"PUBLIC INSPECTION" **IRS e-file Signature Authorization** OMB No. 1545-0047 Form 8879-EO for an Exempt Organization For calendar year 2020, or fiscal year beginning $\ \underline{\hspace{1.5cm} J}UL \ 1$, 2020, and ending $\,\,$ JUN $\,\,$ 30 $\,\,$, 20 $\,$ 21 ▶ Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization or person subject to tax Taxpayer identification number NATIONAL LGBTO TASK FORCE ACTION FUND, 13-2772832 Name and title of officer or person subject to tax KIERRA JOHNSON EXECUTIVE DIRECTOR Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ►X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b ____ b Total revenue, if any (Form 990-EZ, line 9) ______ 2b __ 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) 3b 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b **b Total tax** (Form 4720, Part III, line 1) 7a Form 4720 check here Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X Lauthorize RUBINO AND COMPANY, CHARTERED 72832 to enter my PIN Enter five numbers, but ERO firm name as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. nature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 52777199999

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. 5-11-2022 ERO's signature Date >

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

Do not enter all zeros

LHA For Paperwork Reduction Act Notice, see instructions.

number (EFIN) followed by your five-digit self-selected PIN.

Form **8879-EO** (2020)

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 154<u>5-0047</u>

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Depa Intern	rtment na l Reve	of the Treasury enue Service	► Go to www.irs.	gov/Form990) for instructions and	d the latest	information.	Inspection
A F	or th	e 2020 calend	dar year, or tax year beginning	JUL 1,	2020 and	lending J	UN 30, 2021	
В	Check if	NO:	of organization				D Employer identific	cation number
_	¬Addr	"" NA.1.1	ONAL LGBTQ TASK I	ORCE A	CTION FUND,	,		
	chan	ge INC.					12 27720	2.0
	chan	ge Doing b	ousiness as			l	13-277283	
	returi _Final	n Numbe	r and street (or P.O. box if mail is no		,	Room/suite 65500	E Telephone number	
	returı∟ termi	n/ 1030	ONNECTICUT AVEN			03300	202-393-	71,461.
	ated ∏Amer		town, state or province, country, a HINGTON, DC 20035		eign postal code		G Gross receipts \$	
H	returi Appli tion		and address of principal officer: K		OHNSON		H(a) Is this a group re for subordinates	
	pend	i	AS C ABOVE		CIIIIDOII		H(b) Are all subordinates in	····· == ==
$\overline{}$	ax-ex	kempt status:	501(c)(3) X 501(c) (4) ◀ (insert	t no.) 4947(a)(1)	or 527		list. See instructions
			TASKFORCEACTIONFU				H(c) Group exemption	
			X Corporation Trust	Association	Other ▶	L Year		State of legal domicile: NY
Pa	art I	Summary	,					
4	1	Briefly descril	be the organization's mission or m	ost significan	it activities: NATI	ONAL L	GBTQ TASK FO	RCE ACTION
ű		FUND, F	FOUNDED IN 1974 AS	THE N	ATIONAL GAY	AND I	ESBIAN TASK	FORCE,
Governance	2	Check this bo	ox 🕨 🔛 if the organization di	scontinued its	s operations or dispo	sed of more	than 25% of its net ass	
Š	3		oting members of the governing bo	• .			3	6
	4		dependent voting members of the					6
ies	5		of individuals employed in calend					0
Activities &	6		of volunteers (estimate if necessa					400
Ac			ed business revenue from Part VIII					0.
	D	net unrelated	I business taxable income from Fo	omi 990-1, Pa	rt I, IIII		Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)				12,343.	71,461.
Revenue	9						0.	0.
š	10	Investment in	0.	0.				
æ	11		e (Part VIII, column (A), lines 5, 6d		and 11e)		71,973.	0.
	12		e - add lines 8 through 11 (must eq				84,316.	71,461.
	13		milar amounts paid (Part IX, colun				0.	0.
	14	Benefits paid	to or for members (Part IX, colum	n (A), l ine 4)			0.	0.
S	15		er compensation, emp l oyee benefi				18,185.	12,085.
Expenses	16a	Professional 1	fundraising fees (Part IX, column (A), l ine 11e)			3,000.	6,068.
ž	b		sing expenses (Part IX, column (D)		→ 39,6		40 505	F1 040
ш	''		ses (Part IX, column (A), lines 11a-1				40,585.	51,940.
	18		es. Add lines 13-17 (must equal Pa				61,770. 22,546.	70,093. 1,368.
	19	Revenue less	expenses. Subtract line 18 from I	ine i∠			ginning of Current Year	
ets o	20	Total assets (Part X, line 16)			DE	79,418.	End of Year 78,223.
Net Assets or	21	•	s (Part X, line 26)				3,338.	775.
Net	22		fund balances. Subtract line 21 fr	om line 20			76,080.	77,448.
	art II							
Und	er pen	alties of perjury,	I declare that I have examined this ret	urn, including a	accompanying schedule	s and stateme	ents, and to the best of my	knowledge and belief, it is
true	, corre	ect, and complete	e. Declaration of preparer (other than o	fficer) is based	on all information of w	hich preparer	has any knowledge	
Sig	n	'	re of officer				Date	
Her	е		RRA JOHNSON, EXECUT print name and title	TITAR D	IRECTOR			
			•	D		Ιr	Date Check	T PTIN
Dala	ı	Print/Type pre	•	Preparer's	s signature	7 11	05/12/2022 ii	
Paid	ı Darer	Firm's name	LANS, CPA RUBINO AND COM	PANV C	HARTEREN	// 	John Gilliproye	52-1186096
-	Only		s 6903 ROCKLEDGE			· -	FIIII S EIN	JZ 1100090
036	Jilly	Tillin 5 audi es	BETHESDA, MD 20				Phone no 30	1-564-3636
May	the l	IRS discuss thi	is return with the preparer shown:				11 110110 1101.5 0	X Ves No

