	"PUBLIC INSPECTION"		
i Form 8879-EO	IRS e-file Signature Authorization for an Exempt Organization		OMB No. 1545-1878
Form OOI 9-EU Department of the Treasury	For calendar year 2016, or fiscal year beginning <u>JUL 1</u> , 2016, and ending <u>JUN 30</u> , 2 Do not send to the IRS. Keep for your records.		2016
Internal Revenue Service	Information about Form 8879-EO and its instructions is at www.irs.gov/form88	79eo. Employer identii	ication number
Name of exempt organization NATIONAL LGBT INC.	Q TASK FORCE ACTION FUND,	13-2772	
Name and title of officer KIMBERLY CARE EXECUTIVE DIR	ECTOR		<u> </u>
Part I Type of	Return and Return Information (Whole Dollars Only)		
on line 1a , 2a , 3a , 4a , or s whichever is applicable, b than 1 line in Part I. 1a Form 990 check here 2a Form 990-EZ check h		line below. Do	not complete more
3a Form 1120-POL chec			
4a Form 990-PF check h			
5a Form 8868 check her	e 🕨 🛄 b Balance Due (Form 8868, line 3c)	5b	
Part II Declara	tion and Signature Authorization of Officer		
intermediate service prov (a) an acknowledgement the date of any refund. If debit) entry to the financia return, and the financial in 1-888-353-4537 no later t processing of the electroo payment. I have selected	nount in Part I above is the amount shown on the copy of the organization's electronic retuider, transmitter, or electronic return originator (ERO) to send the organization's return to the of receipt or reason for rejection of the transmission, (b) the reason for any delay in process applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an elal institution account indicated in the tax preparation software for payment of the organization's return to the all institution to debit the entry to this account. To revoke a payment, I must contact the U.S. The payment (settlement) date. I also authorize the financial in the payment of taxes to receive confidential information necessary to answer inquiries and a personal identification number (PIN) as my signature for the organization's electronic returned to return the organization is the data.	ne IRS and to re ssing the return ectronic funds v tion's federal tax Freasury Financ stitutions involv resolve issues r	ceive from the IRS or refund, and (c) vithdrawal (direct kes owed on this al Agent at ed in the elated to the
Officer's PIN: check one	ə box only		
X I authorize R	JBINO & COMPANY, CHARTERED ERO firm name	to enter my PIN	I 72832 Enter five numbers, but do not enter all zeros
is being filed w	e on the organization's tax year 2016 electronically filed return. If I have indicated within thi ith a state agency(ies) regulating charities as part of the IRS Fed/State program, I also auth n the return's disclosure consent screen.	is return that a c norize the aforer	opy of the return nentioned ERO to
indicated within	the organization, I will enter my PIN as my signature on the organization's tax year 2016 en n this return that a copy of the return is being filed with a state agency(ies) regulating charit enter my PIN on the return's disclosure consent screen.	lectronically file ties as part of th	d return. If I have le IRS Fed/State
Officer's signature 🕨		4/30/18	
Part III Certific	ation and Authentication	<u> </u>	
ERO's EFIN/PIN. Enter	our six-digit electronic filing identification		
	y your five-digit self-selected PIN. 52534999999		
\frown	do not enter all zeros		

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

<ERO's signature Date 🕨 ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 623051 09-26-16 Form 8879-EO (2016)

	0	90	Return of Organization Exempt From		OMB No. 1545-0047							
For	n J	JU	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (^{s)} 2016							
		of the Treasury	Do not enter social security numbers on this form as it may be for a security number on this form as it may		Open to Public Inspection							
-	Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017											
_												
D (B Check if applicable: NATIONAL LGBTQ TASK FORCE ACTION FUND,											
	Address											
	Change LNC • Name Doing business as 13-2772832											
	Initial		and street (or P.O. box if mail is not delivered to street address) Room/s									
	 return	1325	MASSACHUSETTS AVENUE, NW 600		393-5177							
	termir ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	173,285.							
	Amen return	WASH	INGTON, DC 20005	H(a) Is this a group re	turn							
	Applic tion pendi		nd address of principal officer: KIMBERLY R. CAREY	for subordinates?	? Yes X No							
	penu	SAME	AS C ABOVE	H(b) Are all subordinates inc								
		empt status:			ist. (see instructions)							
			TASKFORCEACTIONFUND.ORG	H(c) Group exemption								
	orm o		X Corporation Trust Association Other ► L	'ear of formation: 1973 M	State of legal domicile: NY							
Fa		Summary	ΝΑΠΤΟΝΑΤ									
ė	1	Briefly describ	e the organization's mission or most significant activities: NATIONAL OUNDED IN 1974 AS THE NATIONAL GAY AND	LGBIQ TASK FU	FORCE ACTION							
Governance												
/ern		Check this bo			ets. 7							
ğ	3		lependent voting members of the governing body (Part VI, line Ta)		7							
٠ ٥	4 5		of individuals employed in calendar year 2016 (Part V, line 2a)		<u>/</u> 0							
ities			of volunteers (estimate if necessary)		637							
Activities &			d business revenue from Part VIII, column (C), line 12		0.							
Ă			business taxable income from Form 990-T, line 34		0.							
			·	Prior Year	Current Year							
~	8	Contributions	and grants (Part VIII, line 1h)	108,873.	107,452.							
nu	9	Program servi	ce revenue (Part VIII, line 2g)	0.	0.							
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.							
£	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	55,925.	54,507.							
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	164,798.	161,959.							
	13	Grants and si	nilar amounts paid (Part IX, column (A), lines 1-3)	9,020.	9,875.							
			to or for members (Part IX, column (A), line 4)	0.	0.							
es	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	81,345.	49,670.							
Expenses	16a	Professional f	and raising fees (Part IX, column (A), line 11e) $17,393.$	0.	1,600.							
ă	b	Total fundrais	ing expenses (Part IX, column (D), line 25)	101 070	24 700							
ш	''		es (Part IX, column (A), lines 11a-11d, 11f-24e)	121,070.	34,788.							
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	211,435.	95,933.							
		Revenue less	expenses. Subtract line 18 from line 12	-46,637.	66,026.							
Net Assets or Fund Balances		Total constant"	Dart V line 16)	Beginning of Current Year 55,131.	End of Year 94,505.							
Asse Rala	20	Total assets (I		31,566.	4,914.							
let ∕ Ind	21 22		; (Part X, line 26) fund balances. Subtract line 21 from line 20	23,565.	89,591.							
	nrt II	Signature		23,303•	0,001.							
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is											

