported organization(s).  D. All Type III Supporting Organizations	1		<u> </u>
		Training organizations		Vaa	Na
4	Did th	a arganization provide to each of its supported arganizations, by the last day of the fifth month of the		Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	•	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	ison of the relationship described on line 2, above, did the organization's supported organizations have a	_		
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
	-	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	3		
Sec	tion E	. Type III Functionally Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activit	ies Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
а	Did su	obstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported 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,			
		ne organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in	01.		
_		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
<b>L</b>		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
O		e organization exercise a substantial degree of direction over the policies, programs, and activities of each	2h		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	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 0.015 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 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	d Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continue	ed)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	;	Distributable Amount for 2021
_1_	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
<u>e</u>	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
<u>i_</u>	Carryover from 2016 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8_	Breakdown of line 7:				
	Excess from 2017				
<u>b</u>	Excess from 2018				
<u>C</u>	Excess from 2019				
<u>d</u>	Excess from 2020				
_	Evoses from 2021				

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	NATIONAL	LGBTQ	TASK	FORCE	52-1624852	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, 4c, lines 2 and 3; Part	ba, 6, 9a, 9b, IV, Section E	, 9c, 11a, , lines 1c	11b, and 11c; Part IV, Sec , 2a, 2b, 3a, and 3b; Part \	t II, line 17a or 17b; Part III, line 12; ction B, lines 1 and 2; Part IV, Section V, line 1; Part V, Section B, line 1e; Par or any additional information.	C,

132028 01-04-22 Schedule A (Form 990) 2021

**SCHEDULE C** (Form 990)

# **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Open to Public Inspection

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) (See separate instructions), then

•	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nan	ne of organization			Emp	loyer identification number
	NATIONA	L LGBTQ TASK FOR	CE		52-1624852
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		<b>&gt;</b> \$	
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(	3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	<b>▶</b> \$	
	Enter the amount of any excise tax				
	If the organization incurred a sectio				
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				1/2
Pa	art I-C Complete if the org	anization is exempt und	er section 501(c),	except section 501(c	<u>)(3).</u>
	Enter the amount directly expended	, , ,	·		
2	Enter the amount of the filing organ				
	exempt function activities				
3	Total exempt function expenditures				
4	line 17b				
4 5	Did the filing organization file <b>Form</b> Enter the names, addresses and en				
3	made payments. For each organiza			-	
	contributions received that were pro	•			•
	political action committee (PAC). If	additional space is needed, prov	vide information in Part	IV.	
	<b>(a)</b> 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) 2021

Schedule C (Form 990) 2021	NATION.	AL LG	BTQ TASK FO	RCE	52-1	624852 Page 2
Part II-A Complete if the org	ganization	is exem	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).						
	ū		•	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and shall		, ,	. ,			
B Check ▶ if the filing organiza	ation checked	d box A an	d "limited control" pro	visions apply.	/ ) F'''	(1.) Accili
Limi	its on Lobby	ing Exper	nditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expend	ditures" me	ans amou	nts paid or incurred.)		totals	totalo
1a Total lobbying expenditures to influ	uence public	opinion (c	rassroots lobbving)		0.	
<b>b</b> Total lobbying expenditures to infli					132,000.	
c Total lobbying expenditures (add li	•				132,000.	
<b>d</b> Other exempt purpose expenditure					5,408,177.	
e Total exempt purpose expenditure					5,540,177.	
f Lobbying nontaxable amount. Enter					427,009.	
If the amount on line 1e, column (a) o	or (b) is:	The lobi	bying nontaxable am	ount is:		
Not over \$500,000		20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000	\$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000	\$225,00	0 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
					406 770	
g Grassroots nontaxable amount (er		,			106,752.	
h Subtract line 1g from line 1a. If zer	•				0.	
i Subtract line 1f from line 1c. If zero	•				0.	
j If there is an amount other than ze		line 1h or l	ine 1i, did the organiza	tion file Form 4720	г	¬., ¬
reporting section 4911 tax for this	•				L	Yes No
(Some organizations t			raging Period Under	• • •	of the five columns he	Now
(Some organizations t			ate instructions for lin	-	or the live columns be	iow.
			nditures During 4-Yea			
Calendar year	(a) 20	018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) Total
(or fiscal year beginning in)						
2a Lobbying nontaxable amount	496	,533.	506,962.	403,325.	427,009.	1,833,829.
<b>b</b> Lobbying ceiling amount						
(150% of line 2a, column(e))						2,750,744.
	4.	E 2.4		65 000	120 222	000 501
c Total lobbying expenditures	$\frac{12}{}$	<u>,731.</u>		65,000.	132,000.	209,731.
	124	122	126 741	100 021	106 750	150 157
d Grassroots nontaxable amount	124	,133.	126,741.	100,831.	106,752.	458,457.
e Grassroots ceiling amount (150% of line 2d, column (e))						687,686.
(13070 Of lifte 2d, Coldifier (e))						007,000.