	1990 (2020) INC. 13-27/2832 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: 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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 \$\frac{30,438.}{ADVOCATED}\$ FOR PASSAGE OF EQUALITY ACT, LEGISLATION LED BY
	REPRESENTATIVE DAVID CICILLINE (RI) AND SENATOR JEFF MERKLEY (OR). THIS
	BILL WOULD AMEND CERTAIN FEDERAL CIVIL RIGHTS LAWS TO EXTEND
	PROTECTIONS ON THE BASIS OF SEXUAL ORIENTATION AND GENDER IDENTITY IN
	HOUSING, EMPLOYMENT, PUBLIC ACCOMMODATIONS, EDUCATION AND IN OTHER
	AREAS. THE BILL WAS PASSED IN THE HOUSE.
	WORKED TO INCLUDE SEXUAL ORIENTATION AND GENDER IDENTITY INCLUSIVE
	LANGUAGE IN THE EACH WOMAN ACT, A MEASURE INTENDED TO PROTECT ACCESS TO
	REPRODUCTIVE HEALTH CARE REGARDLESS OF INCOME OR ABILITY TO PAY. THE
	LEGISLATION WAS SPONSORED BY REPRESENTATIVE BARBARA LEE (CA) AND
	SENATOR TAMMY DUCKWORTH (IL).
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses ► 30,438.

Part IV | Checklist of Required Schedules

INC.

13-2772832

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 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I 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 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 Х 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X 10 or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total Х assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes, " complete Schedule D, Part X Х 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Х 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 Х or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Х or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Х 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Х 20a 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? /f "Yes," complete Schedule I, Parts I and II Form 990 (2020)

13-2772832

	, community		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			7.7
	Schedule K. If "No," go to line 25a	24a		Х
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		Х
28	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		Λ
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		Х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	Λ	Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSA		-25
b	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?	000		
-	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		Х
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	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W 24 modes at time far Enter of inforce applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		
00000	(gambling) winnings to prize winners?	1c Form	990	(2020)

Form 990 (2020)

INC.