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer KIMBERLY R. CAREY, EXECUTIVE DIRECTOR Type or print name and title	Date							
	Print/Type preparer's name Preparer's signature Date								
	PATRICIA A. O'MALLEY, CPA	self-employed P00285909							
Preparer	Firm's name RUBINO & COMPANY, CHARTERED	Firm's EIN 52-1186096							
Use Only	Firm's address 🖕 6903 ROCKLEDGE DRIVE, SUITE 1200								
	BETHESDA, MD 20817-1818	Phone no. 301 - 564 - 3636							
May the IF	RS discuss this return with the preparer shown above? (see instructions)	Yes X No							
632001 11-1	632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)								
S	EE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CC	NTINUATION							

	"PUBLIC INSPECTION" NATIONAL LGBTQ TASK FORCE ACTION FUND,
Form	990 (2016) INC. 13-2772832 Page 2
Par	t 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: NATIONAL LGBTQ TASK FORCE ACTION FUND, FOUNDED IN 1974 AS THE NATIONAL
	GAY AND LESBIAN TASK FORCE, INC., WORKS TO BUILD THE GRASSROOTS
	POLITICAL POWER OF THE LGBT COMMUNITY TO WIN COMPLETE EQUALITY. WE DO
	THIS THROUGH DIRECT AND GRASSROOTS LOBBYING TO DEFEAT ANTI-LGBT BALLOT
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. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 \$73,222. including grants of \$9,875.) (Revenue \$)
	HIGHLIGHTS OF OUR ACCOMPLISHMENTS PURSUANT TO OUR MISSION INCLUDED:
	(A) CONTINUATION OF THE "NIX IT NOW" CAMPAIGN URGING STATE LEGISLATORS
	TO STOP USING "RELIGIOUS LIBERTY" AS A REASON TO PASS ANTI-LGBTQ
	DISCRIMINATION LAWS.
	(B) WORKED TO DEMAND INCLUSION OF LGBTQ PEOPLE AND THEIR FAMILIES IN
	FEDERAL SURVEYS
	(C) WORKED TO MOVE FORWARD LGBTQ POSITIVE FEDERAL LEGISLATION,
	INCLUDING THE EQUALITY ACT; AND WORKED TO DEFEAT ANTI-LGBTQ
	LEGISLATION.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
-u	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses > 73, 222.
	Form 990 (2016)

Form	990 (2016) INC. 13-2772	832	Р	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			<u> </u>
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
••	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a		x
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
D		11b		x
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			- 23
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c		x
لم	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			- 23
u	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	11d		x
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	Х	- 23
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	Tie	Δ	
f	o i j	4.4.6	х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	л	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	v	
	Schedule D, Parts XI and XII	12a	Х	
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	405	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Δ	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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			v
4-	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		X

Form 990 (2016)

"PUBLIC INSPECTION"

Form	990 (2016) INC. 13-277	2832	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2016)

"PUBLIC INSPECTION"

	"PUBLIC INSPECTION" NATIONAL LGBTQ TASK FORCE ACTION FUND	,				
Form	990 (2016) INC •		13-2772	832	Р	age 5
Par						
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			1c	Х	
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	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
3a				3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		x
h	If "Yes," enter the name of the foreign country:	locouri	····			
, N	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		x
-	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X
b				50 50		- 23
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did th			50		
0a		-		6a	x	
h	any contributions that were not tax deductible as charitable contributions?			0a	21	
D			-	Gh	x	
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the exercise terms in exercise of C_{2}^{-1} mode particular section and partly for each and each		ravidad to the naverO	7-		x
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a 7b		
				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-		7-		x
	to file Form 8282?	I		7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0			
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Fc			7g		
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the	9			
				8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
14a				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule			14b		
				_	000	10040

	"PUBLIC INSPECTION" NATIONAL LGBTQ TASK FORCE ACTION FUND					
Form	990 (2016) INC.	,	13-277	2832	P	age 6
	tVI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rouah	7b below. and for a	"No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management				1	
				-	Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	1 a		4		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		.	7		
b	Enter the number of voting members included in line 1a, above, who are independent	1b		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					x
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			2		
3	of officers, directors, or trustees, or key employees to a management company or other person?			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		x
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
600	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
10-	Did the extension have lead charters, branches, or efflicted?			100	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>		
a	If "Yes," did the organization have written policies and procedures governing the activities of such ch and branches to ensure their operations are consistent with the organization's exempt purposes?		, annates,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	beloi		110		
				12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen			16-		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			<u>16a</u>		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			1.00		1
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright SCHEDULE	0				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T		on 501(c)(3)s only) ;	available	e	
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	in Scł	hedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	flict of	f interest policy, and	d financ	ial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records: 🕨			
	KIMBERLY R. CAREY - 202-393-5177		20005			
000	1325 MASSACHUSETTS AVENUE, NW NO.600, WASHINGTON, E		20005	Form	900	(2016)
632006	11-11-16			ruili	1000	(2010)

Form **990** (2016)

Form 990 (2016) INC .	20212 -	~				_		11010 10112 /	13-2772	832 _{Page} 7
	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employees, and Independent Contractors										
Check if Schedule O contains a respo	onse or note to	any	/ line	e in t	his l	Part	VII			
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
1a Complete this table for all persons required to	1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.									
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.										
 Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's current key employees, if any. See instructions for definition of "key employee." 										
• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report-										
able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.										
	 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. 									
 List all of the organization's former director 	,	0				n the	cap	pacity as a former direct	or or trustee of the org	anization,
more than \$10,000 of reportable compensation fr	om the organiz	zatio	n ar	nd ar	ny re	elate	d or	ganizations.	·	·
List persons in the following order: individual trus and former such persons.	tees or directo	rs; ir	nstitı	utior	nal t	ruste	es;	officers; key employees	; highest compensated	l employees;
Check this box if neither the organization n	or any related o	orga	niza	tion	con	nper	isate	ed any current officer, d	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck			one	Reportable	Reportable	Estimated
	hours per	box	, unle cer ar	ss pei	rson	is botl	n an	compensation	compensation	amount of
	week (list any						,	from the	from related organizations	other compensation
	hours for	Individual trustee or director				-		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			Highest compensated employee		(W-2/1099-MISC)	,	organization
	organizations	al trus	nal tr		loyee	e compi				and related
	below	dividu	In stitutional trustee	Officer	Key employee	ghest	Former			organizations
(1) MARK SEXTON	line)	- L	Ê	5	ξe	Ξ.E	ß			
BOARD MEMBER	1.50	x						0.	0.	0.
(2) E. MONIQUE HALL	1.50	21								
CHAIR		х		x				0.	0.	0.
(3) ANDREW SOLOMON	1.50									
BOARD MEMBER		х						0.	0.	0.
(4) BRADLEEY CARLSON	1.50									
BOARD MEMBER	1.50	Х						0.	0.	0.
(5) PAMELA DAVID	1.50									
BOARD MEMBER		Х						0.	0.	0.
(6) LIEBE GADINSKY	1.50									_
BOARD MEMBER	1 50	х						0.	0.	0.
(7) MONISHA HARRELL	1.50								0	0
SECRETARY/TREASURER		Х				<u> </u>		0.	0.	0.
(8) BRIAN A. JOHNSON	2.50							270	101 500	10 600
CHIEF FINANCIAL OFFICER	35.00			X		-		370.	101,500.	12,622.
(9) RUSSELL ROYBAL DEPUTY EXE. DIRECTOR	7.50	-		x				838.	160,780.	Q /10
(10) KIMBERLY CAREY	4.50			<u>^</u>		\vdash		0.50.	100,700.	8,418.
EXECUTIVE DIRECTOR	33.00	-		x				935.	241,366.	25,232.
(11) WILLIAM DALEY	5.00			<u> </u>		\vdash			,500.	
CHIEF COMMUNICATIONS OFFICER	37.50	1				x		18,582.	134,932.	17,407.
(12) STACEY LONG	1.00					1			,	,
DIRECTOR OF PUBLIC POLICY & GOVERNME	37.50	1				x		2,150.	98,403.	1,388.
	1	1	<u> </u>	1	1	1	1	,	,	