Schedule C (Form 990) 2021

f Grassroots lobbying expenditures

52-1624852 Page 3

Schedule C (Form 990) 2021 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)).

		ı			
<b>1</b> D	Ye Ye	s	No	Amo	ount
	uring the year, did the filing organization attempt to influence foreign, national, state, or				
lo	ical legislation, including any attempt to influence public opinion on a legislative matter				
	r referendum, through the use of:				
a V	olunteers?				
	aid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c N	ledia advertisements?				
	lailings to members, legislators, or the public?				
<b>e</b> P	ublications, or published or broadcast statements?				
f G	rants to other organizations for lobbying purposes?				
g D	irect contact with legislators, their staffs, government officials, or a legislative body?				
h R	allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i O	ther activities?				
j T	otal. Add lines 1c through 1i				
	id the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	"Yes," enter the amount of any tax incurred under section 4912				
<b>c</b> If	"Yes," enter the amount of any tax incurred by organization managers under section 4912				
	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	/ \/F\			
art I	II-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5),	or sec	tion	
				V	
				Yes	l
ı w			1	Yes	
	/ere substantially all (90% or more) dues received nondeductible by members?			Yes	
2 D 3 D	/ere substantially all (90% or more) dues received nondeductible by members? id the organization make only in-house lobbying expenditures of \$2,000 or less? id the organization agree to carry over lobbying and political campaign activity expenditures from the prior II-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"	year? (c)(5),	2 3 or sec	tion	
2 D 3 D art I	/ere substantially all (90% or more) dues received nondeductible by members? id the organization make only in-house lobbying expenditures of \$2,000 or less? id the organization agree to carry over lobbying and political campaign activity expenditures from the prior II-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."	year? (c)(5), OR (b)	2 3 or sec	tion	
2 D 3 D art I	/ere substantially all (90% or more) dues received nondeductible by members? id the organization make only in-house lobbying expenditures of \$2,000 or less? id the organization agree to carry over lobbying and political campaign activity expenditures from the prior II-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"	year? (c)(5), OR (b)	2 3 or sec Part I	tion	
2 D 3 D art I 1 D 2 S	// vere substantially all (90% or more) dues received nondeductible by members? id the organization make only in-house lobbying expenditures of \$2,000 or less? id the organization agree to carry over lobbying and political campaign activity expenditures from the prior II-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  ues, assessments and similar amounts from members	year? (c)(5), OR (b)	2 3 or sec Part I	tion	
2 D B D B D B D B D B D B D B D B	/ere substantially all (90% or more) dues received nondeductible by members? id the organization make only in-house lobbying expenditures of \$2,000 or less? id the organization agree to carry over lobbying and political campaign activity expenditures from the prior II-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	year? (c)(5), OR (b)	2 3 or sec Part I	tion	
Dart I	Vere substantially all (90% or more) dues received nondeductible by members?  id the organization make only in-house lobbying expenditures of \$2,000 or less?  id the organization agree to carry over lobbying and political campaign activity expenditures from the prior II-B Complete if the organization is exempt under section 501(c)(4), section 501  501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  ues, assessments and similar amounts from members  ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	year? (c)(5), OR (b)	2 3 or sec Part I	tion	
art I  I D  e  a C  b C	/ere substantially all (90% or more) dues received nondeductible by members? id the organization make only in-house lobbying expenditures of \$2,000 or less? id the organization agree to carry over lobbying and political campaign activity expenditures from the prior II-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  urrent year	year? (c)(5), OR (b)	2 3 or sec ) Part I	tion	
art I  1 D  2 S  e  b C  c T	/ere substantially all (90% or more) dues received nondeductible by members? id the organization make only in-house lobbying expenditures of \$2,000 or less? id the organization agree to carry over lobbying and political campaign activity expenditures from the prior II-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  urrent year arryover from last year	year? (c)(5), OR (b)	2 3 or sec ) Part I	tion	
art I  art I  Second Control  A A	// vere substantially all (90% or more) dues received nondeductible by members? id the organization make only in-house lobbying expenditures of \$2,000 or less? id the organization agree to carry over lobbying and political campaign activity expenditures from the prior II-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  ues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  urrent year arryover from last year otal	year? (c)(5), OR (b)	2 3 or sec ) Part I	tion	3, i
2 D 3 D art I 1 D 2 S e a C b C c T 3 A 1 If	Vere substantially all (90% or more) dues received nondeductible by members?  id the organization make only in-house lobbying expenditures of \$2,000 or less?  id the organization agree to carry over lobbying and political campaign activity expenditures from the prior III-B Complete if the organization is exempt under section 501(c)(4), section 501  501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  ues, assessments and similar amounts from members  ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  urrent year  arryover from last year  otal  ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	year? (c)(5), OR (b)	2 3 or sec ) Part I	tion	
2 D 3 D art I 1 D 2 S e a C b C T 3 A 4 Iff	Vere substantially all (90% or more) dues received nondeductible by members?  id the organization make only in-house lobbying expenditures of \$2,000 or less?  id the organization agree to carry over lobbying and political campaign activity expenditures from the prior III-B Complete if the organization is exempt under section 501(c)(4), section 501  501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."  ues, assessments and similar amounts from members  ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  urrent year  arryover from last year  otal  ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	year? (c)(5), OR (b)	2 3 or sec ) Part I	tion	