13-2772832

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2 a	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
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			
	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.			
	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			1.
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Page 5

13-2772832

Form 990 (2020) INC.

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			77
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17 10	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O	o oplis	availe!	hle
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3) for public inspection, Indicate how you made those available. Check all that apply	s only)	avallal	nie
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)			
10		l finar	viol.	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year.	i iiiian(ıdı	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	KIERRA P. JOHNSON – 202–393–5177			
	1050 CONNECTICUT AVE, SUITE 65500, WASHINGTON, DC 20035			

NATIONAL LGBTQ TASK FORCE ACTION FUND,

Form 990 (2020) INC. 13-2772832 Page 7

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

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position (do not check more than one) than -	one	Reportab l e	Reportable	Estimated	
	hours per	box	, unle	ss pei	rson i	is both	n an	compensation	compensation	amount of
	week		cer and a director/tru			17.00	100,	from	from related	other
	(list any hours for	ndividual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	3e Or (stee			Highest compensated employee		(W-2/1099-MISC)	(VV 27 1033 WIIOO)	organization
	organizations	truste	nstitutional trustee		уве	mper		(** = / ********************************		and related
	below	idua	tution	le Gr	Key employee	est co oyee	ler.			organizations
	line)	Indiv	Instii	Officer	Key (High emp	Former			
(1) KIMBERLY CAREY	1.00									
EXECUTIVE DIRECTOR (END 1/31/21)	36.50			Х				3,928.	583,905.	36,050.
(2) KIERRA JOHNSON	1.00									
EXECUTIVE DIRECTOR (BEG 2/1/21)	36.50			Х				1,090.	163,844.	22,646.
(3) MONISHA HARRELL	1.00									
CHAIR		Х		Х				0.	0.	0.
(4) COLGATE DARDEN	1.00									
SECRETARY/TREASURER	1.00	Х		Х				0.	0.	0.
(5) BRADLEY CARLSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) ANDREW SOLOMON	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(7) SUMAN CHAKRABORTY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) ROGER THOMSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
						_				
			I							
	-		<u> </u>		_	<u> </u>	_			
			I							
						_				
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INC. 13-2772832 Page 8 Form 990 (2020)

Part VII Section	n A. Officers, Directors, Trus	<u>tees, Key Emp</u>	oloy	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(0				(D)	(E)			(F)	
N	ame and title	Average	(do		Posi		l than c	ne	Reportable	Reportable	è	Es	timate	d
		hours per	box	, unles	ss per	son is	s both	an	compensation	compensation	on	am	ount c	of
		week		cer an	a a a	recto	r/trust	ee)	from	from relate			other	
		(list any hours for	recto						the	organization			pensat	
		related	or di	ee			sated		organization (W-2/1099-M I SC)	(W-2/1099-MI	SC)		om the anizatio	
		organizations	ruste(trus		99.	npen		(***-2/1099-101130)			_	d re l ate	
		below	Individual trustee or director	Institutional trustee	_	mploy	st col	er					ınizatic	
		line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former						
41-0-1-1-1		<u> </u>							5,018.	747,7	10	5.0	8,69	16
1b Subtotal										/4/./	せり・1	50	0,03	, 0 •
. T. 1.16										, .	_			
	ontinuation sheets to Part VI								0.		0.			0.
d Total (add lir	nes 1b and 1c)	I, Section A						▶	0. 5,018.	747,7	0. 49.		8,69	0.
d Total (add ling) 2 Total number	nes 1b and 1c) of individuals (including but n	I, Section A						▶	0. 5,018.	747,7	0. 49.			0.
d Total (add ling) 2 Total number	nes 1b and 1c)	I, Section A						▶	0. 5,018.	747,7	0. 49.		8,69	0. 96. 0
d Total (add ling) 2 Total number compensation	nes 1b and 1c) r of individuals (including but none the organization	ot limited to th	ose	liste	d ab	ove)) wh	o re	0 • 5 , 018 • ceived more than \$100,	747,7 000 of reportabl	0. 49.			0.
d Total (add lin Total number compensatio Did the organ	nes 1b and 1c) r of individuals (including but non from the organization nization list any former officer,	ot limited to the	ose	liste	d ab	oyee) wh	o re	5 , 018 . eceived more than \$100,	747,7 000 of reportabl	0. 49.	58	8,69	0. 96. 0
d Total (add lin Total number compensatio Jid the organ line 1a? If "Ye	res 1b and 1c) r of individuals (including but non from the organization restation list any former officer, es, " complete Schedule J for s	ot limited to the	ose ee, k	liste	d ab	ove;	e, or	o re	5 , 018 . eceived more than \$100,	747 , 7 000 of reportable oyee on	0. 49.		8,69	0. 96. 0
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Form 990 (2020) INC .