Form 990 (2016)

Form	NATIONAL 990 (2016) INC .	LGBTQ T	UB 'AS	LIC K	FO	SP RC	EC E	TIO AC	N" CTION FUND,	13-27	7728	332	P	Page 8
Par		Loop Koy Eren		000	000	11:-	abaa	+ ^	omponented Employed				-	
I UI	Section A. Onicers, Directors, Trust		bloy	ees,			gnes	t C		, ,				
	(A)	(B)			(0				(D)	(E)			(F)	
	Name and title	Average			Pos				Reportable	Reportable		Fe	timat	be
	Name and the	hours per					than o			•				
							is both pr/trus		compensation	compensatio	I		nount	
		week		I			I	,	from	from related			other	
		(list any	In dividual trustee or director						the	organization	s	com	pensa	ation
		hours for	dire				5		organization	(W-2/1099-MIS	SC)	fr	om th	ne
		related	e or	trustee			Highest compensated employee		(W-2/1099-MISC)	(<i>'</i>		aniza	
		organizations	uste	trus		æ	be		(00-2/1033-10130)			•		
		-	al tri	onal		loye	e com						d rela	
		below	/idu	trti	er	ƙey employee	loye	ner				orga	inizat	ions
		line)	Indi	In stit utio nal 1	Officer	(ey	Emp	Former						
							<u> </u>							
			1											
				-	-		-							
							<u> </u>							
			1											
				<u> </u>			-							
4 14	Outs total			-			-		22,875.	736,98	21	6	5 0	67
1D	Sub-total									130,90		0.	65,067.	
с	Total from continuation sheets to Part VII	, Section A							0.		0.			Ο.
Ь	Total (add lines 1b and 1c)								22,875.	736,98	11	6	5 0	67.
										· · · · · · · · · · · · · · · · · · ·			5,0	07.
2	Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	;			
	compensation from the organization													0
													Yes	No
											ſ		162	
3	Did the organization list any former officer,	director, or tru	istee	e, ke	y en	nplo	yee,	or I	highest compensated er	nployee on				
												3		X
	line 1a? If "Yes," complete Schedule J for su										····	3		- 23
4	For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization				
	and related organizations greater than \$150	0002 If "Voo	" ~~~	mol	oto C	Scho	dula	I f	for such individual			4	х	
_											·····			
5	Did any person listed on line 1a receive or a	ccrue compen	isati	on fi	om	any	unre	elate	ed organization or individ	dual for services				
	rendered to the organization? If "Yes," com	plete Schedule	e.Jfa	or si	ıch r	oers	on .					5		X
Sec	ion B. Independent Contractors			01 00	<u>, or y</u>	2010	911				·······			<u>.</u>
000														
1	Complete this table for your five highest cor	npensated ind	lepe	ndei	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	oensat	ion fro	m	
	the organization. Report compensation for t	he calendar ve	ar c	ndir	na w	ith c	or wi	thin	the organization's tax w	ear				
		ne calendar ye		nui	ig w									
	(A)								(B)			(C	;)	
	Name and business	address	NC	DNE	3				Description of s	ervices	C	omper	nsatic	ึ่งท
								-						
								+						
								+						,
2	Total number of independent contractors (in	ncludina but na	ot lin	nited	d to f	thos	se lis	ted	above) who received me	ore than				
	\$100.000 of compensation from the organiz					(

Form **990** (2016)

INC.

Form 990 (2016)

Pa	rt VII	Statement of Rever	nue					
		Check if Schedule O cont	ains a response	or note to any line				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c f g h 2 a c c f		1b 1c 1d ions) 1e its, and 1f 1a-1f: \$ 1	Business Code	107,452.			
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties	dividends, intere x-exempt bond p	est, and proceeds				
		Gross rents Less: rental expenses	(i) Real	(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
enue	d	Gain or (loss) Net gain or (loss) Gross income from fundraisin including \$	g events (not					
Other Revenue	с	contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from func	a b draising events	65,833. 11,326. ▶	54,507.			54,507.
	b	Gross income from gaming ac Part IV, line 19 Less: direct expenses Net income or (loss) from gam	a b					
	b	Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	a b					
		Miscellaneous Revenu		Business Code				
ŀ	11 a							
	n a b			++				
	u D			+				
		All other revenue		++				
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			161,959.	0.	0.	54,507.

Form 990 (2016) INC . Part IX Statement of Functional Expenses

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons		•	nplete column (A).	X
Do 1	not include amounts reported on lines 6b.	(A)	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	9,875.	9,875.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	0 670	0 506	1.10	
	trustees, and key employees	2,678.	2,506.	142.	30.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	24 682	20.051		100
7	Other salaries and wages	31,673.	30,851.	715.	107.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1 - 010	11.000	2.51	
9	Other employee benefits	15,319.	14,903.	361.	55.
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	238.	238.	0.105	
С	Accounting	2,196.		2,196.	
d	Lobbying	1			
е	Professional fundraising services. See Part IV, line 17	1,600.			1,600.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	680.	680.		
12	Advertising and promotion		1.0.5		
13	Office expenses	5,802.	195.		5,607.
14	Information technology	481.	288.		193.
15	Royalties	F 460	= 460		
16	Occupancy	5,469.	5,469.		
17	Travel	4,577.	4,508.		69.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1 000		1 004	
23		1,979.		1,904.	75.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	STATE REGISTRATION FEES	8,542.			8,542.
b	ADMINISTRATIVE FEES	4,824.	3,709.		1,115.
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	95,933.	73,222.	5,318.	17,393.
26	Joint costs. Complete this line only if the organization	-	-	-	· · · ·
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Check here

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

Form 990 (2016)

INC.