# 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.

2021
Open to Public Inspection

Name of the organization

NATIONAL LGBTQ TASK FORCE

Employer identification number 52-1624852

Pa			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
	Total number of and of more	(a) Donor advised funds	(b) Fullus and other accounts
1	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 at end of year		al five also
5	Did the organization inform all donors and donor advisors in w	_	
_	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	* * *	
Pa		enization answered "Ves" on Form 990 F	
1	Purpose(s) of conservation easements held by the organization		arriv, mie 7.
•	Preservation of land for public use (for example, recreation		a historically important land area
	Protection of natural habitat	· —	a certified historic structure
	Preservation of open space	Treservation or	a contined historic structure
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а			2a
b			
C	Number of conservation easements on a certified historic structure.		
d	Number of conservation easements included in (c) acquired aff		
3	Number of conservation easements modified, transferred, release		
	year▶	,	
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservat	ion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial stateme	nts that describes the
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form S		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for publi	ic exhibition, education, or research in fu	therance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these items	S.
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB AS	<b>G</b>	
а	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 990 Part X		<b>▶</b> \$

	t III Organizations Maintaining Coll				asures o	r Other 9			24052		age Z
	•								(CONTIN	uea)	
3	Using the organization's acquisition, accession,	and other records	s, cneck	any of the	rollowing that	make sigr	nificant us	se or its			
	collection items (check all that apply):	_		_							
a	Public exhibition	d			hange progra						
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's collection							e in Part	XIII.		
5	During the year, did the organization solicit or re							_	_	_	,
_	to be sold to raise funds rather than to be maint								Yes		No
Par	t IV Escrow and Custodial Arrange		ete if the	organizatio	n answered	"Yes" on F	orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Part X										
1a	Is the organization an agent, trustee, custodian	or other intermed	iary for o	contribution	s or other as	sets not inc	cluded		_		,
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII and	d complete the fol	lowing t	able:							
									Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Form						/?		Yes		No
b	If "Yes," explain the arrangement in Part XIII. Ch										]
Par	t V Endowment Funds. Complete if the	ne organization an	swered	"Yes" on Fo	orm 990, Part	IV, line 10					
	(	a) Current year	(b) P	rior year	(c) Two yea	rs back (c	d) Three ye	ars 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 g	End of year balance										
2	Provide the estimated percentage of the current	t vear end halance	line 1c	ı column (a	// pelq sc.						
a	Board designated or quasi-endowment	your one balance	% %	j, oolallii (a	)) Hold do.						
b	Permanent endowment	%	_′°								
	Term endowment > %										
C	The percentages on lines 2a, 2b, and 2c should	ogual 100%									
20	Are there endowment funds not in the possession	•	tion tha	t ara bald ar	ad administa	rad for tha	organizat	ion			
Sa	•	on or the organiza	llion ina	t are rielu ai	iu auriiriistei	ed for the	organizat	.1011	Г	Yes	No
	by:									103	-110