Part VIII Statement of Revenue

C. 13-2772832

		Check if Schedule O contains a response or no				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
દે દે	1 a	Federated campaigns 1a				
ant		Membership dues 1b				
2 8		Fundraising events 1c				
ifts			5,000.			
٠ ١		Government grants (contributions) 1e				
is is		All other contributions, gifts, grants, and				
ber			6,461.			
ĒΞ	q					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total, Add lines 1a-1f	▶ 71,461.			
			siness Code			
ø	2 a					
Ş	b					
Program Service Revenue	С					
am	d					
ğď	е					
P.	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, a	nd			
		other similar amounts)				
	4	Income from investment of tax-exempt bond proce-	eds 🕨			
	5	Royalties				
		(i) Real (ii)) Personal			
	6 a	Gross rents 6a				
	b	Less: rental expenses 6b				
	С	Rental income or (loss) 6c				
		Net rental income or (loss)				
	7 a	Gross amount from sales of (i) Securities	(ii) Other			
		assets other than inventory 7a				
	b	Less: cost or other basis				
Other Revenue		and sales expenses				
, ver		Gain or (loss) 7c				
<u>~</u>		Net gain or (loss)				
l le	8 a	Gross income from fundraising events (not				
ō		including \$ of				
		contributions reported on line 1c). See				
	_	Part IV, line 18				
		Less: direct expenses 8b	_			
		Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See				
		Part IV, line 19 9a				
		Less: direct expenses 9b				
		Net income or (loss) from gaming activities				
	10 a					
	L-	and allowances 10a Less: cost of goods sold 10b				
		Net income or (loss) from sales of inventory	•			
\dashv			siness Code			
sn	11 0					
Misce∥aneous Revenue	11 a				<u> </u>	
Ker	C				1	
S S S	ų	All other revenue				
Σ	e	Total. Add lines 11a-11d	>			
		Total revenue. See instructions	71,461.	0.	0.	0.

Page 9

Form 990 (2020) INC.
Part IX Statement of Functional Expenses

13-2772832 Page 10

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

000.	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			ipiete coluiriir (A).	
Do	not include amounts reported on lines 6b,	(A)		(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		охроносс	general expenses	одреносо
•	and domestic governments. See Part IV, line 21				
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,				
	trustees, and key employees	1,547.	1,547.		
6	Compensation not included above to disqualified	•	·		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,338.	8,338.		
8	Pension plan accruals and contributions (include	•	, -		
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2,200.	2,200.		
10	Payroll taxes	-	·		
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С		4,014.	4,014.		
d					
е	Professional fundraising services. See Part IV, line 17	6,068.			6,068.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	34,531.	7,900.		26,631.
14	Information technology				
15	Royalties				
16	Occupancy	1,814.	1,814.		
17	Travel	20.	20.		
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				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	44 = 44			
а	G&A ALLOCATION	11,561.	4,605.		6,956.
b					
С					
d					
	All other expenses	70 000	20 420		20 (55
<u>25</u>	Total functional expenses. Add lines 1 through 24e	70,093.	30,438.	0.	39,655.
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 (2020

Form 990 (2020)

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 Cash - non-interest-bearing 36,221. 1 24,650. Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 3 172. Accounts receivable, net 4 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Assets Inventories for sale or use 8 12,788. 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 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 43,197. 40,613. 15 15 Total assets. Add lines 1 through 15 (must equal line 33) 79,418. 78,223. 16 16 3,338. 775. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 Schedule D 25 775. **Total liabilities.** Add lines 17 through 25 3,338. 26 26 Organizations that follow FASB ASC 958, check here

X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 76,080 77,448. 27 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 31 31 76,080. 77,448. Total net assets or fund balances 32 32

78,223. Form **990** (2020)

79,418.