"PUBLIC INSPECTION" NATIONAL LGBTQ TASK FORCE ACTION FUND,

Pa	Part X Balance Sheet				
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	55,031.	1	94,505.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	100.	4	0.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Ś		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
¥	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	55,131.	16	94,505.
	17	Accounts payable and accrued expenses	1,775.	17	0.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
iliti		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	29,791.		4 014
		Schedule D	31,566.		<u>4,914.</u> 4,914.
	26	Total liabilities. Add lines 17 through 25	51,500.	26	4,914.
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here X and			
	27	complete lines 27 through 29, and lines 33 and 34.	23,565.	27	89,591.
	28	Unrestricted net assets	23,303.	28	0,001.
	29	Permanently restricted net assets		29	
	25	Organizations that do not follow SFAS 117 (ASC 958), check here		25	
		and complete lines 30 through 34.			
o s	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
tAŝ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	23,565.	33	89,591.
	34	Total liabilities and net assets/fund balances	55,131.	34	94,505.
	-				Form 990 (2016)

	"PUBLIC INSPECTION" NATIONAL LGBTQ TASK FORCE ACTION FUND,				
Form	990 (2016) INC.	13-2772	832	Pad	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	161	L,9	59.
2	Total expenses (must equal Part IX, column (A), line 25)	2	95	5,9	33.
3	Revenue less expenses. Subtract line 2 from line 1	3			26.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23	3,5	65.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	89),5	91.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L
			Form	990	(2016)

SCHEDULE D Supplemental Financial Statements		OMB No. 1545-0047						
(Form 990)		Complete if the org					2016	
(1 011		Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 1	1d, 11e, 11f, 12a, or 1	2b.		Open to Public	
	ment of the Treasury I Revenue Service	Information about Schedule D (For	Attach to Form 9 m 990) and its in:	90. structions is at www.	irs any/fr			
	Name of the organization NATIONAL LGBTQ TASK FORCE ACTION FUND, Employer id							
INC. 13-2								
Par	rt I Organiza	ations Maintaining Donor Advise	d Funds or Ot	her Similar Funds	or Ac	coun	ts. Complete if the	
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.					
			(a) Donor	advised funds	(5) Fun	ds and other accounts	
1	Total number at er	nd of year						
2	Aggregate value of	f contributions to (during year)						
3	Aggregate value of	f grants from (during year)						
4	Aggregate value at	t end of year						
5	-	on inform all donors and donor advisors in v	-					
		on's property, subject to the organization's					Yes No	
6	•	on inform all grantees, donors, and donor a	•	•		-		
		oses and not for the benefit of the donor o	,	, , ,		0		
Par	impermissible prive							
		ation Easements. Complete if the org			Part IV,	line 7.		
1		servation easements held by the organization	`				least least succ	
		n of land for public use (e.g., recreation or e	ducation)	Preservation of a his				
		f natural habitat		Preservation of a cer	tified his	storic s	structure	
•		of open space	ind concernation (antribution in the form	of a cor		tion accoment on the last	
2	-	through 2d if the organization held a qualif	led conservation (contribution in the form	of a cor	Iserva		
	day of the tax year					2a	Held at the End of the Tax Year	
a b						2a 2b		
c	-	vation easements on a certified historic stru		(a)		20 2c		
d		vation easements included in (c) acquired a				20		
u		nal Register				2d		
3		vation easements modified, transferred, rel					during the tax	
•	year ►		oucou, oxangulori		o gam	acion		
4	-	where property subject to conservation eas	sement is located					
5		tion have a written policy regarding the per						
	-	orcement of the conservation easements it		1 , 3			Yes No	
6	Staff and voluntee	r hours devoted to monitoring, inspecting,						
	▶							
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations,	and enforcing conserva	ation eas	ement	s during the year	
	►\$							
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requi	rements of section 170	(h)(4)(B)()		
	and section 170(h))(4)(B)(ii)?					Yes No	
9	In Part XIII, describ	be how the organization reports conservation	on easements in it	s revenue and expense	stateme	ent, ar	d balance sheet, and	
	include, if applicat	ble, the text of the footnote to the organizat	ion's financial stat	ements that describes	the orga	inizatio	on's accounting for	
Dec	conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.							
Par		-	-	-	ther S	mila	r Assets.	
		f the organization answered "Yes" on Form						
1a	•	elected, as permitted under SFAS 116 (AS						
		s, or other similar assets held for public exh		, or research in furthera	ince of p	ublic	service, provide, in Part XIII,	
		tnote to its financial statements that describ						
b		elected, as permitted under SFAS 116 (AS						
		r similar assets held for public exhibition, ec	aucation, or reseal	ch in furtherance of pu	DIIC SERV	ice, pi	ovide the following amounts	
	relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$							
							\$	
0		ed in Form 990, Part X					\$	
2	•	received or held works of art, historical treating and to be reported under SEAS 1	-		a yan, p	UVICE		
~	-	unts required to be reported under SFAS 1		-			¢	
a b		on Form 990, Part VIII, line 1					\$ \$	
		eduction Act Notice, see the Instructions					[»] Schedule D (Form 990) 2016	

632051 08-29-16

"PUBLIC INSPECTION"

	NATIONA	"PUBLIC L LGBTQ TA	<mark>CINSPEC</mark> SK FORC	E AC	TION FUND	,				
Sche	dule D (Form 990) 2016 INC .									2 Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historic	al Trea	asures, or Oth	er Si	milar As	sets	(contir	nued)
3	Using the organization's acquisition, accession	on, and other record	s, check any	of the fo	ollowing that are a	signific	cant use of	its co	ollection	items
	(check all that apply):									
а	Public exhibition	c	I 🔄 Loan	or exch	ange programs					
b	Scholarly research	e	e 🔄 Othe	r						
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explair	n how they fu	rther the	e organization's ex	empt p	ourpose in	Part X	KIII.	
5	During the year, did the organization solicit or	r receive donations of	of art, historic	al treasu	ures, or other simil	ar asse	ets			
	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arrang		ete if the orga	anization	answered "Yes" o	on Fori	n 990, Par	t IV, lii	ne 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contr	ibutions	or other assets no	ot inclu	ded		_	
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing table:			_				
						L			Amount	t
с	Beginning balance					[1c			
d	Additions during the year					[1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo								Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has	s been p	rovided on Part XI	II				
Par	Tt V Endowment Funds. Complete in	f the organization an	swered "Yes	" on For	m 990, Part IV, line	e 10.				
		(a) Current year	(b) Prior y	/ear	(c) Two years back	(d)	Three years l	back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent vear end balance	e (line 1a. col	umn (a))	held as:					
а	Board designated or quasi-endowment		%	()/						
	Permanent endowment	%								
	Temporarily restricted endowment	%								
•	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should									
3a	Are there endowment funds not in the posses		ation that are	held and	d administered for	the or	nanization			
ou	by:			noid an			gamzation		ſ	Yes No
	(i) unrelated organizations								3a(i)	100 110
									3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the									
	t VI Land, Buildings, and Equipm									
	Complete if the organization answered) Part IV line	11a Se	e Form 990 Part 3	X line	10			
	Description of property	(a) Cost or c					nulated		(d) Bool	k value
	Description of property	basis (investr	•	basis (deprec			(u) D00	N Value
1a	Land	`						1		
	Buildings							<u> </u>		
	Leasehold improvements							1		
	Equipment							1		
	Other		V ashiri (D	11 10				+		0.
	I. Add lines 1a through 1e. <i>(Column (d) must ed</i>	<u>uuai Forni 990, Part</u>	<u>∧, coiumn (B</u> j	<u>, iirie 10</u>	<u>C.</u> /			dule	D (Form	n 990) 2016

Schedule D (Form 990) 2016 INC .