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
Par	Describe in Part XIII the intended uses of the org	ganization's endov	wment t	unas.							
ı uı	Complete if the organization answered "		Part IV	line 11a S	See Form 990	Dart X lir	ne 10				
	<u> </u>	I						.	(d) Daal		
	Description of property	(a) Cost or of basis (investment)			or other (other)		cumulated eciation	'	(d) Bool	( value	)
	Land	Dasis (IIIVESIII	iioiii)	Dasis	(GUIGI)	uepi	COIALIUIT				
	Land										
b	Buildings							-+			
	Leasehold improvements			2.0	1 107		EO 74	<del>-                                     </del>	A F	- 2	<u> </u>
d	Equipment			30	4,107.	∠:	58,74	<u> </u>	4:	5,36	)⊿.
	Other	1								- 2	
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must equa	al Form 990. Part	X. colun	nn (B). line 1	0c.)				45	5,36	<u> 22.</u>

Schedule D (Form 990) 2021

	"PUBLIC INSPECT	ION"	
Schedule D (Form 990) 2021 NATIONAL LG	BTQ TASK FORCE	E 52	-1624852 Page 3
Part VII Investments - Other Securities.			<u>u</u>
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	5 000 B 1 1 1 1 1	14 0 5 000 5 1 1 1 1 1 0	
Complete if the organization answered "Yes"			1 - 6
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-ot-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
-	Description	, ,	(b) Book value
(1)	<u> </u>		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u> 15.)</u>	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
4 (a) Description of liability			(b) Book value

<u>1.</u>	(a) Description of liability	(b) Book value
(1)	) Federal income taxes	
(2)	DUE TO RELATED PARTY	109,227.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	· (Column (b) must equal Form 990. Part X. col. (B) line 25.)	109,227.

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

Schedule D (Form 990) 2021

Par	t XI Reconciliation of Revenue per Audited Financial Staten		evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			- 050 F01
1				1	5,050,781
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1 4			
а	Net unrealized gains (losses) on investments		L,220,957.	-	
b	Donated services and use of facilities			_	
С	Recoveries of prior year grants			_	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-1,220,957
3	Subtract line 2e from line 1			3	6,271,738.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	24 222		
а	Investment expenses not included on Form 990, Part VIII, line 7b		31,839.	-	
b	Other (Describe in Part XIII.)	4b			24 222
С	Add lines 4a and 4b			4c	31,839. 6,303,577.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	6,303,577
Par	t XII Reconciliation of Expenses per Audited Financial State		Expenses per F	Keturi	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				F F00 000
1	Total expenses and losses per audited financial statements			1	5,508,338
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.)				0
е	Add lines 2a through 2d			2e	<u> </u>
3	Subtract line 2e from line 1			3	5,508,338
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	21 020		
а	Investment expenses not included on Form 990, Part VIII, line 7b		31,839.	-	
b	Other (Describe in Part XIII.)	4b			21 020
	Add lines 4a and 4b			4c	31,839. 5,540,177.
5 Dar	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  † XIII   Supplemental Information.			5	5,540,1//
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III,			; Part )	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional informa	ition.		
ם גם	OM V IINE 2.				
PAR	T X, LINE 2:				
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INC	OME TAX RETURNS FOR THE YEARS ENDED JUNE	30. 2020	). 2019 AN	D 20	018 REMATN
THOUSE THE REPORT OF THE TERMS ENDED COME SOY EVERY EVERY END EVER REMETER					