33

13-2772832 Page 11

Total liabilities and net assets/fund balances

NATIONAL LGBTQ TASK FORCE ACTION FUND,

Form 990 (2020) INC. 13-2772832 Page 12

Part XI Reconciliation of Net Assets

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

	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		1,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	0,0	93 <u>.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		1,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7	6,0	80.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	7	7,4	<u>48.</u>
Pa	rt XIII 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			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u>X</u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			77
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

MATIONAL LGBTQ TASK FORCE ACTION FUND,

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INC.

Employer identification number 13-2772832

ra	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		of Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's e	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
_			
Pa	rt II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (for example, recreati	on or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic structure		
d	, , , , ,	ter 7/25/06, and not on a historic structu	
			· · · · · · · · · · · · · · · · · · ·
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
_	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing cons	servation easements during the year
_	Annual of constant in constitution of the constitution in cons		A second
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserva	tion easements during the year
•	Does each conservation easement reported on line 2(d) above	action the very increase of eastion 170/	(a) (a) (D) (c)
8	• • • • • • • • • • • • • • • • • • • •		
0	and section 170(h)(4)(B)(ii)?		
9	balance sheet, and include, if applicable, the text of the footnot		
	organization's accounting for conservation easements.	te to the organization's infancial statement	ents that describes the
Pa	rt III Organizations Maintaining Collections of	Art. Historical Treasures. or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under FASB ASC 958		and balance sheet works
	of art, historical treasures, or other similar assets held for publi	•	
	service, provide in Part XIII the text of the footnote to its finance		•
b			
	art, historical treasures, or other similar assets held for public e	•	
	provide the following amounts relating to these items:	, ,	. ,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			. .
2	If the organization received or held works of art, historical treas		
_	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1	•	> \$
	Assets included in Form 990, Part X		

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

"PUBLIC INSPECTION" NATIONAL LGBTO TASK FORCE ACTION FUND,

13-2772832 Page 2 <u>chedule D</u> (Form 990) 2020 Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program Scholarly research _ Other h Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? └─ No **b** If "Yes." explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance d Additions during the year 1d e Distributions during the year 1e Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Prior year 1a Beginning of year balance **b** Contributions c Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment **b** Permanent endowment ▶ _ Term endowment ▶ _ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI | Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation **b** Buildings

Schedule D (Form 990) 2020

c Leasehold improvements d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

"PUBLIC INSPECTION" NATIONAL LGBTQ TASK FORCE ACTION FUND,

Schedule D (Form 990) 2020	INC.	13-2772832	Page 3
3011edule D (1 01111 330) 2020	T11C •	19 2772032	raye •
Part VII Investments -	Other Securities		

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	-of-year market value
A) Phonocial destructions	(a) I con tollar	(0)	,
Financial derivatives Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
	- F 000 D-+ N/ li	11 - O F 000 Bt V P 10	
Complete if the organization answered "Yes" o (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of year market value
· · · · · · · · · · · · · · · · · · ·	(b) Dook value	(c) Wethod of Valuation. Cost of end	-or-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.) ▶			
· · · · · · · · · · · · · · · · · · ·	n Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1) DUE FROM AFFILIATE			40,613
(2)			
(3)			
(4)			
(4) (5)			
(5)			
(5) (6)			
(5) (6) (7)			
(5) (6) (7) (8) (9) [otal. (Column (b) must equal Form 990, Part X. col. (B) line Part X Other Liabilities.	,		40,613
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of	,		
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the properties of	,		
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the image of the	,		
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2)	,		
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the image of the	,		
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the image of the	,		
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the image of the	,		
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the image of the	,		
(5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the second of t	,		
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the image of the	,		
(5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the second of t	,		
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the image of the	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 INC. 13-2772832 Page 4

Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Rever	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	***		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
c	Add lines 4a and 4b	,	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			
	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With Expe	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		•	
1	Total expenses and losses per audited financial statements		1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
– a	Donated services and use of facilities	2a		
b	Prior year adjustments			
c	Other losses			
d				
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
+ a		4a		
	•			
b	Other (Describe in Part XIII.) Add lines 4a and 4b		40	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.) rt XIII Supplemental Information.		5	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV/ lines 1b and 2b	: Part V. line 4: Part V. line 2: Part VI	
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad		, Fait V, Ilile 4, Fait A, Ilile 2, Fait Ai	,
IIIIes	20 and 4b, and Part All, lines 20 and 4b. Also complete this part to provide any ad	iditional information.		
РΔΙ	RT X, LINE 2:			
тні	E ACTION FUND IS EXEMPT FROM FEDERAL INCOM	TE TAXES IIN	DER SECTION	
			221 22011011	
501	L(C)(4) OF THE INTERNAL REVENUE CODE AND T	HE APPLICA	BLE INCOME TAX	
<u> </u>				
REC	GULATIONS.			
	302212 2016			
NO	PROVISION FOR INCOME TAXES IS REQUIRED FO	R 2021 AND	2020 FOR THE ACTI	ON
FUI	ND. THE ORGANIZATION'S INCOME TAX RETURNS	ARE SUBJEC	T TO REVIEW AND	

FUND. THE ORGANIZATION'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND

EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES. THE ORGANIZATION IS

NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS.

INCOME TAX RETURNS FOR THE YEARS ENDED JUNE 30, 2019, 2018 AND 2017 REMAIN

OPEN TO EXAMINATION BY THE TAXING JURISDICTIONS.

NATIONAL LGBTQ TASK FORCE ACTION FUND,

Schedule D (Form 990) 2020 INC •	13-2772832 Page 5
Schedule D (Form 990) 2020 INC. Part XIII Supplemental Information (continued)	
(Continued)	
-	

SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990.

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL LGBTQ TASK FORCE ACTION FUND, INC.

Employer identification number 13-2772832

Pa	rt I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
	During the year did any parent listed an Farm 000 Part VIII. Section A line 1s with respect to the filing			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
_		4a		Х
a b		4b		X
C	Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equity-based compensation arrangement?	4c		X
٠	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The rest to any of miles are persons and provide the applicable amounts for each terminal archite			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	<u> </u>	Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

NATIONAL LGBTQ TASK FORCE ACTION FUND,

Schedule J (Form 990) 2020 INC • 13-2772832 Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that aren't listed on Form 990, Part VII.

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

	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	perients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) KIMBERLY CAREY	3,928.	0.	0.	0.	0.	3,928.	0.
EXECUTIVE DIRECTOR (END 1/31/21)	583,905.	0.	0.	19,500.	16,550.	619,955.	0.
(2) KIERRA JOHNSON (i	1,090.	0.	0.	0.	0.	1,090.	0.
EXECUTIVE DIRECTOR (BEG 2/1/21)		0.	0.	4,800.	17,846.	186,490.	0.
(i							
(ii							
(i							
(ii							
(i	1						
(ii							
(i)						
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(ii							
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(i)						
(ii)						
(i	1						
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Schedule J (Form 990) 2020

032112 12-07-20

NATIONAL LGBTQ TASK FORCE ACTION FUND,

NATIONAL LIGHTO TASK FORCE ACTION FUND,	12 000000	
Schedule J (Form 990) 2020 INC.	13-2772832	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete the	is 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		
FORCE USED THE FOLLOWING METRODS TO ESTABLISH COMPENSATION OF THE EXECUTIVE		
DIRECTOR:		
- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE		

Schedule J (Form 990) 2020

032113 12-07-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2020
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NATIONAL LGBTQ TASK FORCE ACTION FUND, INC.