Part VII Investments - Other Securities.

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-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DUE TO AFFILIATE	4,914.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. col. (B) line 25.)	4,914.

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

Schedule D (Form 990) 2016 INC. 13-2772832 Page 4		"PUBLIC INSPEC NATIONAL LGBTQ TASK FOR	CE ACTION	FUND,		
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 1 3 Net unrealized gains (losses) on investments 2a 4 Donated services and use of facilities 2b 2 Recoveries of prior year grants 2d 4 Other (Describe in Part XIII.) 2d 2 Add lines 2a through 2d 2e 3 Ubscription 1000000000000000000000000000000000000	Sche				13-2	2772832 Page 4
1 Total revenue, gains, and other support per audited financial statements 1 152,084. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a 2b 2b a Net unrealized gains (losses) on investments 2b 2c 2c b Donated services and use of facilities 2b 2c 2d d Other (Describe in Part XIII.) 2d 2d 2e 0. 3 Subtract line 2e from line 1 2b 2c 0. 3 152,084. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 2d 2d 0. 3 152,084. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 2d 2d 0. 3 152,084. 4 Amounts included on Form 990, Part VIII, line 7b 4a 4b 9,875. 5 161,959. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 161,959. 161,959. Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 2a 2a 2a 2b 2c 2c	Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With R			U
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants 2c 2c 2d 2d 3 152,084. 4d 9,875. 5 161,959. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and los		Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 3 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b 9,875. c Add lines 4a and 4b 4c 9,875. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 161,959. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 86,058. 1 Total expenses and losses per audited financial statements 1 86,058. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 2 2 Other losses 2c 2 2 4 Other (Describe in Part XIII.) 2d 2 2 4 Add lines 2a through 2d 2e 2e 3	1	Total revenue, gains, and other support per audited financial statements			1	152,084.
b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 3 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c g Add lines 4a and 4b 4c g One Constraint expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c g One Constraint equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 Total expenses and losses per audited financial statements 1 86 , 058 . 2 h Other (Describe in Part XIII.) 2a 2a 2a a Donated services and use of facilities 2a 2a 2a 2a a Other (Describe in Part XIII.) 2d <th>2</th> <th>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</th> <th></th> <th></th> <th></th> <th></th>	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 3 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b 9, 875. c Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12</i>) 5 161, 959. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 161, 959. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 86, 058. 1 Total expenses and losses per audited financial statements 1 86, 058. 2 Donated services and use of facilities 2a 2b 2c b Prior year adjustments 2c 2c 2c 3 c Other (Describe in Part XIII.) 2d 2d 2c 2c 3 a Donated services and use of facilities 2c 2c 3 <td< th=""><th>а</th><th>Net unrealized gains (losses) on investments</th><th>2a</th><th></th><th></th><th></th></td<>	а	Net unrealized gains (losses) on investments	2a			
d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I. line 12.</i>) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2b c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IVIII, line 7b	b	Donated services and use of facilities	2b			
e Add lines 2a through 2d 2e 0. 3 Subtract line 2e from line 1 3 152,084. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a 1 152,084. a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4a 9,875. b Other (Describe in Part XIII.) 4b 9,875. 5 161,959. Fordal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) 5 161,959. 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 161,959. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 86,058. 1 Total expenses and losses per audited financial statements 2 2 2 0 2 2 2 3 0.014 of the rolesses 2 2 2 4 Donated services and use of facilities 2 2 2 2 6 Other (Describe in Part XIII.) 2 2 2 2 2 2 6 Other (Describe in Part XIII.) 2 2 2 2 2 2<	с	Recoveries of prior year grants	2c			
3 Subtract line 2e from line 1 3 152,084. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 4a 4a b Other (Describe in Part XIII.) 4a 4b 9,875. 4c 9,875. c Add lines 4a and 4b 4b 9,875. 5 161,959. For Jar revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) 5 161,959. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 86,058. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2a a Donated services and use of facilities 2b 2c 2d b Prior year adjustments 2c 2c 0. c Other losses 2c 2d 2e 0. d Other (Describe in Part XIII.) 2d 2e 0. 3 86,058. e Add lines 2a through 2d 3 86,058. 3	d	Other (Describe in Part XIII.)	2d			
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b 9,875. c Add lines 4a and 4b 4c 9,875. 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I. line 12.</i>) 5 161,959. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 86,058. 1 Total expenses and losses per audited financial statements 2a 2a 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a 2a 2b 2 Other (Describe in Part XIII.) 2d 2e 0. 3 Subtract line 2e from line 1 3 866,058. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 866,058. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a 0 0	е	Add lines 2a through 2d			2e	0.
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b Other (Describe in Part XIII.) 4b 9,875. c Add lines 4a and 4b 4c 9,875. 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) 5 161,959. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 866,058. 1 Total expenses and losses per audited financial statements 1 866,058. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a a Donated services and use of facilities 2a b Prior year adjustments 2c c Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 86,058. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 a Investment expenses not included on Form 990, Part VIII, line 7b 4a	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
c Add lines 4a and 4b 4c 9,875. 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12,</i>) 5 161,959. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 86,058. 1 Total expenses and losses per audited financial statements 1 86,058. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2a a Donated services and use of facilities 2a 2a b Prior year adjustments 2b 2c 2d c Other (Describe in Part XIII.) 2d 2e 0. e Add lines 2a through 2d 2e 0. 3 86,058. 3 Subtract line 2e from line 1 3 86,058. 3 86,058. 4 Amounts included on Form 990, Part IV, line 25, but not on line 1: 4a 0 0 0	а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) 5 161,959. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 86,058. 1 Total expenses and losses per audited financial statements 1 86,058. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2a a Donated services and use of facilities 2a 2b 2c b Prior year adjustments 2b 2c 0. c Other losses 2c 0. 0. d Other (Describe in Part XIII.) 2d 2e 0. e Add lines 2a through 2d 2 0. 3 86,058. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 86,058. 3 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 0 0.075	b	Other (Describe in Part XIII.)	4b	9,875.		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 86,058. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2a a Donated services and use of facilities 2b 2c 2d b Prior year adjustments 2b 2c 2d c Other losses 2c 2d 2e 0. d Other (Describe in Part XIII.) 2d 2e 0. e Add lines 2a through 2d 2e 0. 3 86,058. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a 1 4a 0 0.75	-					
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 7b	5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	161,959.
1 Total expenses and losses per audited financial statements 1 86,058. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2a a Donated services and use of facilities 2a 2a b Prior year adjustments 2b 2c 2c c Other losses 2c 2d 2e 0. d Other (Describe in Part XIII.) 2d 2e 0. e Add lines 2a through 2d 2e 0. 3 86,058. 3 Subtract line 2e from line 1 3 86,058. 3 86,058. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 0 0.755	Ра			Expenses per F	teturi	۱.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b						
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b Prior year adjustments 2b 2c c Other losses 2c 2d d Other (Describe in Part XIII.) 2d 2d e Add lines 2a through 2d 2e 0. 3 Subtract line 2e from line 1 3 866,058. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 0 0.755	2	, ,				
c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2d 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 a Investment expenses not included on Form 990, Part VIII, line 7b 4a					-	
d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a a Investment expenses not included on Form 990, Part VIII, line 7b 4a	b		-		-	
e Add lines 2a through 2d 2e 0. 3 Subtract line 2e from line 1 3 86,058. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a	-				-	
3 Subtract line 2e from line 1 3 86,058. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a		· · · · · · · · · · · · · · · · · · ·				0
 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 						
a Investment expenses not included on Form 990, Part VIII, line 7b	-				3	00,000.
	•					
b Other (Describe in Part XIII.)				0 075	-	
		· · · · · · · · · · · · · · · · · · ·	4b	9,075.		0 075
c Add lines 4a and 4b4c9,875.5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part Lline 18)595,933.	c _					
5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) 5 95,933. Part XIII Supplemental Information.	5 Pa		<u>3.)</u>		5	