OPEN TO EXAMINATION BY THE TAXING JURISDICTIONS.

Schedule D (Form 990) 2021	NATIONAL LGBTQ TASK FORCE	52-1624852 Page <b>5</b>
Schedule D (Form 990) 2021 Part XIII Supplemental Int	formation (continued)	

## **SCHEDULE G** (Form 990)

Department of the Treasury Internal Revenue Service

### 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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NATIONAL LGBTQ TASK FORCE

**Employer identification number** 

52-1624852 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants X Phone solicitations g X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) PRODUCTIONS SOLUTIONS, INC. Yes No 1952 GALLOWS ROAD, SUITE 600 Х TELEMARKETING 0 109,279 0. THE HARRINGTON AGENCY - 202 S CHESTER RD., SWATHMORE, PA TELEMARKETING Х 0 129,813 0. BELARDI WONG - PO BOX 5173 NEW YORK, NY 10087 EMAIL FUNDRAISING Х 0. 10,898 0. ENGAGE USA - 880 N. EAST ST., FREDERICK, MD 21701 TELEMARKETING Х 0. 0. 19,179 269 169 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM NV,NY,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,MO

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

Schedule G (Form 990) 2021

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events WINTER PARTY NONE (add col. (a) through FEST MIAMI GALA col. (c)) (event type) (event type) (total number) 11,421. 733,175. 744,596. Gross receipts 72,000. 72,000. 2 Less: Contributions 11,421. 661,175. 672,596. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 43,684. 123,974. 167,658. Rent/facility costs 118,343. 118,343. 7 Food and beverages 26,945. 26,945. 8 Entertainment 86,750. 307,915. Other direct expenses 620,861. 10 Direct expense summary. Add lines 4 through 9 in column (d) 51,735. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	edule G (Form 990) 2021 NATIONAL LGBTQ TASK FORCE 52-1	6248	52	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	'es	O No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Y	'es	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
	An outside facility	13b		<u></u> %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Y	'es	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party > \$			
С	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:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
а			<b>'</b> 05	☐ No
h	retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ш.	-	
U	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III line	s 0 0	h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	. 111, 11110	3 0, 0	5, 105,
	100, 100, 10, and 170, as applicable. Also provide any additional information. Coo methodicions.			
<u>sc</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	:		
_				
<u>(I</u>	) NAME OF FUNDRAISER: PRODUCTIONS SOLUTIONS, INC.			
<u>(I</u>	) ADDRESS OF FUNDRAISER: 1952 GALLOWS ROAD, SUITE 600, VIENNA,	VA	221	.82
<u>(I</u>	) NAME OF FUNDRAISER: THE HARRINGTON AGENCY			
<u>(I</u>	) ADDRESS OF FUNDRAISER: 202 S CHESTER RD., SWATHMORE, PA 1908	1		

Schedule of Form 990 NATIONAL LIGHTQ TASK FORCE 52-1624852 Page 4  Part IV Supplemental Information (continued)	Schedule G	(Form 990) NATIONAL LGBTQ TASK FORCE	52-1624852 Page 4
	Part IV	Supplemental Information (continued)	