Employer identification number 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.

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

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.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CONTINUED ADVOCACY ON THE 2020 CENSUS, INCLUDING THE CENSUS EQUALITY

ACT SPONSORED BY SENATORS KAMALA HARRIS (CA) AND TOM CARPER (DE). THIS

BILL WOULD MANDATE COLLECTION OF SEXUAL ORIENTATION AND GENDER IDENTITY

DATA THROUGH THE CENSUS AND AMERICAN COMMUNITY SURVEY.

Name of the organization NATIONAL LGBTQ TASK FORCE ACTION FUND, INC.

 $Employer\ identification\ number\\13-2772832$

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:

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 MEMBERS) 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

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization NATIONAL LGBTQ TASK FORCE ACTION FUND, INC.	Employer identification number 13-2772832
DETERMINED BY A WRITTEN AGREEMENT BETWEEN THE NATIONAL LGB	TQ TASK FORCE
ACTION FUND, THE BOARD OF DIRECTORS OF THE RELATED ORGANIZ	ATION, 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, N	Y,OR,PA,RI,SC,TN
UT, VA, WV, WI, NC, MO, TX, DC	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	FINANCIAL
STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XII, LINE 2C	
THE AUDIT COMMITTEE OVERSEES BOTH THE AUDIT AND SELECTION	OF AN
INDEPENDENT AUDITOR. THE PROCESS HAS NOT CHANGED FROM THE	PRIOR YEAR.
	_

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.

OMB No. 1545-0047 2020 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

NATIONAL LGBTQ TASK FORCE ACTION FUND, INC.							ation nu 32	ımber
Part I Identification of Disregarded Entities. Co	mplete if the organization answered "Ye	es" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	(e) me End-of-year		assets Direct c		9
Part II Identification of Related Tax-Exempt Org organizations during the tax year.	anizations. Complete if the organizatio	n answered "Yes" on Form 990), Part IV, line 34, I	pecause it had one	or mor	re related tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		cont	g) 512(b)(13) rolled tity?
NATIONAL LGBTQ TASK FORCE - 52-1624852 1325 MASSACHUSETTS AVE, NW, SUITE 600 WASHINGTON, DC 20005	LGBTQ CIVIL RIGHTS ORGANIZATION	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	N/A		100	х

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

Schedule R (Form 990) 2020

032161 10-28-20 LHA

"PUBLIC INSPECTION"

13-2772832 Schedule R (Form 990) 2020 Page 2 Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. (c) (d) (e) (f) (g) (i) (j) (k) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)

General or managing partner?
Yes No Name, address, and EIN of related organization Legal domicile (state or foreign country) Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income Share of end-of-year assets General or Percentage managing partner? Primary activity Disproportionate allocations? Yes No 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. (i) Section 512(b)(13) controlled entity? (a) (b) (f) (c) (d) (e) (g) (h) Type of entity (C corp, S corp, or trust) Share of end-of-year assets Name, address, and EIN of related organization Direct controlling entity Share of total income Percentage ownership Primary activity Yes No

Schedule R (Form 990) 2020 032162 10-28-20

(3)

(6)

13-2772832 Page 3 Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Note: 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? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity 1a **b** Gift, grant, or capital contribution to related organization(s) 1b c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) 1d e Loans or loan guarantees by related organization(s) 1e f Dividends from related organization(s) g Sale of assets to related organization(s) 1g h Purchase of assets from related organization(s) Х Exchange of assets with related organization(s) 1i j Lease of facilities, equipment, or other assets to related organization(s) 1j k Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) 1m n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1n 10 X Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses 1q r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (b) Transaction type (a-s) (a) Name of related organization (c) Amount involved (d)
Method of determining amount involved (1)

032163 10-28-20 Schedule R (Form 990) 2020

"PUBLIC INSPECTION"