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

PART X, LINE 2:

UNDER THE PROVISION OF SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE AND
THE APPLICABLE INCOME TAX REGULATIONS OF THE DISTRICT OF COLUMBIA, THE
ACTON FUND IS EXEMPT FROM TAXES ON INCOME OTHER THAN UNRELATED BUSINESS
INCOME. NO PROVISION FOR INCOME TAXES IS REQUIRED FOR 2017 OR 2016.
HOWEVER, TAX YEARS ENDED JUNE 30, 2014 THROUGH 2016 REMAIN OPEN TO
EXAMINATION BY THE TAXING JURISDICTIONS TO WHICH THE ACTION FUND IS
SUBJECT, AND THEY HAVE NOT BEEN EXTENDED BEYOND THE APPLICABLE STATUTE OF
LIMITATIONS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GRANT EXPENSE NETTED AGAINST SPECIAL EVENT REVENUE

"PUBLIC INSPECTION" NATIONAL LGBTQ TASK FORCE ACTION FUND, Schedule D (Form 990) 2016 INC. Part XIII Supplemental Information (continued)	13-2772832 Page 5
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
GRANT EXPENSE NETTED AGAINST SPECIAL EVENT REVENUE	9,875.

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	ities or if the	OMB No. 1545-0047						
Name of the organization		ibout Schedule G (Form 990 or 990-EZ) L LGBTQ TASK FORCE						lentification number 2832
Part I Fundraisi required to c	ng Activities.	Complete if the organization answe t.	ered "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-E	Z filers are not
 a Mail solicitation b Internet and e c Phone solicitation d In-person soli 2 a Did the organization key employees lister 	email solicitations ations citations n have a written o d in Form 990, Pa highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover iising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye	
(i) Name and address or entity (fundr		(ii) Activity	(iii) fundr have c or con contribu	aiser ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paid r retained by fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total 3 List all states in which or licensing.	h the organizatio	n is registered or licensed to solicit o	ontrib	▶ utions	or has been notified	it is e	exempt from I	egistration

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

Schedule G (Form 990 or 990-EZ) 2016

Sch		le G (Form 990 or 990-EZ) 2016 INC .	"PUBLIC INSP L LGBTQ TASK		13-	2772832 Page 2 more than \$15,000
		of fundraising event contributions and gr	-			
Ð			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	65,833.			65,833.
	2	Less: Contributions	0.			
	3	Gross income (line 1 minus line 2)	65,833.			65,833.
	4	Cash prizes	0.			
S	5	Noncash prizes	0.			
bense	6	Rent/facility costs	4,608.			4,608.
Direct Expenses	7	Food and beverages	4,131.			4,131.
	8 9	Entertainment Other direct expenses	0.2,587.			2,587.
	10		h 9 in column (d)		▶	<u>11,326.</u> 54,507.
Revenue Ba	irt	(d) Total gaming (add col. (a) through col. (c))				
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct Exp	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	′ from line 1, column (d)			
а	ls f	ter the state(s) in which the organization condu the organization licensed to conduct gaming a 'No," explain:	ctivities in each of these s	states?		Yes No
		ere any of the organization's gaming licenses re 'Yes," explain:				Yes No

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

	"PUBLIC INSPECTION" NATIONAL LGBTQ TASK FORCE ACTION FUND,				
-	nedule G (Form 990 or 990-EZ) 2016 INC . 13-2	<u>772</u>	832	Pag	e 3
	Does the organization conduct gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		Yes		No
	to administer charitable gaming?		Yes		No
13	Indicate the percentage of gaming activity conducted in:				
	a The organization's facility	13a			%
I	o An outside facility	13b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
	Address 🕨				
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes		No
	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount				
•	of gaming revenue retained by the third party \blacktriangleright \$				
(c If "Yes," enter name and address of the third party:				
	· · · · · · · · · · · · · · · · · · ·				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		Yes		No
I	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the				
	organization's own exempt activities during the tax year 🕨 💲				
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	es 9, 9	9b, 10	b, 1 5b	,

Schedule G (Form 990 or 990-EZ) Part IV Supplemental Infor	NATIONAL INC.	"PUBLIC INSP LGBTQ TASK	ECTION" Force A	ACTION	FUND,	13-2772832	Page 4
Part IV Supplemental Infor	mation _{(continue}	ed)					