### **SCHEDULE I** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** 

Inspection **Employer identification number** Name of the organization 52-1624852 NATIONAL LGBTO TASK FORCE Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV. line 21, for any Part II recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) THE GRANT FUNDS LGBTO THE MIAMI FOUNDATION PROJECTS AT THE MIAMI 200 SOUTH BISCAYNE BLVD. SUITE 505 FOUNDATION. THE FUND IS A 65-0350357 501(C)(3) 0. PARTNERSHIP WITH THE MIAMI, FL 33131 75,000 NATIONAL LGBTQ TASK FORCE ACTION FUND, INC. - 1050 CONNECTICUT AVENUE, NW #65500 - WASHINGTON, DC TO EDUCATE AND PROMOTE 20035 13-2772832 501(C)(4) THE LGBTQ+ COMMUNITY 0. 132,000. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2021

CREATING CHANGE AWARD WINNERS					
REATING CHANGE AWARD WINNERS					
	3	20,000.	0.		
		,			
Part IV Supplemental Information. Provide the information	required 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 MIAN	MI FOUNDATI	ON) ARE OF	RGANIZATION	S THAT WE	
DIRECTLY WORK WITH THROUGHOUT TH	E YEAR. PAI	D STAFF OF	THE TASK	FORCE WORK	
WITH THE GRANTEES TO EXECUTE THE	PROGRAMS/P	ROJECT FOR	R WHICH WE	PROVIDE	
SUPPORT. WE ACTUALLY SEE THE GRAI	NTEES DOING	THE WORK	IN THE CA	SE OF THE	
MIAMI FOUNDATION, IT IS A LARGE (	J.S. COMMUN	ITY FOUNDA	ATION WITH	ITS OWN	
PROCESSES AND CONTROLS FOR ITS G	RANTS. WE M	AKE A CONT	RIBUTION T	O THE	
FOUNDATION, WHICH IT RE-GRANTS.					

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.

Open to Public

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

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

NATIONAL LGBTQ TASK FORCE

Employer identification number 52-1624852

D	Int I Questions Regarding Compensation	1403		
	Tegarany Compensation		Yes	No
10	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		162	INO
Ia	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	Travel for companions  Payments for business use of personal residence  Leath or social slub dues or initiation fee			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the 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
b	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		X
_	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		<u>X</u>
	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		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		
		-		

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

Schedule J (Form 990) 2021

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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KIERRA JOHNSON	(i)	240,226.	0.	0.	0.	17,820.	258,046.	0.
EXECUTIVE DIRECTOR	(ii)	6,582.	0.	0.	0.	0.	6,582.	0.
(2) ASHAWNDA FLEMING	(i)	147,084.	0.	0.	0.	14,652.	161,736.	0.
DIRECTOR OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KIMBERLY CAREY	(i)	265,000.	0.	0.	0.	0.	265,000.	0.
EXECUTIVE DIRECTOR - FORMER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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-	(ii)							
	(i)							
-	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021 NATIONAL LGBTQ TASK FORCE	32-1024032	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 c	complete this part for any additional information	
Tovide the information, explanation, or descriptions required for Farth, intestra, 10, 6, 4a, 45, 46, 5a, 5b, 6a, 5b, 7a, and 6, and for Farth. Also explanation,	complete this part for any additional information.	

# **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

► 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

Par	TI Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of det		•	
		applicable		Form 990, Part VIII, line 1g	noncash contribut	tion an	nounts	3
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	1	154,103.	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							
	for which the organization completed Form 8283	3, Part V, D	onee Acknowledge	ement <b>29</b>		ı	1	
00-	Don't a the control of the control o			and and the Donat I. Box and Albertain			Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date					20-		X
<b>L</b>	exempt purposes for the entire holding period?					30a		
	If "Yes," describe the arrangement in Part II.  Does the organization have a gift acceptance po	olicy that ro	auires the review o	of any nonetandard contribut	ions?	31	х	
31 322	Does the organization hire or use third parties of	•	•	•		31	-22	
JZd		``	3	,,		32a		Х
h	If "Yes," describe in Part II.					JŁa		
33	If the organization didn't report an amount in co	lumn (c) for	a type of property	for which column (a) is chec	ked			
	describe in Part II.	(0) 101	a type of property	io. milori odiamir (a) io orioc				