NATIONAL LGBTQ TASK FORCE ACTION FUND,

Schedule R (Form 990) 2020 INC. 13-2772832 Page 4

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

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

(a)	(b)	(c)	(d)		•)	(f)	(g)	(1	h)	(i)	(j	i)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are Partner 501(d orgs	rs sec.	Share of	Share of	Disp	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	ral or	Percentage
of entity		(state or foreign	excluded from tax under	org	s.?	total	end-of-year	a l oca	tions?	of Schedule K-1	partr	ner?	ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes	No	
				П									
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Schedule R (Form 990) 2020

032164 10-28-20

"PUBLIC INSPECTION"

Form **8868** (Rev. January 2020)

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

Department of the Treasury Internal Revenue Service

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

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

	for which an extension request must be sent to the IRS s form, visit www.irs.gov/e-file-providers/e-file-for-charity			letai l s on t	the electronic			
	tic 6-Month Extension of Time. Only subm		, ,					
•	tions required to file an income tax return other than Fo		, , , , , ,	s, REM I Cs	s, and trusts			
nust use F	form 7004 to request an extension of time to file income	e tax retur	ns.					
Гуре or	Name of exempt organization or other filer, see instruc	ctions.		Taxpayer	r identification num	nber (TIN)		
orint	NAME OF THE PARTY							
	INC. 13-2772832							
ile by the lue date for	Number, street, and room or suite no. If a P.O. box, se	ee instruct	ions.					
iling your	1050 CONNECTICUT AVENUE, NW							
eturn See nstructions	City, town or post office, state, and ZIP code. For a fo	reign addı	ress, see instructions.					
	WASHINGTON, DC 20035							
Enter the F	Return Code for the return that this application is for (file	a separat	e application for each return)			0 1		
Applicatio	n	Return	Application			Return		
s For		Code	Is For			Code		
	or Form 990-EZ	01	Form 990-T (corporation)			07		
orm 990-E		02	Form 1041-A			08		
orm 4720	(individua l)	03	Form 4720 (other than individual)			09		
orm 990-F	PF	04	Form 5227			10		
orm 990-1	Γ (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
orm 990-1	Γ (trust other than above)	06	Form 8870			12		
	KIERRA P. JOHNS	ON						
The boo	oks are in the care of \blacktriangleright 1050 CONNECTICU	JT AVE	<u> , SUITE 65500 - WA</u>	SHING	TON, DC 2	0035		
Telepho	ne No. ► 202-393-5177		Fax No.					
If the or	ganization does not have an office or place of business	in the Uni	ted States, check this box)	▶ □		
If this is	for a Group Return, enter the organization's four digit of	Group Exe	mption Number (GEN)	f this is fo	r the whole group,	check this		
oox 🕨 🗌	. If it is for part of the group, check this box	and atta	ch a list with the names and TINs of	all membe	ers the extension is	s for.		
1 I requ	uest an automatic 6-month extension of time until	MA?	7 16 , 2022 , to file	the exem	npt organization re	turn for		
the c	organization named above. The extension is for the orga	ınization's	return for:					
	calendar year or							
ightharpoons	tax year beginning <u>JUL 1, 2020</u>	, an	d ending <u>JUN 30, 2021</u>		<u> </u>			
2 If the	e tax year entered in line 1 is for less than 12 months, ch	neck reasc	on: Initial return	Fina l retur	'n			
	Change in accounting period							
					T			
3a If this	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less							
	nonrefundable credits. See instructions.			3a	\$	0.		
	s application is for Forms 990-PF, 990-T, 4720, or 6069,	•				•		
	nated tax payments made. Include any prior year overpa			3b	\$	0.		
	nce due. Subtract line 3b from line 3a. Include your pag					•		
	g EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.		
Caution: If	you are going to make an electronic funds withdrawal	(direct deb	oit) with this Form 8868, see Form 84	453-EO an	d Form 8879-EO fo	or payment		

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

Form 8868 (Rev. 1-2020)