SCHEDULE I		G	arants and Oth	er Assistan	ce to Organ	izations.			OMB No. 1	545-0047		
(Form 990)		Go	vernments, an ete if the organization	d Individual	s in the Ŭni	ted States			20	16		
Department of the Treasury Internal Revenue Service		Informati	on about Schedule I (Attach to For		· · · · · · · · · · · · · · · · · · ·	0		Open to Inspe			
Name of the organiza	tion NATIONAL		K FORCE ACT			www.irs.gov/io/iii99	0.	Employer	identificatio	on number		
Part I General I	nformation on Grants a	nd Assistance								/ 2002		
1 Does the organi	zation maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	on				
criteria used to	award the grants or assis	tance?							Yes	X No		
2 Describe in Par	IV the organization's pro											
Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.												
1 (a) Name and a	ddress of organization	(b) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		Purpose of g or assistanc			
MIAMI FOUNDATION 200 SOUTH BISCAYI MIAMI, FL 33131	NE BLVD SUITE 505	65-0350357	501(C)(3)	9,875.	0.				L COMMUNI IN SOUTH			
	ber of section 501(c)(3) as			e line 1 table				►				

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

Schedule I (Form 990) (2016)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

13-2772832

Page 2

SC	HEDULE J	Compensation Information	O	/IB No. 1	545-004	17
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	16	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				
	rtment of the Treasury	Attach to Form 990.		pen to		C
	al Revenue Service	▶ Information about Schedule J (Form 990) and its instructions is at <u>www.irs.gov/for</u>		Inspe		
man	ne of the organization	NATIONAL LGBTQ TASK FORCE ACTION FUND, INC.	Employer identi 13-277			nber
De	rt I Question	s Regarding Compensation	13-277	4034	5	
					Yes	Ne
10	Check the appropri	iate box(es) if the organization provided any of the following to or for a person listed on Form §	000		Tes	No
Ia		line 1a. Complete Part III to provide any relevant information regarding these items.	990,			
	First-class or c		naluse			
	Travel for com					
		cation and gross-up payments Health or social club dues or initiation fees				
		spending account				
			,			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	•	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	•	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	,					
3	Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organizat	tion's			
		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	n committee Written employment contract				
	Independent of	compensation consultant Compensation survey or study				
	Form 990 of o	ther organizations Approval by the board or compensation co	ommittee			
4	During the year, dic	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	elated organization:				
а	Receive a severance	e payment or change-of-control payment?		4a		X
b	Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?		4b		X
с	Participate in, or re	ceive payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ก			
	contingent on the r					
а	The organization?			5a		X
b	Any related organiz	ation?		5b		X
	If "Yes" on line 5a o	or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ก			
	contingent on the r					
а	The organization?			6a		X
b	Any related organiz	ation?		6b		X
	If "Yes" on line 6a o	or 6b, describe in Part III.				
7	•	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lir	nes 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	e			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III					X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section		<u>.</u>	9		L
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedule J	(Form	1 990)	2016

Schedule J (Form 990) 2016

13 - 2772832

Schedule J (Form 990) 2016

INC.

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(()-(D)	reported as deferred on prior Form 990
(1) RUSSELL ROYBAL	(i)	838.	0.	0.	0.	209.		0.
DEPUTY EXE. DIRECTOR	(ii)	160,780.	0.	0.	0.	8,209.	168,989.	0.
(2) KIMBERLY CAREY	(i)	935.	0.	0.	0.	234.	1,169.	0.
EXECUTIVE DIRECTOR	(ii)	226,786.	14,580.	0.	0.	24,998.	266,364.	0.
(3) WILLIAM DALEY	(i)	18,582.	0.	0.	0.	4,646.	23,228.	0.
CHIEF COMMUNICATIONS OFFICER	(ii)	134,932.	0.	0.	0.	12,761.	147,693.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2016

"PUBLIC INSPECTION"

Schedule J (Form 990) 2016

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE ORGANIZATION RELIED ON A RELATED ORGANIZATION, THE NATIONAL LGBTQ TASK

FORCE (TASK FORCE), TO ESTABLISH THE COMPENSATION OF OFFICERS. THE TASK

FORCE USED THE FOLLOWING METHODS TO ESTABLISH COMPENSATION OF THE EXECUTIVE

DIRECTOR:

- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

INC.

13 - 2772832

Page 3

OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O 16 Complete to provide information for responses to specific questions on (Form 990 or 990-EZ) Form 990 or 990-EZ or to provide any additional information. Open to Public Attach to Form 990 or 990-EZ. Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service NATIONAL LGBTQ TASK FORCE ACTION FUND, Employer identification number Name of the organization TNC. 13-2772832 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INC., WORKS TO BUILD THE GRASSROOTS POLITICAL POWER OF THE LGBT COMMUNITY TO WIN COMPLETE EQUALITY. WE DO THIS THROUGH DIRECT AND GRASSROOTS LOBBYING TO DEFEAT ANTI-LGBT BALLOT INITIATIVES AND LEGISLATION AND PASS PRO-LGBT LEGISLATION AND OTHER MEASURES. WE ALSO ANALYZE AND REPORT ON THE POSITIONS OF CANDIDATES FOR PUBLIC OFFICE ON ISSUES OF IMPORTANCE TO THE LGBT COMMUNITY. THE TASK FORCE ACTION FUND IS A 501(C)(4) NON-PROFIT CORPORATION INCORPORATED IN NEW YORK. CONTRIBUTIONS TO THE NATIONAL LGBTQ TASK FORCE ACTION FUND ARE NOT TAX DEDUCTIBLE.

"PUBLIC INSPECTION"

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INITIATIVES AND LEGISLATION AND PASS PRO-LGET LEGISLATION AND OTHER MEASURES. WE ALSO ANALYZE AND REPORT ON THE POSITIONS OF CANDIDATES FOR PUBLIC OFFICE ON ISSUES OF IMPORTANCE TO THE LGET COMMUNITY. THE TASK FORCE ACTION FUND IS A 501(C)(4) NON-PROFIT CORPORATION INCORPORATED IN NEW YORK. CONTRIBUTIONS TO THE NATIONAL LGETQ TASK FORCE ACTION FUND ARE NOT TAX DEDUCTIBLE.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS ONE MEMBER: THE NATIONAL LGBTQ TASK FORCE.

FORM 990, PART VI, SECTION A, LINE 7A:

THE SINGLE MEMBER HAS THE RIGHT TO ELECT MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

Schedule O (Form 990 or 9	Page 2						
Name of the organization	NATIONAL	LGBTQ	TASK	FORCE	ACTION	FUND,	Employer identification number
	INC.						13-2772832

THE BY-LAWS CANNOT BE AMENDED WITHOUT A VOTE FROM THE MEMBER, THE NATIONAL

LGBTQ TASK FORCE.

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. THE 990 WAS DISTRIBUTED TO THE BOARD BEFORE IT WAS FILED WITH THE IRS.