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

Schedule M (Form 990) 2021

Schedule M	(Form 990) 2021 NATIONAL LGBTQ TASK FORCE	52-1624852	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 3	3, and whether the organiza	tion
	is reporting in Part I, column (b), the number of contributions, the number of items received, or a corthis part for any additional information.	nbination of both. Also comp	plete
	this part of any additional information.		
COLLEDIA	IEM DADE I COLUMN (D).		
<u> эсперо</u>	LE M, PART I, COLUMN (B):		
COLUMN	(B) REPRESENTS THE TOTAL NUMBER OF CONTRIBUTIONS.		
	· •		

132142 11-17-21 Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

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 Form 990-F7

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NATIONAL LGBTQ TASK FORCE

Employer identification number 52-1624852

MATIONAL LIGHT TOKEL 52 1024052
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WIN COMPLETE EQUALITY AND ACHIEVE JUSTICE FOR LGBTQ PEOPLE AND THEIR
FAMILIES. AS A LEADER IN THE BROADER PROGRESSIVE MOVEMENT, THE TASK
FORCE WORKS TOWARD A SOCIETY THAT VALUES AND RESPECTS THE DIVERSITY OF
HUMAN EXPRESSION AND IDENTITY AND CREATES EQUITY FOR ALL.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
VALUES AND RESPECTS THE DIVERSITY OF HUMAN EXPRESSION AND IDENTITY AND
CREATES EQUITY FOR ALL.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
CHANGE REMAINS THE PREMIER ANNUAL GATHERING FOR LGBTQ+ AND ALLIED
ACTIVISTS, LEADERS, STUDENTS, FAMILY, AND FRIENDS ACROSS THE UNITED
STATES.
- WE'VE ALSO HAD AN OPPORTUNITY THIS YEAR TO ENGAGE QUEER ACTIVISTS AND
ALLIES IN OUR VOTER EDUCATION WORK. IN THE MONTHS LEADING UP TO THE
2022 ELECTION, WE WERE SUCCESSFUL IN ENGAGING LOCAL YOUNG PEOPLE TO
PARTICIPATE IN AND LEAD THE EFFORT TO EDUCATE THE COMMUNITY ABOUT THE
IMPACT OF ANTI-LGBTQ POLICIES AND RHETORIC.
- OVER THE YEAR, WE ENCOUNTERED NUMEROUS ISSUES AND POLICIES THAT HAVE
REQUIRED US TO BUILD STRATEGIC PARTNERSHIPS AND SHINE LIGHT ON THE WAYS

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

PROTECTION FOR LGBTQ PEOPLE.

THAT LGBTQ PEOPLE ARE IMPACTED. SOME OF THESE INCLUDE THE RECENT SCOTUS

DECISION ON ABORTION ACCESS AS WELL AS THE MOVE TO CODIFY MARRIAGE

<u>Schedule O (Form 990) 2021</u> Page **2** 

Name of the organization

NATIONAL LGBTQ TASK FORCE

Employer identification number 52-1624852

- WE CONTINUED TO CO-LEAD THE FEDWATCH NETWORK TO ENGAGE IN FEDERAL

REGULATORY ADVOCACY TO ADVANCE THE INTERESTS OF PEOPLE LIVING AT THE

INTERSECTIONS OF MULTIPLE MARGINALIZED IDENTITIES, WITH A PARTICULAR

FOCUS ON LGBTQ PEOPLE, PEOPLE OF COLOR, PEOPLE WITH DISABILITIES,

PEOPLE LIVING WITH HIV, PEOPLE INVOLVED WITH THE CRIMINAL JUSTICE

SYSTEM, AND IMMIGRANTS. THROUGHOUT THE YEAR, WE HAVE CONTINUED TO

MONITOR THE FEDERAL REGISTER ON A DAILY BASIS AND WRITE A WEEKLY DIGEST

OF REGULATORY OPPORTUNITIES, CONGRESSIONAL ACTIONS, AND KEY COURT

CASES.