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

BOARD MEMBERS AND STAFF FILE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE

STATEMENT. THE BOARD CHAIR (FOR BOARD MEMEBERS) AND THE CHIEF FINANCIAL

OFFICER (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 15:

THE EXECUTIVE DIRECTOR IS AN EMPLOYEE OF THE NATIONAL LGBTQ TASK FORCE, A RELATED ENTITY. THE COMPENSATION OF THE EXECUTIVE DIRECTOR WAS DETERMINED BY THE RELATED ORGANIZATION'S BOARD OF DIRECTORS BY USING COMPARABLE DATA. THIS PROCESS WAS DOCUMENTED IN THE ORGANIZATION'S BOARD MINUTES. THE AMOUNT OF THE EXECUTIVE DIRECTOR'S SALARY THAT IS REPORTED ON PART IX, LINE 5 WAS DETERMINED BY A WRITTEN AGREEMENT BETWEEN THE NATIONAL LGBTQ TASK FORCE ACTION FUND, THE BOARD OF DIRECTORS OF THE RELATED ORGANIZATION, AND THE NATIONAL LGBTQ TASK FORCE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AR,CA,CT,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,OR,PA,RI,SC,TN UT,VA,WV,WI,NC,MO,TX,DC

Schedule O (Form 990 or 9	Page 2						
Name of the organization	NATIONAL INC.	LGBTQ	TASK	FORCE	ACTION	FUND,	Employer identification number $13 - 2772832$

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 IX, LINE 24B

THE TASK FORCE AND THE ACTION FUND HAVE ENTERED INTO AN AGREEMENT

WHEREBY THE EMPLOYEES OF THE TASK FORCE PERFORM A VARIETY OF

ADMINISTRATIVE, PROGRAM, FINANCIAL, FUNDRAISING AND OTHER SERVICES ON

BEHALF OF THE ACTION FUND. IN ADDITION, BOTH ORGANIZATIONS SHARE OFFICE

SPACE AND ALLOCATE VARIOUS OTHER ADMINISTRATIVE COSTS BETWEEN EACH

OTHER BASED ON MANAGEMENT'S ESTIMATE AND EMPLOYEE EFFORTS. FOR THE YEAR

ENDED JUNE 30, 2017, THE ACTION FUND INCURRED ADMINISTRATIVE EXPENSES

TOTALING \$4,825.

FORM 990, PART XII, LINE 2C

THE AUDIT COMMITTEE OVERSEES BOTH THE AUDIT AND SELECTION OF AN INDEPENDENT AUDITOR. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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	Attach to Form 990. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.	Open to Public Inspection				
Name of the organization	on NATIONAL LGBTQ TASK FORCE ACTION FUND,	bloyer identification number				

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

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

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

(a) Name, address, and EIN of related organization	(b) (c) Primary activity Legal domicile (state or foreign country)		(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr ent	olled
				501(c)(3))		Yes	No
NATIONAL LGBTQ TASK FORCE - 52-1624852	LGBTQ CIVIL RIGHTS						
	4 -	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	N/A		x
	-						
]						

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

Schedule R (Form 990) 2016

					INSPECTION	۳.
		ma a m				
NATIONAL	LGBTO	TASK	FORCE	ACTION	FUND.	

Schedule R (Form 990) 2016 INC.

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

(a) (b) (c) (d) (e) (f) (g) (h) (i) (i) <th>organizations treated as a pa</th> <th></th> <th>(your:</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	organizations treated as a pa		(your:									
(state or entity (state or entity excluded from tax under end-of-year allocations? 20 of Scheduled and the tax under 20 of Scheduled from tax under 20 of S	(a)	(b)		(d)	(e)	(f)	(g)	(1	h)			
country sections 512-514) Yes No K-1 (Form 1065) Yes No	Name, address, and EIN of related organization	Primary activity	(state or	Direct controlling entity	(related, unrelated, excluded from tax under	Share of total income	end-of-year			Code V-UBI amount in box 20 of Schedule	Genera manag partn	l or ^{ing} <u>wn</u> ?
					sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo
		-										
		1										
		4										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(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	(i Sec 512(t contr ent	(i) ction (b)(13) trolled tity?	
		country)		01 (1001)		400010		Yes	No	

Schedule R (Form 990) 2016 INC.

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NATIONAL LGBTQ TASK FORCE	С	60,000.	
(2)			
(3)			
(4)			
(5)			
(6)			

NATIONAL LGBTQ TASK FORCE ACTION FUND,

Schedule R (Form 990) 2016 INC.

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(۲	1)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Genera	I or Per	ercentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(org	c)(3) Is.?	total	end-of-year	tion allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	er? OV	wnership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes	10	
											\square		

Schedule R (Form 990) 2016

	"PUBLI	IC INSP	ECTION"		
NATIONAL	LGBTQ	TASK	FORCE	ACTION	FUND,

Schedule R	(Form 990)) 2016	

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

INC.

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

OMB No. 1545-1709

Entor filor's identifying number

Department of the Treasury
Internal Revenue Service

(Rev. January 2017)

Form **8868**

File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

					si si aciitaryii	ig number	
Type or print	Name of exempt organization or other filer, see instru NATIONAL LGBTQ TASK FORCE A		FUND,	Employe	r identificatio	n number (EIN) or	
	INC.				13-2772832		
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 1325 MASSACHUSETTS AVENUE,			Social se	ecurity numbe	er (SSN)	
return. See instructions		-					
Enter the	e Return Code for the return that this application is for (file	e a separat	te application for each return)			0 1	
Applicat	ion	Return	Application			Return	
Is For		Code	Is For			Code	
	0 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99	0-BL	02	Form 1041-A			08	
Form 47	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99	0-PF	04	Form 5227			10	
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	0-T (trust other than above)	06	Form 8870			12	
 If the If this box 1 I reform I 	hone No. ► 202-393-5177 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► equest an automatic 6-month extension of time until . the organization named above. The extension is for the office calendar year or . X tax year beginningJUL 1, 2016 the tax year entered in line 1 is for less than 12 months, c . Change in accounting period	Group Exe and atta MAX organizatic , an	mption Number (GEN) I ch a list with the names and EINs of <u>X 15, 2018</u> , to file on's return for: d ending JUN 30, 2017	f this is fo all memb	r the whole g ers the exten npt organizati	sion is for.	
 3a lft	his application is for Forms 990-BL, 990-PF, 990-T, 4720.	or 6069. e	enter the tentative tax, less any				
	nrefundable credits. See instructions.	,,	, u .,	3a	\$	0.	
	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and				
	timated tax payments made. Include any prior year overp			Зb	\$	0.	
c Ba	Ilance due. Subtract line 3b from line 3a. Include your pa	yment with	h this form, if required,				
by	using EFTPS (Electronic Federal Tax Payment System).	See instruc	ctions.	3c	\$	0.	
instructio	: If you are going to make an electronic funds withdrawal ons. For Privacy Act and Paperwork Reduction Act Notice,			153-EO an		-EO for payment 868 (Rev. 1-2017)	