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

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

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** 52-1624852 NATIONAL LGBTQ TASK FORCE 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, 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. 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.

## **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

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

Open to Public Inspection

OMB No. 1545-0047

NATIONAL LGBTQ	52-1624852							
Part I Identification of Disregarded Entities. Complete	te if the organization answered "Yes	s" on Form 990, Part IV, line 33	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-year	assets	s Direct co	<b>(f)</b> ontrolling ntity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization	answered "Yes" on Form 990	), Part IV, line 34, b	pecause it had one	or mor	re related tax-exen	npt	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Dire	(f) rect controlling entity	contr	g) 512(b)(13) rolled ity?
NATIONAL LGBTQ TASK FORCE ACTION FUND, INC - 13-2772832, 1325 MASSACHUSETTS AVE. #600, WASHINGTON, DC 20005	BUILD THE GRASSROOTS POLITICAL POWER OF THE LGBTO COMMUNITY	NEW YORK	501(C)(4)		N/A		165	X
MIDITACION, DC 20003	- Control of the cont	Nam Total	501(0)(1)	,,,,	, 22			21
	-							

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

Schedule R (Form 990) 2021

Page 2

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	income end-of-year amount in		Disproportionate allocations?		isproportionate allocations?  Code V-UBI amount in box 20 of Schedule		(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No

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	ction b)(13) rolled tity?
		,						Yes	No

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

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

Yes No

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

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

<b>b</b> Giπ, grant, or capital contribution to related organization(s)				מו	Λ			
c Gift, grant, or capital contribution from related organization(s)				1c		X		
d Loans or loan guarantees to or for related organization(s)				1d		X		
e Loans or loan guarantees by related organization(s)						Х		
f Dividends from related organization(s)				1f		Х		
g Sale of assets to related organization(s)						X		
h Purchase of assets from related organization(s)						X		
i Exchange of assets with related organization(s)				1i		X		
j Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
k Lease of facilities, equipment, or other assets from related organization(s)				1k		Х		
I Performance of services or membership or fundraising solicitations for related organ						X		
m Performance of services or membership or fundraising solicitations by related organ	nization(s)			_ 1m		X		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	X			
Sharing of paid employees with related organization(s)								
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p		х		
q Reimbursement paid by related organization(s) for expenses								
r Other transfer of cash or property to related organization(s)				1r		Х		
				1s		X		
2 If the answer to any of the above is "Yes," see the instructions for information on w				•				
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	nvolved				
n) NATIONAL LGBTQ TASK FORCE ACTION FUND, INC	В	132,000.						
2)								
3)								
1)								
5)								
D)	l		On hear alteri	e R (Forr	- 000	2004		
2163 11-17-21			Schedu	e B (FOrr	11 99(1)	ノロンコ		

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion:	por- ate ons?		Gener mana partr	ral or aging ner?	(k) Percentage ownership
		332	Sections 3 12-3 14)	Yes No	 33333	Yes	No	(1011111003)	Yes	NO	

Schedule R	(Form 990) 2021	NATIONAL	LGBTQ TA	ASK FORCE		52-1624852	Page 5
Part VII	(Form 990) 2021  Supplemental Infe	ormation					
	Provide additional info	rmation for responses	to questions on	Schedule R. See inst	ructions.		
-							
-							

Form **8868** 

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

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

#### Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print NATIONAL LGBTQ TASK FORCE 52-1624852 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 1050 CONNECTICUT AVENUE, NW, 65500 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20035 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 12 Form 990-T (trust other than above) 06 Form 990-T (corporation) 1050 CONNECTICUT AVENUE, NW, 65500 KIERRA JOHNSON - The books are in the care of ► WASHINGTON, DC 20035 Telephone No. ► 202-393-5177 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2023 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or $\underline{\hspace{0.5cm}}$ , and ending $\underline{\hspace{0.5cm}}$ JUN $\hspace{0.1cm}$ 30 , $\hspace{0.1cm}$ 2022 ► X tax year beginning JUL 1, 2021 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

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

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

Form 8868 (Rev. 1-2022)